

** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	e 2018 calendar year, or tax year beginning $$ JUL $1,$ 2018 $$ and $$	ending J	UN 30, 2019			
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
	Addre	young survival coalition, inc.					
	Name chang	e Doing business as		13-4	057685		
	Initial return		Room/suite	E Telephone numbe			
	Final return termir		109		257-3000 3,789,404.		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004		G Gross receipts \$			
H	return ∏Appli		7	H(a) Is this a group re for subordinates			
	Itiòn pendi	SAME AS C ABOVE	-	H(b) Are all subordinates in			
$\overline{\mathbf{T}}$	Тах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1	list. (see instructions)		
		te: WWW.YOUNGSURVIVAL.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: NY		
		Summary			-		
-	1	Briefly describe the organization's mission or most significant activities: SEE I	PART I	II, LINE 1.			
auc							
Governance	2	Check this box if the organization discontinued its operations or dispos		ı			
<u>Ş</u>	3			3	8		
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			8 28		
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			750		
₫		Total number of volunteers (estimate if necessary)			750		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	B	Net unrelated business taxable income from Form 990-T, line 38	·····	Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,973,230.	3,630,214.		
	9	Program service revenue (Part VIII, line 2g)		93,894.	96,035.		
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,238.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-818,010.	-529,315.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,258,352.	3,201,205.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		77,446.	83,552.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,857,990.	2,063,106.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 284,88	37.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,325,659.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,261,095.			
. (/	19	Revenue less expenses. Subtract line 18 from line 12		-2,743.	-488,206.		
Net Assets or			Be	ginning of Current Year	End of Year		
Ssel	20	Total assets (Part X, line 16)		1,320,121.	913,782.		
let A	21	Total liabilities (Part X, line 26)		424,433. 895,688.	319,128. 594,654.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		093,000.	334,034.		
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and belief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y miowiougo una bonon, it io		
	,			, , ,			
Sig	ın	Signature of officer		Date			
He		▲ JENNIFER MERSCHDORF, CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature/		Date Check Check	PTIN		
Pai		RICHARD J. LOCASTRO, CPA Keeband J. Locas	llo	02/14/20 self-employ			
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008		
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 800N							
_		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090		
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YOUNG SURVIVAL COALITION (YSC) IS THE LARGEST NATIONAL ORGANIZATION
	DEDICATED TO THE CRITICAL ISSUES UNIQUE TO YOUNG ADULTS DIAGNOSED WITH
	BREAST CANCER. YSC OFFERS RESOURCES, CONNECTIONS AND OUTREACH SO
	INDIVIDUALS FEEL SUPPORTED, EMPOWERED AND HOPEFUL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,826,076 • including grants of \$ 83,552 •) (Revenue \$ 103,929 •)
4a	(Code:) (Expenses \$ 2,826,076 including grants of \$ 83,552) (Revenue \$ 103,929 including grants of \$ YSC IS THE GO-TO ORGANIZATION FOR YOUNG ADULTS FACING A BREAST CANCER
	DIAGNOSIS, WITH MORE THAN 130 IN-PERSON SUPPORT GROUPS (FACE 2 FACE
	GROUPS) NATIONWIDE AND A VIBRANT ONLINE COMMUNITY. THE ORGANIZATION
	HOSTS REGIONAL SYMPOSIA AS WELL AS THE YSC SUMMIT, THE ONLY NATIONAL
	CONFERENCE DEDICATED TO THE UNIQUE ISSUES OF YOUNG ADULTS AFFECTED BY
	BREAST CANCER AND THEIR CO-SURVIVORS. YSC ALSO PRODUCES EDUCATIONAL
	RESOURCES, SUCH AS OUR NAVIGATOR SERIES, WITH INFORMATION AND GUIDANCE
	FOR ADULTS IN EVERY PHASE OF TREATMENT AND SURVIVORSHIP. YSC ADVOCATES
	FOR MORE RESEARCH STUDYING YOUNG ADULTS AND BREAST CANCER; EDUCATES
	YOUNG ADULTS ABOUT THE IMPORTANCE OF BREAST HEALTH; AND SERVES AS A
	SUPPORT NETWORK TO THE 250,000 INDIVIDUALS LIVING IN THE US TODAY WHO
	HAVE BEEN DIAGNOSED WITH BREAST CANCER AT AGE 40 OR YOUNGER.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (
4c	(Code:) (Expenses \$
	<u> </u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,826,076.
	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

832003 12-31-18

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	├
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		┝≏
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions):			l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		┝≏
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		 ^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V			<u> </u>
			ı res	No

28 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

832004 12-31-18

Form 990 (2018) YOUNG SURVIVAL COALITION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 28						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
			3a	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0	O	3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	·						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				77			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the procedure that were not tay deductible as charitable contributions?		60		x			
h	any contributions that were not tax deductible as charitable contributions?		6a					
Б		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	440						
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a						
D	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	90	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.		Гот	990	(2010)			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		⊢ٽ		
74	more members of the governing body?	7a		Х
b		- ra		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
800	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_ 9		22
000	tion b. 1 oncies (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the examination have lead chapters, branches, or affiliates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		114		
12a	Didd to the state of the state	12a	х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C		12c	х	
40	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14		14	25	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		450	Х	
a	, , , , , , , , , , , , , , , , , , , ,	15a	X	
Ö	Other officers or key employees of the organization	15b	21	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		Α.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O		\!!	- l- l -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) avalla	abie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records TENNITEED MED COLDONE 646 257 3000			
	JENNIFER MERSCHDORF - 646-257-3000 75 BROAD STREET, SUITE 409, NEW YORK, NY 10004			
	75 BROAD STREET, SUITE 409, NEW YORK, NY 10004			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN LAWSON	15.00	3,7		٠,,				0	0	0
PRESIDENT (2) DESIREE WALKER	15.00	Х		Х	_			0.	0.	0.
VICE-PRESIDENT	13.00	x		x				0.	0.	0.
(3) MICHAEL WIRTH	10.00							0.	0.	0.
TREASURER	10.00	Х		x				0.	0.	0.
(4) TANIA CHOMIAK-SALVI	10.00									-
SECRETARY		х		х				0.	0.	0.
(5) JOHN HENNESSY	5.00									
BOARD MEMBER		х						0.	0.	0.
(6) COURTNEY HAGEN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DON DIZON	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) PABLO COLON	5.00								•	
BOARD MEMBER	40.00	Х						0.	0.	0.
(9) JENNIFER MERSCHDORF	40.00			\ \ **				162 200	0	20 020
CHIEF EXECUTIVE OFFICER	40.00			Х				162,208.	0.	20,028.
(10) STACY LEWIS DEPUTY CHIEF EXEC. & CHIEF PROG. OFF	40.00			x				132,378.	0.	17,148.
DEFOIT CRIEF EASC. & CRIEF FROG. OFF								132,370.	0.	17,140.
		\vdash								

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)		(F)		
	Name and title	Average	(do		Posi			ono	Reportable	Reportable		Estima	ted	
		hours per	box	, unle	ss pe	rson	than o	h an	compensation	compensation		amoun	t of	
		week		cer an	d a d	irecto	or/trus	tee)	from	from related		othe	er	
		(list any	ector						the	organizations		mpens		
		hours for related	or dir	æ			ated		organization	(W-2/1099-MISC	·	from t		
		organizations	ustee	truste		gy.	suadı		(W-2/1099-MISC)		ı	rganiza		
		below	ual tr	ional		ploye	t con	_			ı	and rela rganiza		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	garnza	LIONS	
					0	포	王壱	<u> </u>			-+			
											-			
											+			
							\vdash				-			
											$-\!\!\!\!\!+\!\!\!\!\!-$			
1b	Sub-total								294,586.		0.	37,3	176.	
С	Total from continuation sheets to Part V	I, Section A						>	0.		0.		0.	
d	Total (add lines 1b and 1c)								294,586.		0.	37,3	176.	
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable				
	compensation from the organization												2	
	-											Yes	No	
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	oyee,	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s										3		Х	
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15										4	Х		
5	Did any person listed on line 1a receive or a													
•	rendered to the organization? If "Yes," com	•				•			ou organization or many		5		Х	
Sec	tion B. Independent Contractors	prote correcan		0. 00	/	00.0					··· -	-		
1	Complete this table for your five highest co	mnensated inc	dene	ende	nt c	onti	racto	re 1	that received more than	\$100,000 of comp	ensatio	n from		
•	the organization. Report compensation for										Crisatio	11 110111		
	<u> </u>	trie Caleridai y	cai	criui	ilg v	VILII	OI W	<u> </u>		year.		(C)		
	(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensati	ion	
<u>G</u> 1	PRODUCTIONS, INC.							\dashv		-				
	SUTTON ROAD, LEBANON,	NTT OQQ	3 3						EVENT PRODUC	TIT ONT	2	1 Q	151.	
	E HILTON SANTA BARBARA			ım		<u> </u>	2	\dashv	TARKI LYODOC	1 1 011		<u> </u>	T 7 T •	
									מטט מטשפינ		1	۱0 ۰	330	
	CABRILLO BLVD, SANTA		, (_ν Α	93) T (0.5		TDP HOTEL	EOD		4U,	339.	
	DAD STREET CONSTRUCTION			TT 7	1.		0.4		CONSTRUCTION	rUK	4	20	C 0 0	
δU	BROAD STREET, FL.2, N	EW YORK,	, [Yγ	Τ() U (∪4	- 1	SUB-LEASE			⊿U,(608.	

Form **990** (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt V		r noto to any lin	o in this Bort VIII			
		Check if Schedule O contains a response of	i flote to arry lift	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2:1	a PROGRAM SERVICE FEES b c d e f All other program service revenue	Business Code 900099	3,630,214. 96,035.	96,035.		
	3	g Total. Add lines 2a-2f		96,035.			
	3 4 5	other similar amounts) Income from investment of tax-exempt bond pr Royalties		11,580.			11,580.
	-	a Gross rents b Less: rental expenses c Rental income or (loss)	(ii) Personal				
		d Net rental income or (loss)	(ii) Other				
	,	b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	7,309. -7,309.	-7,309.			-7,309.
Other Revenue	8 6	a Gross income from fundraising events (not including \$1,087,530. of contributions reported on line 1c). See Part IV, line 18a b Less: direct expensesb	42,143. 579,352.				
ō				-537,209.			-537,209.
	9 ;	a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b					
		c Net income or (loss) from gaming activities					
	10 (a Gross sales of inventory, less returns and allowances	9,432. 1,538.				
		c Net income or (loss) from sales of inventory		7,894.	7,894.		
			Business Code				
	11 :	. —					
		b					
		d All other revenue					
		e Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions		3,201,205.	103,929.	0.	-532,938.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Doi	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	83,552.	83,552.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	348,213.	312,443.	21,124.	14,646
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			101 00=	
7	Other salaries and wages	1,277,970.	1,017,651.	181,237.	79,082
8	Pension plan accruals and contributions (include	22 255	22 -24		4 000
	section 401(k) and 403(b) employer contributions)	29,977.	23,704.	4,385.	1,888
9	Other employee benefits	266,310.	215,117.	35,300.	15,893
10	Payroll taxes	140,636.	114,772.	17,707.	8,157
11	Fees for services (non-employees):				
а	Management	0 500	6 000	0.066	400
b	Legal	8,573.	6,080.	2,066.	427
С	Accounting	138,918.		138,918.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	2 200		2 200	
f	Investment management fees	2,298.		2,298.	
g	Other. (If line 11g amount exceeds 10% of line 25,	115 050	100 222	1 457	F 270
	column (A) amount, list line 11g expenses on Sch O.)	115,958. 33,250.	109,223.	1,457.	5,278. 4,473.
12	Advertising and promotion	143,952.	28,715. 120,135.	17,436.	6,381
13	Office expenses	112,749.	91,775.	15,835.	5,139
14	Information technology	114,749.	91,773.	15,635.	3,139
15	Royalties	226,301.	152,167.	61,429.	12,705
16	Occupancy	149,604.	135,959.	3,069.	10,576
17	Travel	149,004.	133,939.	3,009.	10,570
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	403,464.	300,382.		103,082
19	Conferences, conventions, and meetings	±03, ±0±•	300,302.		100,002
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,631.	17,235.	6,957.	1,439.
23		14,709.	_,,,	14,709.	_,
24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	UNRELATED BUSINESS TAX	1,388.		1,388.	
b	CREDIT CARD PROCESSING	66,896.	45,306.	13,691.	7,899.
c	UNCOLLECTIBLE PLEDGES	30,043.	0.	30,043.	0,
d	COST OF DISTRIBUTED GOO	21,754.	19,588.	5.	2,161
		47,265.	32,272.	9,332.	5,661
25	Total functional expenses. Add lines 1 through 24e	3,689,411.	2,826,076.	578,448.	284,887
26	Joint costs. Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18	I			Form 990 (2018

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	420,854.	1	65,212
2	Savings and temporary cash investments	883.	2	3,546
3	Pledges and grants receivable, net	444,848.	3	380,787
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
⁽ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	97,712.	9	105,065
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 106,553.			
b		45,819.	10c	12,879
11	Investments - publicly traded securities	226,672.	11	232,769
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	83,333.	15	113,524
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,320,121.	16	913,782
17	Accounts payable and accrued expenses	233,987.	17	229,252
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	55,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	400 440		
	Schedule D	190,446.	25	34,876
26	Total liabilities. Add lines 17 through 25	424,433.	26	319,128
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	226 252		545 046
27	Unrestricted net assets	836,252.	27	517,812
28	Temporarily restricted net assets	59,436.	28	76,842
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
30 31 32 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	005 500	32	FA
33	Total net assets or fund balances	895,688.	33	594,654
34	Total liabilities and net assets/fund balances	1,320,121.	34	913,782

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 20			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,68			
3	Revenue less expenses. Subtract line 2 from line 1	3		-48			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		89	5,6	88.	
5	5 Net unrealized gains (losses) on investments5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		187,604			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		59	4,6	54.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	· · · · · · · · · · · · · · · · · · ·				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization Employer identification number YOUNG SURVIVAL COALITION, INC. 13-4057685 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,842,822.	4,679,320.	4,435,061.	3,973,230.	3,630,214.	21,560,647.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,842,822.	4,679,320.	4,435,061.	3,973,230.	3,630,214.	21,560,647.
	The portion of total contributions						· · ·
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,328,450.
6	Public support. Subtract line 5 from line 4.						18,232,197.
	ction B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	4,842,822.	4,679,320.	4,435,061.	3,973,230.	3,630,214.	21,560,647.
	Gross income from interest,	, , ,	, ,	, , .	, , ,	, , .	, , -
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,965.	14,505.	11,769.	10,586.	11,580.	60,405.
9	Net income from unrelated business	,	,	,	.,	,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						21,621,052.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	577,939.
13	•	•	,				·
	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (olumn (f))		14	84.33 %
15	Public support percentage from 2017					15	80.38 %
16a	33 1/3% support test - 2018. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2015	(6) 2010	(u) 2017	(e) 2016	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
-							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	· · · · ·						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
			1 "	1 ,,,,,,,	(0.004=	() 00/0	(0
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
IU	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
-							<u></u>
	ction C. Computation of Publi					T .= 1	
	Public support percentage for 2018 (li					15	<u>%</u>
	Public support percentage from 2017					16	%
<u>Sec</u>	ction D. Computation of Inves					T .= T	
17	. 6					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
10a		
40.		
10b		

Pa	t IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		\vdash
	tion B. Type I Supporting Organizations	110		
	tion of type i capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	tructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ZU		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	rt V Type III Non-Functi	onally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported orga	nizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity				
	organizations, in excess of incom				
3	Administrative expenses paid to	accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt	-use assets			
5	Qualified set-aside amounts (prio	r IRS approval required)			
6	Other distributions (describe in P	art VI). See instructions.			
7	Total annual distributions. Add	lines 1 through 6.			
8	Distributions to attentive support	ted organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See in	nstructions.			
9	Distributable amount for 2018 fro	om Section C, line 6			
10	Line 8 amount divided by line 9 a	amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 fro	om Section C. line 6			
2	Underdistributions, if any, for year	,			
_	able cause required- explain in Pa	. ,			
3	Excess distributions carryover, if				
	From 2013	arry, to 2010			
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	Total of lines 3a through e				
		orior vooro			
	Applied to underdistributions of p Applied to 2018 distributable am	•			
<u>i</u>		,			
<u></u>	Remainder. Subtract lines 3g, 3h				
4	Distributions for 2018 from Section 7:	\$			
_	line 7:	*			
	Applied to underdistributions of p Applied to 2018 distributable am				
	Remainder. Subtract lines 4a and				
	Remaining underdistributions for				
5	any. Subtract lines 3g and 4a fro	• • •			
	than zero, explain in Part VI. See	-			
	Remaining underdistributions for				
6	· ·				
	and 4b from line 1. For result gre	ater than zero, explain in			
	Part VI. See instructions.	4- 0040 Add lines 0:			
7	Excess distributions carryover	to zo ia. Add lines 3]			
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
_	EXCASS MAIN JULIX				

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

YOUNG SURVIVAL COALITION, INC.

13-4057685

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule								
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address) II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]								
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number

13-4057685

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 359,742.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 310,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 201,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$127,500.	Person X Payroll

Name of organization

Employer identification number

YOUNG SURVIVAL COALITION, INC.

13-4057685

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	

Employer identification number

Name of organization

YOUNG	SURVIVAL COALITION, INC			13-4057685
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional s	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	(e) Transf Transferee's name, address, and ZIP + 4			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_		(e) Transfer of gif		
	Transferee's name, address, and	1 ZIP + 4	Relationship of trai	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number 13-4057685

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

832051 10-29-18

Schedule D (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	r Similar	Asset	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	at are a si	gnificant use	of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat	ion's exer	npt purpose	in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990, Pa	art IV, I	ine 9, or	,	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not	included	_	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo							L	Yes	LU!	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	back	(e) Four	r years ba	ack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organizatio	n			
	by:									Yes 1	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?) 				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 99	D, Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost	t or other	(c) Ac	cumulated		(d) Boo	k value	
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements				_						
d	Equipment				4,263.		81,384		1	2,87	9.
	Other			1	.2,290.		12,290	•			0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line	10c.)			. [1	2,87	9.

Schedule D (Form 990) 2018

Scriedule D	(1 01111 990) 2010	100110	DOILVI VIII	COLLETTON	
Part VII	Investments -	Other Secu	rities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	113,524.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	113,524.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT ABATEMENT	34,876.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	34,876.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

aaic D	(1 01111 000	, 2010				,	-	
t XI	Recond	ciliation	of Revenue	e per Audited	Financial S	Statements	With Revenue	per Return.

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,834,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-432.		
b	Donated services and use of facilities	2b	55,211.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	580,890.		
е	Add lines 2a through 2d			2e	635,669.
3	Subtract line 2e from line 1			3	3,198,907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,298.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	2,298.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	3,201,205.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements Witl	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	4,323,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	55,211.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	580,890.		
е	Add lines 2a through 2d			2e	636,101.
3	Subtract line 2e from line 1			3	3,687,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	, ,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,298.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	2,298.

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, YSC HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 579,35

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,

LINE 8B.

COST OF GOODS SOLD REPORTED AS EXPENSE ON FINANCIAL

1,538.

3,689,411.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization YOUNG SURVIVAL COALITION, INC. 13-4057685 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	ırt I					
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	(b) Event #2	events with gross receiption (c) Other events	ots greater than \$5,000.
				TDP WEST	NONE	(d) Total events (add col. (a) through
d a b G Direct Expenses Revenue A Direct Expenses Revenue A Direct Expenses Revenue			(event type)	(event type)	(total number)	col. (c))
ηne	of fundrais 2		(event type)	(event type)	(total number)	
Rever	1	Gross receipts	473,323.	656,350.		1,129,673.
	2	Less: Contributions	454,292.	633,238.		1,087,530.
	3	Gross income (line 1 minus line 2)	19,031.	23,112.		42,143.
	4	Cash prizes				
Revenue Direct Expenses	5	Noncash prizes	13,309.	12,260.		25,569.
pense	6	Rent/facility costs	119,580.	146,071.		265,651.
rect Ex	7	Food and beverages	2,533.	15,000.		17,533.
⊡		Entartainment				
		Entertainment Other direct expenses	114,927.	155,672.		270,599.
	_	Direct expense summary. Add lines 4 through		20070.20	•	579,352.
						-537,209.
Pa	irt l					
		\$15,000 on Form 990-EZ, line 6a.				
/enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
		ter the state(s) in which the organization condu	_	-1-1-0		V N-
		the organization licensed to conduct gaming and No," explain:		states?		Yes No
10a		va any at the evacuization's coming licenses v				I IVAA I INA
		ere any of the organization's gaming licenses re Yes " explain:	•	· ·	year?	Yes No
		, , , , , , , , , , , , , , , , , , , ,	•	· ·	year?	. Tes INO

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 YOUNG SURVIVAL COALITION, INC. 13-4	105768	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
		120	0.4
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15.		Yes	□ No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
10	daming manager information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
~	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linos (0 0h 10h
1 4		ut III, III 165 ;	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ)	YOUNG	SURVIVAL	COALITION,	INC.	13-4057685	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (co	ntinued)				
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number
			LITION, INC	· .				13-4057685
Part I	General Information on Grants a	and Assistance						
	Does the organization maintain records		-			•		
С	criteria used to award the grants or assi	stance?						X Yes No
	Describe in Part IV the organization's pro							
Part I	aranto ana otner Addictance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 E	Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1	<u> </u>	1	>
	Enter total number of other organization							•

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
YSC SUMMIT TRAVEL GRANTS	124	83,552.	. 0.	FMV	
Part IV Supplemental Information. Provide the information	I required in Part I, lin	l ne 2; Part III, column	I n (b); and any other a	l dditional information.	
PART I, LINE 2:					
YSC REQUIRES THAT ALL GRANTEES SU	JBMIT DOCU	MENTATION	OF NEED PR	IOR TO A	
GRANT BEING MADE. YSC THEN APPROV	JES ALL EX	PENSES AND	ATTACHED	DOCUMENTATION	
BEFORE FUNDS ARE RELEASED TO THE	GRANTEE.				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

YOUNG SURVIVAL COALITION, INC. **Employer identification number** 13-4057685

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
_	organization or a related organization:	4-		х			
	Receive a severance payment or change-of-control payment?	4a 4b		X			
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
C	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		l			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) JENNIFER MERSCHDORF (i	162,208.	0.	0.	5,400.	14,628.	182,236.	0.
CHIEF EXECUTIVE OFFICER (iii		0.	0.	0.	0.	0.	0.
(i)						
(ii							
(i)						
(ii)						
(i):						
(ii							
į (i							
(ii							
(i							
(ii							
(i							
(ii							
(i							
(ii							
(i (ii)							
(ii							
(ii							
(ii							
(ii							
(i							
(ii							
(i							
(ii							
(i							
(ii							
(i							
(ii							
(ii)						

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YOUNG SURVIVAL COALITION, INC. **Employer identification number** 13-4057685

FORM 990, PART VI, SECTION B, LINE 11B:

YSC'S FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS WITH THE ASSISTANCE OF YSC'S MANAGEMENT. THE DRAFT OF THE FORM WAS REVIEWED BY YSC'S MANAGEMENT AND CEO. THE FINAL FORM 990 WAS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH CALENDAR YEAR, EACH MEMBER OF THE BOARD OF DIRECTORS AND EACH EMPLOYEE IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT THAT IS KEPT ON FILE WITH THE YOUNG SURVIVAL COALITION.

IF ANY BOARD MEMBER, OFFICER, EMPLOYEE, STAFF MEMBER, COMMITTEE MEMBER OR VOLUNTEER OF THE YOUNG SURVIVAL COALITION HAS ANY DIRECT OR INDIRECT OR RELATIONSHIP TO, ANY INDIVIDUAL OR ORGANIZATION WHICH PROPOSES TO ENTER INTO A TRANSACTION WITH THE YOUNG SURVIVAL COALITION, THE PERSON PROVIDES PROMPT WRITTEN NOTICE OF THE INTEREST OR RELATIONSHIP TO THE BOARD OF DIRECTORS OF THE YOUNG SURVIVAL COALITION, REFRAINS FROM PARTICIPATING IN ANY DISCUSSION OR VOTING ON THAT PARTICULAR TRANSACTION, AND DOES NOT OTHERWISE ATTEMPT TO EXERT ANY INFLUENCE ON THE DISCUSSION OR VOTING ON THAT PARTICULAR TRANSACTION WHICH WOULD AFFECT THE OUTCOME OF THE DECISION MAKING PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR YSC STAFF IS REVIEWED ANNUALLY AND SET BY THE CEO USING COMPARISONS TO INDUSTRY STANDARDS. A COPY OF SALARY RECOMMENDATIONS FOR ALL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

YOUNG SURVIVAL COALITION, INC.	13-4057685
STAFF (INCLUDING THE CEO) IS KEPT IN PERSONNEL FILES. THE	MOST RECENT
COMPENSATION REVIEW FOR THE ORGANIZATION CEO WAS DONE IN	JUNE 2019.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR,	PA,RI,SC,TN,UT,VA
WV,WI,HI	
FORM 990, PART VI, SECTION C, LINE 19:	
YSC'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONF	LICT OF INTEREST
POLICY ARE AVAILABLE UPON REQUEST. YSC'S FINANCIAL STATEM	ENTS ARE ALSO
AVAILABLE ON ITS WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REVERSAL OF DEFERRED RENT LIABILITY	187,604.