** PUBLIC DISCLOSURE COPY **

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

Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30, 2020 Open to Public

B c	heck if	C Name of organization		D Employer identifi	cation number
Ū	Addre				
	_chang _Name _chang	·		13-40576	0.5
	□Initial	- v	D / it-	+	
	_return □Final	/	Room/suite		
	return∟ termir			646-257-	
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10174		G Gross receipts \$	3,534,543.
	⊒return ⊒Applid	NEW TORK, NI TOI/4	.	H(a) Is this a group re	
	⊥tiòn pendi	F name and address of principal officer of thin it is the metabolitors	r	for subordinates	····· — —
	•		or 52	H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) of te: $V = V = V = V = V = V = V = V = V = V $	01 52	- 	list. (see instructions)
		organization: X Corporation Trust Association Other ►	I Voo	H(c) Group exemption	n number ► 1 State of legal domicile: NY
Da	oriii o	Summary	L Yea	r of formation. 1999	A State of legal doffliche. IN I
		Briefly describe the organization's mission or most significant activities: SEE 1	מעעס	TTT T.TNF 1	
Governance	1	Briefly describe the organization's mission or most significant activities:	FAIL .	III, DINE I.	
Jan				th 050/ -f itt	
Veri		Check this box if the organization discontinued its operations or dispose			10
Ĝ				3	10
∞		Number of independent voting members of the governing body (Part VI, line 1b)			27
ţį		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			750
Activities &		Total number of volunteers (estimate if necessary)			730
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		
		0	-	Prior Year	Current Year 3,222,605.
ne	8	Contributions and grants (Part VIII, line 1h)		3,630,214.	
Revenue	9	Program service revenue (Part VIII, line 2g)		96,035.	36,667.
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,271.	-8,599.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-529,315.	-584,846.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,201,205.	2,665,827.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		83,552.	26,975.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	1 012 000
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		2,063,106.	1,913,089.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)	72.	4 540 550	560 445
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,542,753.	769,147.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,689,411.	2,709,211.
	19	Revenue less expenses. Subtract line 18 from line 12		-488,206.	-43,384.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		913,782.	1,035,911.
it As	21	Total liabilities (Part X, line 26)		319,128.	473,961.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		594,654.	561,950.
	ırt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.	
				l	
Sign	า	Signature of officer		Date	
Her	е	JENNIFER MERSCHDORF, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature /	-	Date Check	PTIN
Paid	l	RICHARD J. LOCASTRO, CPA Celbury J. Loc	astro	05/13/2021 self-employ	_{ed} P00288314
Prep	arer	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
May	the I	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No

Pai	rt III Statement of Program Service Accomplishments	77
		X
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?	VО
	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	VО
	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	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 280, 904. including grants of \$26, 975.) (Revenue \$\$	•)
	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 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. YSC WAS IMPACTED BY COVID	
4b	(Code:) (Expenses \$	
	, , , , , , , , , , , , , , , , , , , ,	_ ′
4-		
4c	(Code:) (Expenses \$	_ '
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,280,904.	
	Form 990 (20)19)

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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			х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? <i>If</i> "Yes," <i>complete</i>			
	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			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,	44-		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	112		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
р	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	405		х
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
~	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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

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22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 2 Did the organization answer yes* to Part VII, section A, Iline 3, or 5 about compensation of the organization sourcert and former officers, friectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Schedule I, and I and the I and	No
23 Did the organization answer "Ves" 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 24 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 If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 24a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Ib is the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b Ib Ib the organization and avare 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 sprior forms 900 or 990-E27 If "Yes," complete Schedule L, Part II 25b Ib the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or faunization provide a grant or other assistance to any current for former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 25c	140
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Part V 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 or note to any line in this Part V	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	No.

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form 990 (2019) YOUNG SURVIVAL COALITION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		1 1			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		27			
	filed for the calendar year ending with or within the year covered by this return	2a			Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b	Λ	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			0-		Х
				3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			SD		
-t a	financial account in a foreign country (such as a bank account, securities account, or other financial	•	-	4a		х
h	If "Yes," enter the name of the foreign country	account):		Tu Tu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBA	.R).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				7,7
	to file Form 8282?	 		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property did the organization file.			7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		111 1030-0 !	711		
Ŭ		by the	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	1041? 12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			Ioa		
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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it income?		16		X
	If "Yes," complete Form 4720, Schedule O.			_	000	(00 4 2)
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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 on 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 1a 10			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
,	taxable entity during the year?	16a		X
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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
17 10		ic onl	() ava:	able
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 for public inspection. Indicate how you made these available. Check all that apply.	is Utily	j avall	aule
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JENNIFER MERSCHDORF - 646-257-3000			
	405 LEXINGTON AVENUE, 26TH FLOOR, NEW YORK, NY 10174			

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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.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

hours per week (list any hours for related organizations below line) (1) DESIREE WALKER 15.00 PRESIDENT X X X 0.0.0.1 (2) JOHN HENNESSY 15.00 VICE-PRESIDENT X X X 0.0.0.1 (3) MICHAEL WIRTH 10.00 TREASURER X X 0.0.0.0.1 (4) DON DIZON 10.00 SECRETARY X X 0.0.0.0.1 (5) DAN PERSAD 5.00 BOARD MEMBER X 0.0.0.0.1 (6) COURTNEY HAGEN 5.00 BOARD MEMBER X 0.0.0.0.1 (7) KAREN KOCHEVAR 5.00 BOARD MEMBER X 0.0.0.0.1 (8) PABLO COLON 5.00 BOARD MEMBER X 0.0.0.0.1 (9) CHRISTINE DUFFY 5.00 BOARD MEMBER X 0.0.0.1 (10) MEGAN ROUSE 5.00 BOARD MEMBER X 0.0.0.1 (11) JENITER MERSCHOORF A0.00 BOARD MEMBER X 0.0.0.1 (12) JENITER MERSCHOORF A0.00.1 TO DESTREE WALKER 15.00 BOARD MEMBER X 0.0.0.0.1 TO DESTREE WALKER 15.00 BOARD MEMBER X 0.0.0.0.1 TREASURER X 0.0.0.0.0.1 TREASURER X 0.0.0.0.1 TREASURER X X X 0.0.0.0.1 TREASURER X 0.0.0.0.0.1 TREASURER X X X 0.0.0.0.1 TREASURER X X X X 0.0.0.0.1 TR	(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Compensate from the organization of related organizations below line) 10 DESTREE WALKER 15.00 X X X X X X X X X	Name and title	hours per	box	not c , unle	:heck :ss pe	more rson	than is bot	h an	compensation	compensation	Estimated amount of
X		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
15.00		15.00								_	•
VICE-PRESIDENT		1 - 00	X		X				0.	0.	0.
10.00		15.00	ļ		١						•
X		1.0.00	X		X				0.	0.	0.
(4) DON DIZON 10.00 X X 0. 0. SECRETARY X X 0. 0. (5) DAN PERSAD 5.00 0. 0. BOARD MEMBER X 0. 0. (6) COURTNEY HAGEN 5.00 0. 0. BOARD MEMBER X 0. 0. (7) KAREN KOCHEVAR 5.00 0. 0. (8) PABLO COLON 5.00 0. 0. BOARD MEMBER X 0. 0. (9) CHRISTINE DUFFY 5.00 0. 0. BOARD MEMBER X 0. 0. (10) MEGAN ROUSE 5.00 0. 0. BOARD MEMBER X 0. 0. (11) JENNIFER MERSCHDORF 40.00 X 154,174. 0. 17,79 CHIEF EXECUTIVE OFFICER X 154,174. 0. 17,79		10.00	ļ		l						
X			X		Х				0.	0.	0.
Solid Soli		10.00								_	
BOARD MEMBER			X		X				0.	0.	0.
Solution	(5) DAN PERSAD	5.00							_	_	_
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
The first content of the fir	(6) COURTNEY HAGEN	5.00									
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
(8) PABLO COLON 5.00 BOARD MEMBER X (9) CHRISTINE DUFFY 5.00 BOARD MEMBER X (10) MEGAN ROUSE 5.00 BOARD MEMBER X (11) JENNIFER MERSCHDORF 40.00 CHIEF EXECUTIVE OFFICER X (12) STACY LEWIS 40.00	(7) KAREN KOCHEVAR	5.00									
BOARD MEMBER X	BOARD MEMBER		X						0.	0.	0.
(9) CHRISTINE DUFFY BOARD MEMBER (10) MEGAN ROUSE BOARD MEMBER (11) JENNIFER MERSCHDORF CHIEF EXECUTIVE OFFICER (12) STACY LEWIS (15) CHRISTINE DUFFY X 0. 0. 0. 154,174. 0. 17,79	(8) PABLO COLON	5.00									
BOARD MEMBER X 0. 0. (10) MEGAN ROUSE 5.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (11) JENNIFER MERSCHDORF 40.00 X 154,174. 0. 17,79 (12) STACY LEWIS 40.00 X 154,174. 0. 17,79	BOARD MEMBER		X						0.	0.	0.
(10) MEGAN ROUSE	(9) CHRISTINE DUFFY	5.00									
BOARD MEMBER X 0. 0. (11) JENNIFER MERSCHDORF 40.00 X 154,174. 0. 17,79 CHIEF EXECUTIVE OFFICER X 154,174. 0. 17,79 (12) STACY LEWIS 40.00 17,79	BOARD MEMBER		Х						0.	0.	0.
(11) JENNIFER MERSCHDORF 40.00 CHIEF EXECUTIVE OFFICER X 154,174. 0. 17,79 (12) STACY LEWIS 40.00 154,174. 0. 17,79	(10) MEGAN ROUSE	5.00									
CHIEF EXECUTIVE OFFICER X 154,174. 0. 17,79 (12) STACY LEWIS 40.00	BOARD MEMBER		Х						0.	0.	0.
(12) STACY LEWIS 40.00	(11) JENNIFER MERSCHDORF	40.00									
	CHIEF EXECUTIVE OFFICER				Х				154,174.	0.	17,790.
DEPUTY CHIEF EXECUTIVE & CPO X 135,084. 0. 13,98	(12) STACY LEWIS	40.00									
	DEPUTY CHIEF EXECUTIVE & CPO				X				135,084.	0.	13,985.
			1								
			1								
				L							

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(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		(E) Reportable compensation from relate	on		(F) stimate nount 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)	organizatior (W-2/1099-MI		fr org an	pensa om th anizat d relat anizati	e ion ed
•														
	Subtotal	<u> </u>	<u> </u>	<u> </u>				<u> </u>	289,258.		0.	3	1,7	75.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								289,258.		0.	3	1,7	75.
2	Total number of individuals (including but n compensation from the organization	iot limited to tr	ose	liste	ed a	bove	e) wr	าo r	received more than \$100	0,000 of reportat	ole			2
											r		Yes	No
3	Did the organization list any former officer,	•	-	•	•	•	•	•		•		_		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ther compensation from		······	3		21
•	and related organizations greater than \$15	=		-					•	the organization		4	Х	
5	Did any person listed on line 1a receive or a									idual for services	s			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npensa	ation 1	from	
	the organization. Report compensation for (A) Name and business		cai (enul	iig V	VILII	OI W	10 111	(B) Description of s		C	((C) nsatio	n
MAI	RRIOTT BUSINESS SERVICE								233011911011011			-		
D0	DOM 400CEE 3 DT 33 DT 3	~ ~ ~ ~ ~ ~ ~ .	4						MTTM TTOMMT		1	20	^ ^	11

(A) Name and business address	(B) Description of services	(C) Compensation
MARRIOTT BUSINESS SERVICES		- Componication
PO BOX 403655, ATLANTA, GA 30384	EVENT HOTEL	200,041.
G4 PRODUCTIONS, INC.		
17 SUTTON ROAD, LEBANON, NJ 08833	EVENT PRODUCTION	186,765.
THE HILTON SANTA BARBARA BEACHFRONT, 633		
E. CABRILLO BLVD, SANTA BARBARA, CA 93103	TDP HOTEL	128,841.
WESTIN BONAVENTURE HOTEL		
404 S. FIGUEROA ST, LOS ANGELES, CA 90071	EVENT HOTEL	118,665.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	

Form **990** (2019)

\$100,000 of compensation from the organization

			Check if Schedule O	conta	ains a re	sponse	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S (a)						. 1					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns		_	la					
<u> </u>			Membership dues			lb					
An An		С	Fundraising events		<u>L</u>	lc	891,282.				
a iii		d	Related organizations		[·	ld					
S,(Government grants (contr			le	82,411.				
Sign			All other contributions, gifts,				· · · · · · · · · · · · · · · · · · ·				
F E		-	similar amounts not included			lf	2,248,912.				
호텔		~			··· -	lg \$	_,,				
ξE			Noncash contributions included in		_			3,222,605.			
- "		n	Total. Add lines 1a-1f					3,222,003.			
							Business Code				
<u>8</u>	2	а	PROGRAM SERVICE FEE	S			900099	36,667.	36,667.		
Program Service Revenue		b									
S E		С									
eve		d									
Pg R		e									
<u> </u>		f All other program service revenue									
			Total. Add lines 2a-2f					36,667.			
$\overline{}$	3	9	Investment income (includ								
	3							1 520			1 520
			other similar amounts)					1,538.			1,538.
	4		Income from investment of		•	•					
	5		Royalties	<u></u>							
					(i) I	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)		I						
			Gross amount from sales of	<u>'</u>		curities	(ii) Other				
	′	а		l_			· ` ′				
			assets other than inventory	7a	2.	33,312.	'				
		b	Less: cost or other basis								
Revenue			and sales expenses	7b		13,449.					
Ş		С	Gain or (loss)	7с	-1	0,137.	,				
~ H			Net gain or (loss))	-10,137.			-10,137.
ther	8	а	Gross income from fundraisir	ng ev	ents (no	t					
ᅙ			including \$	891	,282.	of					
			contributions reported on	line	1c). Se	<u>, </u>					
			Part IV, line 18		,		30,197.				
		L					<u> </u>				
			Less: direct expenses					-592,161.			-592,161.
			Net income or (loss) from		•		D	-392,161.			-592,161.
	9	а	Gross income from gamin								
			Part IV, line 19			<u>9a</u>					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing acti	vities	<u>,</u>				
	10	а	Gross sales of inventory, I	ess	returns						
			and allowances			10a	6,324.				
		h	Less: cost of goods sold				· · · · · · · · · · · · · · · · · · ·				
			Net income or (loss) from					3,415.	3,415.		
		_	Net income or (loss) from	Saic	S OI IIIVE	illory		3,113.	3,113.		
şņ		_	MICCELL ANDOUG				Business Code	2 000			2 000
ne ge			MISCELLANEOUS				900099	3,900.			3,900.
Miscellaneous Revenue		b									
e Se		С									
ĕ		d	All other revenue								
_		е	Total. Add lines 11a-11d	<u></u>	<u></u>	<u></u>	>	3,900.			
	12		Total revenue. See instructio					2,665,827.	40,082.	0.	-596,860.

932009 01-20-20

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).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	06 075	06 005		
	individuals. See Part IV, line 22	26,975.	26,975.		
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,	345,692.	220 700	7 670	0 215
_	trustees, and key employees	343,034.	328,799.	7,678.	9,215
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,158,509.	1,005,657.	114,660.	38,192
7	Other salaries and wages Pension plan accruals and contributions (include	1,130,309.	±,000,007.	114,000.	30,134
8		32,190.	27,895.	3,229.	1 066
0	section 401(k) and 403(b) employer contributions)	245,266.	215,765.	21,637.	1,066 7,864
9	Other employee benefits	131,432.	116,417.	10,859.	4,156
10 11	Payroll taxes Fees for services (nonemployees):	131,432.	110,71/•	10,000.	4,130
	` ' ' '				
a	Management	11,957.	9,102.	2,454.	401
b	Legal	100,487.	7,102.	100,487.	401
q	5 ······	100,407.		100,407	
d e					
f	Investment management fees	198.		198.	
g					
9	column (A) amount, list line 11g expenses on Sch O.)	60,390.	57,878.	1,486.	1.026
12	Advertising and promotion	14,222.	13,696.	393.	1,026 133
13	Office expenses	127,714.	105,488.	14,881.	7,345
14	Information technology	80,298.	71,456.	7,373.	1,469
15	Royalties	7.7	, _ ,	.,	
16	Occupancy	127,069.	96,704.	26,102.	4,263
17	Travel	55,363.	50,951.	1,660.	2,752
18	Payments of travel or entertainment expenses	•	•	,	, , , , , , , , , , , , , , , , , , ,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,355.	88,354.	1.	
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,879.	9,800.	2,647.	432
23	Insurance	16,474.		16,474.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CREDIT CARD PROCESSING	18,693.	13,382.	3,166.	2,145
b	UNCOLLECTIBLE PLEDGES	17,523.	10,000.		7,523
С	SUBSCRIPTIONS/PUBS.	9,574.	8,568.	693.	313
d	RECOGNITION AWARDS	9,397.	9,296.	87.	14
е	All other expenses	18,554.	14,721.	3,570.	263
25	Total functional expenses. Add lines 1 through 24e	2,709,211.	2,280,904.	339,735.	88,572
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Par	Χ			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		65,212.	1	637,393.
	2	Savings and temporary cash investments		3,546.	2	25.
	3	Pledges and grants receivable, net		380,787.	3	199,860.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 35	5%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(I			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		105,065.	9	88,942.
		Land, buildings, and equipment: cost or other	·····			
		basis. Complete Part VI of Schedule D 10a	0.			
	b	Less: accumulated depreciation 10b		12,879.	10c	
	11	Investments - publicly traded securities		232,769.	11	
	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		113,524.	15	109,691.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		913,782.	16	1,035,911.
	17	Accounts payable and accrued expenses		229,252.	17	57,102.
	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	
S	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	5%			
ig:		controlled entity or family member of any of these persons			22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		55,000.	23	
	24	Unsecured notes and loans payable to unrelated third parties	·····	<u> </u>	24	377,845.
	25	Other liabilities (including federal income tax, payables to related third				·
		parties, and other liabilities not included on lines 17-24). Complete Part	x l			
		of Schedule D		34,876.	25	39,014.
	26	Total liabilities. Add lines 17 through 25		319,128.	26	473,961.
		Organizations that follow FASB ASC 958, check here ▶ X				·
Ses		and complete lines 27, 28, 32, and 33.	- 1			
au	27	Net assets without donor restrictions		517,812.	27	492,048.
Bal	28	Net assets with donor restrictions		76,842.	28	69,902.
nd		Organizations that do not follow FASB ASC 958, check here ▶ □				
Ē		and complete lines 29 through 33.	_			
s or	29	Capital stock or trust principal, or current funds	- 1		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
As	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		594,654.	32	561,950.
2	33	Total liabilities and net assets/fund balances		913,782.	33	1,035,911.
	100	rotal habilities and not assets/fully balances		2 = 0 , . 0 = 1	55	

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3		9,2 3,3	11. 84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			54.
5	Net unrealized gains (losses) on investments	5	1	0,6	80.
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 on Schedule O)	9			0.
10	column (B)) 10				50.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separation consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci 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?	nedule O. ngle Audit	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

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 **2019**

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	` '	`,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	4,679,320.	4,435,061.	3,973,230.	3,630,214.	3,222,605.	19,940,430.
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	4,679,320.	4,435,061.	3,973,230.	3,630,214.	3,222,605.	19,940,430.
5	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)						2,629,258.
	Public support. Subtract line 5 from line 4.						17,311,172.
	ction B. Total Support	1	- T				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	4,679,320.	4,435,061.	3,973,230.	3,630,214.	3,222,605.	19,940,430.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	14,505.	11,769.	10,586.	11,580.	1,538.	49,978.
_	and income from similar sources	14,505.	11,709.	10,300.	11,300.	1,330.	43,310.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					3,900.	3,900.
11	Total support. Add lines 7 through 10					3,3001	19,994,308.
12	Gross receipts from related activities,	etc (see instruction	nns)			12	501,029.
	First five years. If the Form 990 is for						
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	86.58 %
	Public support percentage from 2018					15	84.33 %
	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a إ	oublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support	low, picase com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(-7	(-,	(=,==::	(-,, : -	(-,	(-)
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						
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						
6 Total. Add lines 1 through 5				-		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ	ļ	<u> </u>
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)		+		+	1	
13 Total support. (Add lines 9, 10c, 11, and 12.)		1			F04(\\0)	
14 First five years. If the Form 990 is for t	_			•		
check this box and stop here Section C. Computation of Public		roontago				<u></u>
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2019 (lin					15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Invest					16	<u>%</u>
Section D. Computation of Invest					11	
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 20					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the c						1/ is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2018. If the c	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
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) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	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):			
а	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) 2019

Par	rt V Type III Non	-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to suppo	orted organizations to accomplish exe	mpt purposes		
2	Amounts paid to perfor	m activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess	s of income from activity			
3	Administrative expense	es paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquir	re exempt-use assets			
5	Qualified set-aside amo	ounts (prior IRS approval required)			
6	Other distributions (des	scribe in Part VI). See instructions.			
7	Total annual distributi	ons. Add lines 1 through 6.			
8	Distributions to attentiv	re supported organizations to which the	ne organization is responsive	e	
	(provide details in Part	VI). See instructions.			
9	Distributable amount fo	or 2019 from Section C, line 6			
10	Line 8 amount divided	by line 9 amount			
Secti	ion E - Distribution Allo	ocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount fo	or 2019 from Section C, line 6			
2	Underdistributions, if a	ny, for years prior to 2019 (reason-			
	able cause required- ex	plain in Part VI). See instructions.			
3	Excess distributions ca	rryover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a throug	h e			
g	Applied to underdistrib	utions of prior years			
h	Applied to 2019 distrib	utable amount			
i	Carryover from 2014 no	ot applied (see instructions)			
j	Remainder. Subtract lin	nes 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 f	rom Section D,			
	line 7:	\$			
а	Applied to underdistrib	utions of prior years			
b	Applied to 2019 distrib	utable amount			
С	Remainder. Subtract lin	nes 4a and 4b from 4.			
5	Remaining underdistrib	utions for years prior to 2019, if			
	any. Subtract lines 3g a	and 4a from line 2. For result greater			
	than zero, explain in Pa	rt VI. See instructions.			
6	Remaining underdistrib	utions for 2019. Subtract lines 3h			
	and 4b from line 1. For	result greater than zero, explain in			
	Part VI. See instruction	IS.			
7	Excess distributions of	carryover to 2020. Add lines 3j	<u> </u>		
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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

2019

Name of the organization Employer identification number

YOUNG SURVIVAL COALITION, INC. 13-4057685 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, 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, 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 ______ 🕨 \$ _

Caution: An organization 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), but it must answer "No" on 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 certify that it doesn't meet 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) (2019)

Name of organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number

13-4057685

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>225,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>195,000.</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
4		\$ <u>150,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$120,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$110,000 .	Person X Payroll Noncash (Complete Part II for

Name of organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number

13-4057685

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

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

SURVIVAL COALITION, IN	IC.		13-4057685
from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Transferee's name, address, a			nsferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ription of how gift is held
	(e) Transfer of gif	t	
Transferee's name, address, a	and ZIP + 4	Relationship of trai	nsferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
	(e) Transfer of gif	t	
Transferee's name, address, a	and ZIP + 4	Relationship of tran	nsferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	(e) Transfer of gif		
Transferee's name, address, a	and ZIP + 4	Relationship of tran	nsferor to transferee
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift	from any one contributor. Complete columns (a) through (e) and the following line en completing Part III. enter the total of exclusively religious, chartable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transferee's name, address, and ZIP + 4	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c/T), (8), or (10) from any one contributor. Complete oclumes (gl through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter his into one completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter his into one completing Part III) and (d) Described (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Described (e) Transfer of gift (e) Transfer of gift (f) Described (e) Transfer of gift (h) Purpose of gift (h) Purpose of gift (c) Use of gift (d) Described (e) Transfer of gift (e) Transfer of gift (f) Described (e) Transfer of gift (h) Purpose of gift

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 COALTTION TNC **Employer identification number** 13-4057685

Pai	t I Organizations Maintaining Donor Advised F	-	or Accou	Ints Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		01 710001	arrest complete if the
	organization answered Tes off Toff 336, Fait IV, inte 6.	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year	(a) Bener davised fames	(10) 1 (11)	ide and exiler deceding
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_	Did the organization inform all donors and donor advisors in writi	ng that the assets hold in denor advis	and funds	
5	-	· ·		Yes No
	are the organization's property, subject to the organization's exc			Tes INO
6	Did the organization inform all grantees, donors, and donor advis			
	for charitable purposes and not for the benefit of the donor or do	•	-	□ v _{aa} □ Na
Pai		ration answered "Vas" on Form 900 I		
			Part IV, line 7	·
1	Purpose(s) of conservation easements held by the organization (· · · · · · · · · · · · · · · · · · ·	a historically	important land area
	Preservation of land for public use (for example, recreation	· —		important land area
	Protection of natural habitat	Preservation of	a certified n	istoric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conserv	
_	day of the tax year.		0-	Held at the End of the Tax Year
а				
b				
С	Number of conservation easements on a certified historic structu			
d	Number of conservation easements included in (c) acquired after			
_	listed in the National Register			<u> </u>
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the	e organizatio	n during the tax
	year >	and in Incade of S		
4	Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the periodi			
_	violations, and enforcement of the conservation easements it hold			
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing con-	servation eas	sements during the year
-	Annual of an annual to an addition to the discount of the state of the	-full-lating and aufaceton account	4	and a selection of the contract
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	tion easeme	nts during the year
_	> \$		(L) (A) (D) (')	
8	Does each conservation easement reported on line 2(d) above sa	• •		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation e	•		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statem	ents that de	scribes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	rt Historical Transuras or O	thor Simi	lar Assats
Га	Complete if the organization answered "Yes" on Form 990			iai Assets.
4-	· · · · · · · · · · · · · · · · · · ·			ala a a trivia il co
ıa	If the organization elected, as permitted under FASB ASC 958, n	•		
	of art, historical treasures, or other similar assets held for public of	· · · · · · · · · · · · · · · · · · ·		rpublic
	service, provide in Part XIII the text of the footnote to its financial			ahada af
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exh	nibition, education, or research in furti	nerance of p	ublic service,
	provide the following amounts relating to these items:		_	Φ
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				\$
2	If the organization received or held works of art, historical treasur		ıl gain, provid	de
	the following amounts required to be reported under FASB ASC	_		•
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	r Othe	er Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange prograr	m				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizatio	n's exer	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contributio	ns or other ass	ets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	n provided on F	Part XIII				
Pai										
	·	(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	,	, ,		' '		. , .		. ,	
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1	a column (a)) held as:					
a	Board designated or quasi-endowment	one your one balanc	%	g, colaitii (a)) Hold do.					
h	Permanent endowment	%	_′°							
C										
·	The percentages on lines 2a, 2b, and 2c sho	, -								
За	Are there endowment funds not in the posse	•	ation tha	at are held a	and administer	ed for th	he organi:	zation		
ou	by:	osion of the organiza	ation the	at are riola t		CG 101 ti	no organi	Lation	Г	Yes No
	(i) Unrelated organizations									100 110
	(ii) Related organizations									
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R2	· · · · · · · · · · · · · · · · · · ·				3b	
4	Describe in Part XIII the intended uses of the								_ <u> </u>	
	t VI Land, Buildings, and Equipm		WITIETIL	iuius.						
	Complete if the organization answered) Part I\	/ line 11a !	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o		·	t or other		ccumulate	24	(d) Book	value
	Description of property	basis (investr			(other)		preciation	I	(u) BOOK	value
12	Land	,	,	24010	(3331)	301				
ia b	Land									
	Buildings Leasehold improvements							-		
d	Equipment Other							- -		
	Other		X colur	nn (R) line	10c)					0.

Schedule D (Form 990) 2019

39,014.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 YOUNG SURVI	VAL COALITION	I, INC.	13-4057685 Page
Part VII Investments - Other Securities.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: 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.	5 000 D 1 N / I'	44 O E 000 D	1.77 %
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		t X, line 13. ation: Cost or end-of-year market value
	(b) Book value	(C) Method of Value	ation. Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) 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. Par	t X. line 15.
	Description	,	(b) Book value
(1) SECURITY DEPOSITS			109,691
(2)			·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		> 109,691
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 99	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			20.011
(2) DEFERRED RENT ABATEMENT			39,014
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(5) (6) (7) (8)

698,704.

198.

2,665,629.

2,665,827.

625,267.

2e

Sche	edule D (Form 990) 2019 YOUNG SURVIVAL COALITION,	INC.		13-	4057685	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,364	,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	10,680.			
b	Donated services and use of facilities	2b	62,757.			
С	Recoveries of prior year grants	2c				

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

d Other (Describe in Part XIII.)

a Investment expenses not included on Form 990, Part VIII, line 7b

Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

e Add lines 2a through 2d

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,397,037. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 62,757. a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) 688,024. e Add lines 2a through 2d 2,709,013. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 198. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 198. c Add lines 4a and 4b 2,709,211. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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, 2020 AND 2019, 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 622,358. STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B.

COST OF GOODS SOLD REPORTED AS EXPENSE ON FINANCIAL

2,909.

SCHEDULE G

Department of the Treasury

(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.

OMB No. 1545-0047

Open to Public

Internal Revenue Service	Go to WW	/w.irs.gov/Form990 for instr	uction	ıs and	the latest informati	ion.		Inspection
Name of the organization YOU	ING SURV	IVAL COALITION,	IN	C.			Employer ide	ntification number 685
Part I Fundraising Act	tivities. Comp	blete if the organization answe			n Form 990, Part IV, I			
required to complete								
1 Indicate whether the organizations	ation raised fun				Check all that apply. overnment grants	-		
b Internet and email soli	icitations				nment grants			
c Phone solicitations		g Special						
d In-person solicitations	S	3		9				
2 a Did the organization have a		agreement with any individual	(inclu	dina o	fficers, directors, trus	stees.	or	
		or entity in connection with p		-			Yes	No
b If "Yes," list the 10 highest p		•					ndraiser is to I	ре
compensated at least \$5,00				3				
	, , , , , , , , , , , , , , , , , , , 				 			i
(i) Name and address of indivi	idual		(iii) fundr	Did	(iv) Gross receipts	(v) A	Amount paid retained by)	(vi) Amount paid
or entity (fundraiser)		(ii) Activity	have c	ustody itrol of	from activity	fı	undraiser	to (or retained by) organization
,			contrib	utions?	,	liste	ed in col. (i)	Organization
			Yes	No				
]			
Total								
3 List all states in which the ord	ganization is re	gistered or licensed to solicit	contrib	outions	s or has been notified	d it is e	exempt from r	egistration
or licensing.		•					•	·
		The state of the s						

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 YOUNG SURVIVAL COALITION, INC. 13-4057685 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through TDP EAST TDP WEST col. (c)) (event type) (event type) (total number) 360,650. 921,479. 1 Gross receipts 560,829. 347,782 543,500 891,282. 2 Less: Contributions 17,329. 30,197. 12,868. **3** Gross income (line 1 minus line 2) 4 Cash prizes 16,065. 35,385. 19,320. 5 Noncash prizes Direct Expense 105,332. 167,215. 272,547. 6 Rent/facility costs 5,216. 7,255. 2,039 7 Food and beverages 8 Entertainment 140,596. 9 Other direct expenses 166,575. 307,171. 622,358. 10 Direct expense summary. Add lines 4 through 9 in column (d) -592,161. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 YOUNG SURVIVAL COALITION, INC. 13-4	105768	35 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 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?	Ye:	s No
13	Indicate the percentage of gaming activity conducted in:		
		120	0/
	a 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		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Ye	s
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party \$\sum_{\text{quantum}}\$		
c	If "Yes," enter name and address of the third party:		
	The root, of the real address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Coming manager comparation • C		
	Gaming manager compensation > \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Ye	s L No
b	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	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III. lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
	100, 100, 10, and 170, as applicable, 7 live provide any additional information.		

Schedule C	G (Form 990 or 990-EZ) Supplemental Info	YOUNG	SURVIVAL	COALITION,	INC.	13-4057685 Page 4
Part IV	Supplemental Info	rmation (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 of	the organization							Employer identification number
	YOUNG SURVIVAL COALITION, INC. 13-4057685							
Part I	General Information on Grants a	and Assistance						
	oes the organization maintain records							
cri	iteria used to award the grants or assi	stance?						X Yes No
2 De	escribe in Part IV the organization's pr	ocedures for monit	oring the use of grant	t funds in the Unite	d States.			
Part II	Grants and Other Assistance to	Domestic Organi	zations and Domesti	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	T .	· ·	<u> </u>	1	(4) Mathadad 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			he line 1 table				

Part III can be duplicated if additional space is needed.			1	1	
(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
	<u>'</u>	3			
YSC SUMMIT TRAVEL GRANTS	40	26,975.	0.	FMV	
		,			
Part IV Supplemental Information. Provide the information red		e 2; Part III, column	I ı (b); and any other a	I additional information.	
PART I, LINE 2:					
YSC REQUIRES THAT ALL GRANTEES SU	BMIT DOCU	MENTATION	OF NEED PR	IOR TO A	
GRANT BEING MADE. YSC THEN APPROVI	ES 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

Internal Revenue Service Name of the organization

Department of the Treasury

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	, 3			
	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?	2		
_				
3	Indicate which, if any, of the following the 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			
7	organization or a related organization:			
а		4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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		X
b	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		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	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	_		v
_	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		

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JENNIFER MERSCHDORF	(i)	154,174.	0.	0.	5,217.	12,573.	171,964.	0.
CHIEF EXECUTIVE OFFICER	(ii)		0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
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	(i)							
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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.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number 13-4057685

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GLOBAL PANDEMIC AS ALL IN-PERSON EVENTS COULD NOT HAPPEN.

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

INTEREST IN, 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:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization
YOUNG SURVIVAL COALITION, INC.

Employer identification number 13-4057685

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 STAFF (INCLUDING THE CEO) IS KEPT IN PERSONNEL FILES. THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD IN JUNE. HOWEVER, DUE TO COVID, HER COMPENSATION WAS REVIEWED IN JANUARY 2021.

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 CONFLICT OF INTEREST

POLICY ARE AVAILABLE UPON REQUEST. YSC'S FINANCIAL STATEMENTS ARE ALSO

AVAILABLE ON ITS WEBSITE.

FORM 990, PART X, LINE 24

ON MAY 4, 2020, YSC RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$377,845

UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR

MONTHLY PRINCIPAL AND INTEREST (1%) PAYMENTS AMORTIZED OVER THE TERM OF

THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIXTEEN

MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT

(CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS

ADMINISTRATION IN WHOLE OR IN PART. YSC INTENDS TO USE THE PROCEEDS FOR

PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM ANDBELIEVES

THAT ITS USE OF THE LOAN PROCEEDS WILL MEET THE CONDITIONS FOR

FORGIVENESS OF THE LOAN. YSC INTENDS TO APPLY FOR FORGIVENESS BEFORE

THE DEADLINE. IF FORGIVENESS IS GRANTED, YSC WILL RECORD REVENUE FROM

Schedule O (Form 990 or 990-EZ) (2019)

Schedul	e O (Form 990 or 9	990-EZ) (2019)								Page 2
	the organization		SURVIVAI	r co	ALITION	, INC	•		En	nployer identification number 13-4057685
DEBT	EXTINGUI	SHMENTS	DURING	THE	PERIOD	THAT	FORGIVENESS	W	AS	APPROVED.