** 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)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

	01 4	and ending the state of tax year beginning to be 1, 2017 and ending	<u> </u>	<u>UN 30, .</u>	70T8	
	Check it applicat			D Employer	identific	cation number
X	Addr chan	YOUNG SURVIVAL COALITION, INC.	ĺ			
	Name Chan	ge Doing business as	·	-	13-4	057685
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address) Room.	/suite	E Telephone	_	
_	Final			(<u> 546-</u> 2	<u>257-3000</u>
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	4,136,675.
L	Amer returi Appli	NEW YORK, NY 10004		H(a) Is this a		
_	tion	Finame and address of brincipal officer: JEMNIFER MERSCHDORF.		for subor	dinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subo	rdinates in	cluded? Yes No
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," a	ttach a	list. (see instructions)
		ite: ► WWW.YOUNGSURVIVAL.ORG		H(c) Group ex		
	orm o	forganization: X Corporation	Year c	of formation: 19	999 M	State of legal domicile: NY
	T					
ce	1	Briefly describe the organization's mission or most significant activities: <u>SEE PAR'</u>	İ. Τ.	II, LINE	<u> </u>	
'nar	2	Check this box if the organization discontinued its operations or disposed of	more	than OED/ of it	2 pot co	
vel	3	Number of voting members of the governing body (Part VI, line 1a)			1 1	sets.
Activities & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b)	•••••			. 9
888	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		• • • • • • • • • • • • • • • • • • • •	5	25
/itie	6	Total number of volunteers (estimate if necessary)	•	••••••••••	6	750
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	• • • • • • • • • • • • • • • • • • • •		7a	730
⋖	b	Net unrelated business taxable income from Form 990-T, line 34			. 7b	6,223.
Revenue			1	Prior Year	. ,,,,,	Current Year
	8	Contributions and grants (Part VIII, line 1h)	_	4,435,0	061.	3,973,230.
	9	Program service revenue (Part VIII, line 2g)		93,2		93,894.
leve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			375.	9,238.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-843,6		-818,010.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,691,0		3,258,352.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,6		77,446.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,112,1	49.	1,857,990.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Ξxp		Total fundraising expenses (Part IX, column (D), line 25) 174,950.			188	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		_1,403, <u>1</u>		<u>1,325,659.</u>
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,593,9		<u>3,261,095.</u>
_ &	19	Revenue less expenses. Subtract line 18 from line 12	-	97,1		<u>-2,743.</u>
Fund Balances		Total and La (D. 1991).	Beg	inning of Curren		End of Year
Bala	20	Total assets (Part X, line 16)	-	1,270,1		1,320,121.
und	21	Total liabilities (Part X, line 26)	-	<u>369,4</u>		424,433.
	<u>22</u> 	Net assets or fund balances. Subtract line 21 from line 20		900,7	31.I	895,688.
_	_	alties of perjury beclare that I have examined this return, including accompanying schedules and si	atomo	nte and to the he	net of my	knowledge and heliof it is
		ct, and complete. Declaration of prepares (other than efficer) is based on all information of which pre				Knowledge and bellet, it is
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Sigr	1	Signature of officer		Date		70
ler		SENNIFER MERECHDORF / CEO				
		Type or print name and title				
		Print/Type preparer's name	Da	ate	Check	RTIN
aid		DAVID F. GRALING CHA DAWN F. July CHA	1/2	1-19-18 I	f elf-employed	- P 00366995
rep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's I		52-1392008
ise	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N				
		BETHESDA, MD 20814-2930		Phone	no. (3 C	1) 951-9090
Лау	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Theidy describe the cognization's mission: YOUNG SURVIVAL COALITION (YSC) IS THE LARGEST NATIONAL ORGANIZATION DEDICATED TO THE CRITICAL ISSUES UNIQUE TO YOUNG WOMEN DIAGNOSED WITH BREAST CANCER. YSC OFFERS RESOURCES, CONNECTIONS AND OUTREACH SO WOMEN 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 590 of 990 EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on	Pai	rt III Statement of Program Service Accomplishments	
VOUNG SURVIVAL COALITION (YSC) IS THE LARGEST NATIONAL ORGANIZATION DEDICATED TO THE CRITICAL ISSUES UNIQUE TO YOUNG WOMEN DIAGNOSED WITH BREAST CANCER, YSC OFFERS RESOURCES, CONNECTIONS AND OUTREACH SO WOMEN FRELS 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 of 990-E/?		Check if Schedule O contains a response or note to any line in this Part III	<u></u>
BREAST CANCER. YSC OFFERS RESOURCES, CONNECTIONS AND OUTREACH SO WOMEN FRELS SUPPORTED, EMPOWRED AND HOPEFUL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 of 995-22?	1	YOUNG SURVIVAL COALITION (YSC) IS THE LARGEST NATIONAL ORGANIZAT	
FEEL SUPPORTED, EMPOWERED AND HOPEFUL. Did the organization undertake any significant program services during the year which were not listed on the pror Form 980 or 980 E27 If Yes, 'describe these new services on Schedule 0. Old the organization cease conducting, or make significant changes in how it conducts, any program services?			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27 If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. Do the organization cease conducting, or make significant changes in how it conducts, any program services?			WOMEN
prior Form 980 or 980 627		FEEL SUPPORTED, EMPOWERED AND HOPEFUL.	
If "Yes," clearche these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	_Yes LX No
## If "Yes," describe these changes on Schedule O. ## Discribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50 (LiQ) and 30 (LiQ) 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. ## (Code) (Econness 2		If "Yes," describe these new services on Schedule O.	
40 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:	3		_Yes <u>X</u> No
Section 5016(5) and 5016(6) 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 (cook	4		nenses
Trevenue, if any, for each program service reported. (Code:	•		
4a (Code:			rioco, aria
YSC IS THE GO-TO ORGANIZATION FOR YOUNG WOMEN FACING A BREAST CANCER DIAGNOSIS, WITH MORE THAN 130 IN-PERSON SUPPORT GROUPS (FACE 2 FACE GROUPS) NATIONWIDE AND A VIBRANT ONLINE COMMUNITY. THE ORGANIZATION HOSTS REGIONAL SYMPOSIA AS WELL AS THE YSC SUMMIT, THE ONLY NATIONAL CONFERENCE DEDICATED TO THE UNIQUE ISSUES OF YOUNG WOMEN AFFECTED BY BREAST CANCER AND THEIR CO-SURVIVORS. YSC ALSO PRODUCES EDUCATIONAL RESOURCES, SUCH AS OUR NAVIGATOR SERIES, WITH INFORMATION AND GUIDANCE FOR WOMEN IN EVERY PHASE OF TREATMENT AND SURVIVORSHIP. YSC ADVOCATES FOR MORE RESEARCH STUDYING YOUNG WOMEN AND BREAST CANCER; EDUCATES YOUNG WOMEN ABOUT THE IMPORTANCE OF BREAST HEALTH; AND SERVES AS A SUPPORT NETWORK TO THE 250,000 WOMEN LIVING IN THE US TODAY WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER AT AGE 40 OR YOUNGER. 4b (code:)(Expenses S			04.287.)
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		0 541 500	
	<u>4e</u>		000 (22:1

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D, Parts XI and XII	12a	Х	
b	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4-		v
40	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	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		_
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) YOUNG SURVIVAL COALITION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1096. Enter 0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V				Ш
b Enter the number of Forms W26 included in line 1a. Enter of in rid applicable 1					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 28, did the organization file all required federal employment tax returns? 2 b If at least one is reported on line 28, did the organization file all required federal employment tax returns? 2 b If Yes, "the sit filed a Form 990 T for this year? If "No," to file 3b, provide an explanation in Schedule O 3 b X 3 b If "Yes," the sit filed a Form 990 T for this year? If "No," to file 3b, provide an explanation in Schedule O 4 a Azi with ending the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 b If "Yes," the line file of 5b, did the organization that are interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 b Was the organization and party to a prohibeted tax shelter transaction? 5 b If "Yes," the line Sao of 5b, did the organization that it was or is a party to a prohibeted as whelter transaction? 5 c If "Yes," the line Sao of 5b, did the organization file Form 8868 7? 5 c If "Yes," the line organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid. 5 d If "Yes," all other organization include with every solicitation an exposes statement that such contributions or grifts were not tax deductible? 6 d If "Yes," all other organization necessor of \$7 made party as a contribution and party for goods and services provided? 7 b If "Yes," all other organization necessor of system made party as a contribution of an	1a		 			
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, *has it filed a Form 90-17 for this year? If Yes, *to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the manned the foreign country \(\) \(2a		25			
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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	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?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а								
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 in Schedule O	9		Х				
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		Х				
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	Х					
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	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	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							
	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							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (vailab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	LILY HANSON - 646-257-3027							
	75 BROAD STREET, SUITE 409, NEW YORK, NY 10004							

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN LAWSON	15.00	,,		37				0	0	0
PRESIDENT	15.00	Х		Х				0.	0.	0.
(2) DESIREE WALKER	13.00	x		х				0.	0.	0.
VICE PRESIDENT (3) MICHAEL WIRTH	10.00	^		Λ				0.	0.	0.
TREASURER	10.00	X		х				0.	0.	0.
(4) TANIA CHOMIAK-SALVI	10.00	25		22				0.	0.	•
SECRETARY	1000	x		х				0.	0.	0.
(5) JOHN HENNESSY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(6) COURTNEY HAGEN	5.00							-		
BOARD MEMBER		Х						0.	0.	0.
(7) DON DIZON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SHAUNA MARTIN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PABLO COLON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JENNIFER MERSCHDORF	40.00							4-4		
CHIEF EXECUTIVE OFFICER	40.00			Х				154,772.	0.	19,279.
(11) STACY LEWIS	40.00							106 065		16 460
CHIEF PROGRAM OFFICER				Х				126,267.	0.	16,460.
		1								
		1								

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable	1		stimate	
		hours per week					is bot or/trus		compensation from	compensation from related			nount other	of
		(list any	to						the	organization			otriei ipensa	tion
		hours for	direc.				pa		organization	(W-2/1099-MI			om the	
		related	stee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	al trus	onal tr		loyee	comb						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			=	Ë	ð	<u>\$</u>	主旨	요			\longrightarrow			
			1											
											-			
			1											
-								\vdash						
			1											
			1											
			1											
			1											
			4											
								<u></u>	201 020					20
1b	Sub-total								281,039.		0.		5,7	<u> </u>
C	Total from continuation sheets to Part V								281,039.		0.	3	5,7	
	Total (add lines 1b and 1c)								•	000 of war and a			<i>J</i> , <i>i</i>	J J •
2	Total number of individuals (including but n	iot iimitea to tr	iose	liste	eu a	DOV	e) w	no r	eceived more than \$100	,000 of reportat	ле			2
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	iste	o ke	V er	mnlc)Vee	or	highest compensated e	mnlovee on	Г			
Ū	line 1a? If "Yes," complete Schedule J for s	•		-	•	•	•	-	•			3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$15	•							•	o. ga <u>-</u> a		4	х	
5	Did any person listed on line 1a receive or			•						idual for services	3			
	rendered to the organization? If "Yes," com	•				•	•		· ·			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
	(A)								(B)			(0		
	Name and business	address							Description of s	ervices	C	ompe	nsatio	n
G4	PRODUCTIONS INC.										i			

(A) Name and business address	(B) Description of services	(C) Compensation
G4 PRODUCTIONS, INC. 17 SUTTON ROAD, LEBANON, NJ 08833	EVENT PRODUCTION	298,890.
RENAISSANCE ORLANDO RESORT AT SEAWORLD 6677 SEA HARBOR DR., ORLANDO, FL 32821	EVENT VENUE FOR NATIONAL SUMMIT	163,648.
RAFFA, PC, 1899 L STREET, NW, STE. 900, WASHINGTON, DC 20036	ACCOUNTING SERVICES	104,676.
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than	

Form **990** (2017)

\$100,000 of compensation from the organization

Form 990 (2017) YOUNG ST Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonee	or note to any lin	a in this Part VIII			
		Officer if Schedule O conta	airis a response	or note to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded
						exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
nts	1 a	Federated campaigns	1a					
ara ou	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		1,360,988.				
a #		Related organizations						
s, Iii		Government grants (contributi		363,133.				
Sign		All other contributions, gifts, grant		,				
he la	•	similar amounts not included above		2,249,109.				
호텔	~	Noncash contributions included in lines		1,866.				
ğΕ	-		-		3,973,230.			
9	n	Total. Add lines 1a-1f		· · · · · · · · · · · · · · · · · · ·	3,973,230.			
				Business Code	00.004	22.224		
<u>:</u>	2 a	PROGRAM SERVICE FEES		900099	93,894.	93,894.		
e S	b							
en S	С	:						
Program Service Revenue	d							
90	е	·						
۵ ا	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			93,894.			
	3	Investment income (including						
		other similar amounts)			10,586.			10,586.
	4	Income from investment of tax		r	,			,
	5	Royalties						
	3	noyaities	(i) Real					
	•	0	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,237.					
	b	Less: cost or other basis						
		and sales expenses	3,585.					
	С	Gain or (loss)	-1,348.					
	d	Net gain or (loss)			-1,348.			-1,348.
<u>o</u>		Gross income from fundraising						
-		including \$ 1,360	•					
e e		contributions reported on line						
Other Reven		Part IV, line 18	-	42,222.				
je	h	Less: direct expenses		870,625.				
₽		: Net income or (loss) from fund			-828,403.			-828,403.
				P	020, 403.			020,403.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		: Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b	4,113.				
	С	Net income or (loss) from sales	s of inventory	>	10,393.	10,393.		
		Miscellaneous Revenue	е	Business Code				
	11 a	1						
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3,258,352.	104,287.	0.	-819,165.
	14	i otal lovellue. Occ ilibil uctivils.		·····	5,250,552.	104,207.	<u> </u>	1 015,105.

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	77,446.	77,446.		
3	Grants and other assistance to foreign	7771100	7771100		
3	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,				
Ū	trustees, and key employees	316,938.	284,547.	19,105.	13,286.
6	Compensation not included above, to disqualified	,	, ,	, , ,	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,159,786.	909,002.	175,731.	75,053.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,466.	25,394.	4,961.	2,111.
9	Other employee benefits	216,231.	171,816.	30,886.	13,529.
10	Payroll taxes	132,569.	106,856.	17,724.	7,989.
11	Fees for services (non-employees):				
а	Management				
	Legal	7,260.	4,829.	1,982.	449.
	Accounting	133,281.		133,281.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	101,331.	98,144.	1,973.	1,214.
12	Advertising and promotion	39,503.	37,888.	338.	1,277.
13	Office expenses	203,909.	157,599.	36,560.	9,750.
14	Information technology	94,060.	82,826.	7,248.	3,986.
15	Royalties				
16	Occupancy	266,035.	176,980.	72,622.	16,433.
17	Travel	117,416.	108,435.	1,943.	7,038.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	04.0 0.70	222 552		
19	Conferences, conventions, and meetings	212,079.	202,650.		9,429.
20	Interest				
21	Payments to affiliates	20 022	21 210	0 744	1 070
22	Depreciation, depletion, and amortization	32,033.	21,310.	8,744.	1,979.
23	Insurance	13,959.		13,959.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTIONS/PUBS.	33,394.	29,291.	242.	3,861.
b	UNCOLLECTIBLE PLEDGES	21,500.	14,303.	5,869.	1,328.
C	COST OF GOODS SOLD	17,973.	15,558.	•	2,415.
d	CREDIT CARD PROCESSING	15,492.	9,696.	2,600.	3,196.
е	All other expenses	16,434.	7,222.	8,585.	627.
25	Total functional expenses. Add lines 1 through 24e	3,261,095.	2,541,792.	544,353.	174,950.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	421,552.	1	420,854.
	2	Savings and temporary cash investments	1,114.	2	883.
	3	Pledges and grants receivable, net	408,054.	3	444,848.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ည		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,420.	9	97,712.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 176,473.			
	b		77,852.	10c	45,819.
	11	Investments - publicly traded securities	221,765.	11	226,672
	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	85,409.	15	83,333
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,270,166.	16	1,320,121
	17	Accounts payable and accrued expenses	182,749.	17	233,987
	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	
က္က	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	186,686.	25	190,446.
_	26	Total liabilities. Add lines 17 through 25	369,435.	26	424,433.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
se		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	812,458.	27	836,252.
g	28	Temporarily restricted net assets	88,273.	28	59,436.
<u> </u>	29	Permanently restricted net assets		29	
고		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
<u></u>		and complete lines 30 through 34.			
jeti 	30	Capital stock or trust principal, or current funds		30	
AS:	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	222	32	225 422
-	33	Total net assets or fund balances	900,731.	33	895,688.
	34	Total liabilities and net assets/fund balances	1,270,166.	34	1,320,121.

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		1,0 2,7	95. 43.
4					31.
5	Net unrealized gains (losses) on investments	5	-	2,3	00.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	89	5,6	88
Pa	column (B)) rt XII Financial Statements and Reporting	10	- 0,5	<i>J</i> , 0	00.
. u	Check if Schedule O contains a response or note to any line in this Part XII				
	Officer if Schedule O Contains a response of flote to any line in this Part Air			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
С	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	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 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	
Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	(f) Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 4,664,991. 4,842,822. 4,679,320. 4,435,061. 3,973,230	. 22,595,424.
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 4,664,991. 4,842,822. 4,679,320. 4,435,061. 3,973,230	. 22,595,424.
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)	4,393,215.
6 Public support. Subtract line 5 from line 4.	18,202,209.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	(f) Total
7 Amounts from line 4 4,664,991. 4,842,822. 4,679,320. 4,435,061. 3,973,230	22,595,424.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	F0 400
and income from similar sources	. 50,493.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	22,645,917.
12 Gross receipts from related activities, etc. (see instructions)	498,257.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	P
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	80.38 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	78.42 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	,-
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the org	·
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	

Schedule A (Form 990 or 990-EZ) 2017

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•			•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	, it is a particular to the control of the control		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		
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)			
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	s).	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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) 2017

Par	t V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts				
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiza	tions, in excess of income from activity			
3	Administ	rative expenses paid to accomplish exempt purpose	ns		
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	stributions (describe in Part VI). See instructions.			
7	Total an	nual distributions. Add lines 1 through 6.			
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide	details in Part VI). See instructions.			
9	Distributa	able amount for 2017 from Section C, line 6			
10	Line 8 ar	nount divided by line 9 amount			
Secti	on E - Di	stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributa	able amount for 2017 from Section C, line 6			
2	Underdis	stributions, if any, for years prior to 2017 (reason-			
	able cau	se required- explain in Part VI). See instructions.			
3	Excess o	listributions carryover, if any, to 2017			
а					
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of	ines 3a through e			
g	Applied t	o underdistributions of prior years			
h	Applied t	o 2017 distributable amount			
i	Carryove	r from 2012 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2017 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2017 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4.			
5	Remainir	ng underdistributions for years prior to 2017, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	o, explain in Part VI. See instructions.			
6	Remainir	ng underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI.				
7	Excess	distributions carryover to 2018. Add lines 3j			
	and 4c.				
8	Breakdo	wn of line 7:			
а	Excess f	rom 2013			
b	Excess f	rom 2014			
С	Excess f	rom 2015			
d	Excess f	rom 2016			
_	Evenes fi	rom 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Name of the organization

Employer identification number

YOUNG SURVIVAL COALITION, INC.

13-4057685

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	lule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.				
У	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.					
y is p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \f					
but it mus	t answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be 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) (2017)

Name of organization Employer identification number

YOUNG SURVIVAL COALITION, INC. 13-4057685

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$	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
2		90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - - - - - - - - - - - - - - - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$131,600. -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUNG SURVIVAL COALITION, INC.

13-4057685

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training, data doos, and Emily 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Name, address, and Zir + 4	\$	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 noncash contributions.)

YOUNG SURVIVAL COALITION, INC.

13-4057685

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part 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

Name of org	ganization				Employer identification number	
VOLING	SURVIVAL COALITION, IN	C			13-4057685	
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations	described in secti	on 501(c)(7), (8), or	(10) that total more than \$1,000 for	
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	columns (a) through (e) an s, charitable, etc., contributions	of \$1,000 or less for t	entry. For organization he year. (Enter this info. once	s .) ► \$	
(a) Na	Use duplicate copies of Part III if addition	al space is needed.		,	,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
Parti						
		(e) Trans	fer of gift			
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
					_	
		(e) Trans	fer of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
_						
					_	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
		_			_	
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held	
Part I						
-		(e) Trans	fer of gift			
			ū			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUNG SURVIVAL COALITION, INC.

Employer identification number 13-4057685

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Ра	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		A

732051 10-09-17

Schedule D (Form 990) 2017

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

	t III Organizations Maintaining C	ollections of A				or Othe	er Sim		sets/conti		age Z
3	Using the organization's acquisition, accession										16
Ü	(check all that apply):	ori, and other record	as, criccit	arry or the	ioliowing the	at are a s	igimican	1 430 01 1	to concert	II Itoli	13
а	Public exhibition	d		oon or ovel	aanaa nraar	omo					
	Scholarly research	_			nange progra	ams					
b		е	,	Other							
C	Preservation for future generations	H = -41		6 41 41					N+ XIII		
4	Provide a description of the organization's co							pose in F	art XIII.		
5	During the year, did the organization solicit or							Г	¬,,		٦
Dai	to be sold to raise funds rather than to be ma								Yes Yes		∐ No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	-	ete ir tne	organizatioi	n answered	"Yes" on	Form 9	90, Part 1	v, line 9, o	r	
	Is the organization an agent, trustee, custodia		diam, for a	ontribution	a ar athar a	anata nat	ingluda				
ıa									Yes		¬ Na
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							L	res		∐ No
D	in res, explain the arrangement in Part Allia	and complete the ic	nowing ta	abie.				1	A may 10		
_	Paginning balance						10		Amoun		
	Additions during the year										
	Additions during the year							+			
f	Distributions during the year Ending balance									-	
2a	Did the organization include an amount on Fo							1	Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.										
Pai											
		(a) Current year		ior year	(c) Two yea			vears bac	ck (e) Fou	r vears	back
1a	Beginning of year balance	(, ,		209,667.		8,669.	(/	208,36			,831.
	Contributions			,		,			'		<u>, </u>
	Net investment earnings, gains, and losses					998.		30	7.	2	,531.
	Grants or scholarships										<u>, </u>
	Other expenditures for facilities										
	and programs			209,667.							
f	Administrative expenses			,							
g	End of year balance				20	9,667.		208,66	9.	208	,362.
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1c	ı. column (a)) held as:	, ,		•	·		<u>, </u>
а	Board designated or quasi-endowment	,	%	,, (-	,,,						
b	Permanent endowment	%									
	Temporarily restricted endowment ▶	<u> </u>									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	· · · · · · · · · · · · · · · · · · ·	ation that	t are held a	nd administe	ered for t	he orgar	nization			
	by:	-					_			Yes	No
	(i) unrelated organizations								3a(i)		
	CONT. I I I I I I I I I I I I I I I I I I I								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	D, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ted	(d) Boo	k valu	ie
		basis (investr	ment)	basis ((other)	de	oreciatio	n			
1a	Land										
	Buildings										
	Leasehold improvements			1	8,025.			738.			87.
	Equipment			10	8,213.		71,3		3	6,8	
	Other			5	0,235.		49,5	52.			83.
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 1	0c.)			🕨	4	5,8	19.

Schedule D (Form 990) 2017

Part VII	Investments - Other Securities.
Part VIII	Investments - Other Securities.

investinents - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(7) (8) (9)

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	83,333.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	83,333.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT ABATEMENT	190,446.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	190,446.

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

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 TOONG SURVIVAL COALITION,				4057665 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				4 4 5 0 0 0 5
1	Total revenue, gains, and other support per audited financial statements			1	4,158,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2 222		
а	Net unrealized gains (losses) on investments		-2,300.		
b	Donated services and use of facilities	2b	27,245.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	874,738.		
е	Add lines 2a through 2d			2e	899,683.
3	Subtract line 2e from line 1			3	3,258,352.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,258,352.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,163,078.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	27,245.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		874,738.		
е	Add lines 2a through 2d			2e	901,983.
3	Subtract line 2e from line 1			3	3,261,095.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,261,095.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	b 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 addi	tional info	ormation.		
PAI	RT X, LINE 2:				
FOI	R THE YEARS ENDED JUNE 30, 2018 AND 2017, Y	YSC H	AS DOCUMENT	ED	ITS
COI	NSIDERATION OF FASB ASC 740-10, INCOME TAXI	ES, I	HAT PROVIDE	S G	UIDANCE FOR
RE]	PORTING UNCERTAINTY IN INCOME TAXES AND HAS	S DET	ERMINED THA	T N	O MATERIAL

PART XI, LINE 2D - OTHER ADJUSTMENTS:

THE FINANCIAL STATEMENTS.

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

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

LINE 8B.

COST OF GOODS SOLD REPORTED AS EXPENSE ON FINANCIAL

4,113.

Schedule D (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

YOUNG S	URVIVAL COALITION,	TN	<u>c.</u>		13-4057	685				
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	filers are not				
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser listed in col. (i)										
		Yes	No							
Fotal										
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	I s or has been notified	I d it is exempt from re	egistration				

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990-EZ) 2017 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 (add col. (a) through TDP EAST TDP WEST 1 col. (c)) (event type) (event type) (total number) 209,213. 1,403,210. 607,067 586,930. 1 Gross receipts 588,268 571,137. 201,583. 1,360,988. 2 Less: Contributions 18,799 15,793. 7,630. 42,222. Gross income (line 1 minus line 2) 4 Cash prizes 14,069. 9,434. 38,863. 15,360. 5 Noncash prizes Direct Expense 273,460. 105,958. 103,433. 64,069. 6 Rent/facility costs 3,562. 3,300. 6,303. 13,165. **7** Food and beverages 8 Entertainment 175,242. 216,501. 153,394. 545,137. 9 Other direct expenses 870,625. **10** Direct expense summary. Add lines 4 through 9 in column (d) -828,403. 11 Net income summary. Subtract line 10 from line 3, column (d) 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? No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 YOUNG SURVIVAL COALITION, INC. 13-4	1057685	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	The state of the same deficiency of the same party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	vatain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	
,	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	ines 9 9h 1	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1103 5, 55, 1	00, 100,
	100, 10, and 110, as applicable. Also provide any additional morniation. God methodisms.		

Schedule G	(Form 990 or 990-EZ)	YOUNG	SURVIVAL	COALITION,	INC.	13-4057685 Page 4
Part IV	(Form 990 or 990-EZ) 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.

2017
Open to Public

Inspection

Name of the organization **Employer identification number** YOUNG SURVIVAL COALITION, INC. 13-4057685 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
YSC SUMMIT TRAVEL GRANTS	109	77,446.	0.	RECEIPTS	
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
YSC REQUIRES THAT ALL GRANTEES SUE	BMIT DOCU	MENTATION	OF NEED PR	IOR TO A	
GRANT BEING MADE. YSC THEN APPROVE	ES ALL EX	PENSES AND	ATTACHED	DOCUMENTATION	
BEFORE FUNDS ARE RELEASED TO THE G	RANTEE.				

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Z Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only anation 504(a)(2) 504(a)(4) and 504(a)(00) agreementing may be appropriate lines 5.0			
_	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: The organization?	5a		Х
d	The organization? Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
~	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			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
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) 2017

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JENNIFER MERSCHDORF	(i)	140,272.	14,500.	0.	5,131.	14,148.	174,051.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
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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.							
PART I, LINE 7:							
THE FOLLOWING INDIVIDUALS RECEIVED BONUS COMPENSATION:							
- JENNIFER MERSCHDORF \$14,500							
- STACY LEWIS \$11,500							

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

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

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

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

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

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

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

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

THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR YSC STAFF IS REVIEWED ANNUALLY AND SET BY THE CEO USING COMPARISONS TO INDUSTRY STANDARDS. A COPY OF SALARY RECOMMENDATIONS FOR ALL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

YOUNG SURVIVAL COALITION, INC.	13-4057685
STAFF (INCLUDING THE CEO) IS KEPT IN PERSONNEL FILES. THE	MOST RECENT
COMPENSATION REVIEW FOR THE ORGANIZATION CEO WAS DONE IN	JUNE 2018.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR,	PA,RI,SC,TN,UT,VA
WV,WI,HI	
FORM 990, PART VI, SECTION C, LINE 19:	
YSC'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONF	LICT OF INTEREST
POLICY ARE AVAILABLE UPON REQUEST. YSC'S FINANCIAL STATEM	ENTS ARE ALSO
AVAILALE ON ITS WEBSITE.	
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