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Department of the Treasury Internal Revenuê Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

04/01, 2013, and ending

03/31, 20 14

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

•	3 calendar year, or tax year beginning $04/01$, 2013, and ending		03/31, 2	
	C Name of organization	D Employer ide	entification nui	mber
Check if applicable	YOUNG HEROES FOUNDATION	20-402	6044	
Address	Doing Business As			
Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone n	umber	
Instial return	15 VILLONE DRIVE	(413) 58	6-2953	
Terminated	City or town, state or province, country, and ZIP or foreign postal code			
Amended	LEEDS, MA 01053	G Gross receip	ts \$	157,71
return Application	F Name and address of principal officer STEPHEN KALLAUGHER	H(a) Is this a grou		Yes X
pending	15 VILLONE DR LEEDS, MA 01053	subordinates H(b) Are all subord		Yes
Tax-exempt st			ch a list (see instri	
•	HTTP://YOUNGHEROES.ORG.SZ		,	,
		H(c) Group exem	· •	
		ormation 2009 m	State of legal o	omicile P
	nmary	O CUDDODE V	NIMC UED	OFC OF
1 Briefly SWA WHO 2 Check 3 Numb	describe the organization's mission or most significant activities RAISES FUNDS T	TN CWAZTIANI	DONG REK	OES OF
1				
	HAVE BEEN ORPHANED BY THE DEATH OF THEIR PARENTS DUE			
l	this box \blacktriangleright if the organization discontinued its operations or disposed of more than		1 1	
	er of voting members of the governing body (Part VI, line 1a)		3	
	er of independent voting members of the governing body (Part VI, line 1b)		4	
	number of individuals employed in calendar year 2013 (Part V, line 2a)		5	
6 Total	number of volunteers (estimate if necessary)		6	2
7a Total	unrelated business revenue from Part VIII, column (C), line 12		7a	
b Net u	related business taxable income from Form 990-T, line 34		7b	
	1	Prior Year	Сп	rrent Year
8 Contr	butions and grants (Part VIII, line 1h)	243,71	11.	157,70
	am service revenue (Part VIII, line 2g)	_	0	
	ment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	
	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
ı	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	243,71	L4.	157,71
	s and similar amounts paid (Part IX, column (A), lines 1-3)	210,46	55.	112,83
	its paid to or for members (Part IX, column (A), line 4)		0	
i		25,38	39.	25,89
16a Profe	es, other compensation, employee benefits (Part X, celumit A), (mes 5 10)			
I I O a I I I O C	Signal reliability rees if are by column (77) interior		0	
h Total	undraising expenses (Part IX, column (D), line (E) 23, 4200		0	
b Total	iundraising expenses (Part IX, column (D), line 25)	19.83		21 53
b Total	expenses (Part IX, column (A), lines 11a-11b 17-24e 11a 12a 12a 12a 12a 12a 12a 12a 12a 12a	19,83	37.	
b Total 17 Other 18 Total	expenses (Part IX, column (A), lines 11a-11u-11-24e) U	255,69	37. 91.	160,26
19 Revei	ue less expenses Subtract line 18 from line 12 OGDEN:	255,69 -11,97	37. 91.	160,26 -2,55
19 Revei	iue less expenses Subtract line 18 from line 2OGDEN:	255, 69 -11, 97 Beginning of Current	37. 91. 77.	160,26 -2,55 d of Year
19 Revei	assets (Part X, line 16)	255, 69 -11, 97 Beginning of Current \ 72, 43	37. 91. 77. Year En	160,26 -2,55 d of Year 74,02
19 Revei	assets (Part X, line 16) assets (Part X, line 26)	255, 69 -11, 97 Beginning of Current 72, 43 3, 03	37. 91. 77. Year En 37.	160,26 -2,55 d of Year 74,02 7,17
19 Revei20 Total21 Total22 Net a	assets (Part X, line 16) sets or fund balances Subtract line 21 from line 20.	255, 69 -11, 97 Beginning of Current \ 72, 43	37. 91. 77. Year En 37.	160,26 -2,55 d of Year 74,02 7,17
 19 Reverse 20 Total 21 Total 22 Net a rt II Si 	assets (Part X, line 16) assets or fund balances Subtract line 21 from line 20.	255, 69 -11, 97 Beginning of Current \(72, 43 \) 3, 03 69, 40	37. 91. 77. Year En 37. 34.	160,26 -2,55 d of Year 74,02 7,17 66,84
17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a art II Si der penalties	assets (Part X, line 16) assets or fund balances Subtract line 21 from line 20. gnature Block of perjury, I declare that I have examined this return, including accompanying schedules and stateme	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best o	37. 91. 77. Year En 37. 34.	160,26 -2,55 d of Year 74,02 7,17 66,84
20 Total 21 Total 22 Net a art II Si	assets (Part X, line 16) assets or fund balances Subtract line 21 from line 20.	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best o	37. 91. 77. Year En 37. 34.	160,26 -2,55 d of Year 74,02 7,17 66,84
17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a art II Si der penalties e, correct, and	assets (Part X, line 16) assets (Part X, line 26) assets or fund balances Subtract line 21 from line 20. and the Block of perjury, I declare that I have examined this return, including accompanying schedules and stateme complete Declaration of preparer (other than officer) is based on all information of which preparer has a subtract.	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best o	37. 91. 77. Year En 37. 34.	160,26 -2,55 d of Year 74,02 7,17 66,84
17 Other 18 Total 19 Revei 20 Total 21 Total 22 Net a art II Si der penalties e, correct, and	assets (Part X, line 16) assets (Part X, line 26) assets or fund balances Subtract line 21 from line 20. and perjury, I declare that I have examined this return, including accompanying schedules and statemed complete Declaration of preparer (other than officer) is based on all information of which preparer has a Signature of officer.	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge	37. 91. 77. Year En 37. 34. 03.	160, 26 -2, 55 d of Year 74, 02 7, 17 66, 84
17 Other 18 Total 19 Revei 20 Total 21 Total 22 Net a art II Si der penalties e, correct, and	assets (Part X, line 16) assets (Part X, line 26) assets or fund balances Subtract line 21 from line 20. and the Block of perjury, I declare that I have examined this return, including accompanying schedules and stateme complete Declaration of preparer (other than officer) is based on all information of which preparer has a subtract.	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge	37. 91. 77. Year En 37. 34.	160,26 -2,55 d of Year 74,02 7,17 66,84
17 Other 18 Total 19 Revei 20 Total 21 Total 22 Net a art II Si der penalties e, correct, and	assets (Part X, line 16) assets (Part X, line 26) assets or fund balances Subtract line 21 from line 20. and perjury, I declare that I have examined this return, including accompanying schedules and statemed complete Declaration of preparer (other than officer) is based on all information of which preparer has a Signature of officer.	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge	37. 91. 77. Year En 37. 34. 03.	160, 26 -2, 55 d of Year 74, 02 7, 17 66, 84
17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a 11 Si der penalties e, correct, and	assets (Part X, line 16) assets or fund balances Subtract line 21 from line 20. assets or fund balances Subtract line 21 from line 20. anature Block are perjury, I declare that I have examined this return, including accompanying schedules and statemed complete Declaration of preparer (other than officer) is based on all information of which preparer has a subtract of officer. Signature of officer Type or print name and title Type preparer's name Preparer signature Date	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge Date Check	37. 91. 77. Year En 37. 34. 03.	160,26 -2,55 d of Year 74,02 7,17 66,84
20 Total 21 Total 22 Net a Int II Si der penalties e, correct, and In re	assets (Part X, line 16) assets or fund balances Subtract line 21 from line 20. gnature Block of perjury, I declare that I have examined this return, including accompanying schedules and stateme complete Declaration of preparer (other than officer) is based on all information of which preparer has subtract or officer. Signature of officer Type or print name and title	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge Date PRES	37. 91. 77. Year En 37. 34. 93. f my knowledge	74,02 7,17 66,84 e and belief.
20 Total 21 Total 22 Net a Int II Si der penalties e, correct, and In re Print THO parer Euro	assets (Part X, line 16) assets (Part X, line 26) assets or fund balances Subtract line 21 from line 20. and the Block assets or fund balances Subtract line 21 from line 20. and the Block assets or fund balances of preparer (other than officer) is based on all information of which preparer has a subtract line 21 from line 20. Type or print name and title Type preparer's name Preparer's gnature Date	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge Date PRES	37. 91. 77. Year En 37. 34. 93. f my knowledge	160, 26 -2, 55 id of Year 74, 02 7, 17 66, 84 e and belief.
17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a art II Si der penalties e, correct, and are Print THO	assets (Part X, line 16) assets or fund balances Subtract line 21 from line 20. assets or fund balances Subtract line 21 from line 20. anature Block of perjury, I declare that I have examined this return, including accompanying schedules and stateme complete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer. Type or print name and title Type preparer's name MAS A TERRY Preparer's ginature Preparer's ginature Date 8 8 8 1	255, 69 -11, 97 Beginning of Current 72, 43 3, 03 69, 40 ents, and to the best of any knowledge Date PKES 14 Check self-employ	37. 91. 77. Year En 37. 34. 93. f my knowledge	160, 26 -2, 55 od of Year 74, 02 7, 17 66, 84 e and belief.

	n 990 (2013) Page 2
Pa	Irt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission ATTACHMENT 1
	ATTACHEDAT I
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 120,655. including grants of \$ 112,837.) (Revenue \$)
	GRANTS PAID TO YOUNG HEROES OF SWAZILAND, AFRICA, A PROGRAM OF
	THAT COUNTRY'S NATIONAL EMERGENCY RESPONSE COUNCIL ON HIV/AIDS
	(NERCHA)
	1. CLASS OF ACTIVITY-SUPPORT OF CHILDREN ORPHANED DUE TO AIDS IN
	SWAZILAND.
	2. GRANTEE'S NAME AND ADDRESS-YOUNG HEROES OF SWAZILAND, A PROGRAM
	OF NERCHA OF SWAZILAND, P.O. BOX 1937, MBABANE, SWAZILAND.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 120, 655.

Checklist of Required Schedules

Part IV

	Officerist of Required Schedules		V	
	to the properties described in section EQ4(1)(2) as 40.47(1)(4) (all and the section of the sect		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
•	complete Schedule A	1 2	X	
2	ts the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			.,
	Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	complete Schedule D, Part III	8		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part Vi	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E \ldots \ldots \ldots$	13		X
14 a	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 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	

	90 (2013)		1	Page 4
Part	IV Checklist of Required Schedules (continued)			
24	Dude the experimental report was a like of one of the state of the sta		Yes	No
21	Did* the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
22	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 individuals in the United States	00		x
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			x
24.5	employees? If "Yes," complete Schedule J	23		
24 a	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			х
L	through 24d and complete Schedule K If "No," go to line 25a	24a		
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	24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
20 a	Section 501(c)(3) and 501(c)(4) 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		25a		
U	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		х
26	If "Yes," complete Schedule L, Part L	25b		
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If so complete Schodule I. Part II.	26		x
27	disqualified persons? If so, complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
41	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,	21		
20	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		х
	A family member of a current or former officer director, trustee, or key employee? If "Yes," complete	20a		
D	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)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive more than \$25,000 in hon-cash contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
•	Part I	31	İ	х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J_		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0-7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	005		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		 -
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ł
	Part VI	37		Х
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	х	
	The state of the s			

ı- aı	Check if Schedule O contains a response or note to any line in this Part V			
	• Check if Schedule O contains a response of note to any line in this Fart V	· · ·	Yes	No
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	,	\$:\}	
	Enter the humber reported in Box 3 of Point 1090. Enter 40- in not applicable	**3,		* 's :
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	X	2 2
_	reportable gaming (gambling) winnings to prize winners?	1c ∴ ≈&;	7	73. 4
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		* Min	Ϋ́, "
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2		X	E1-
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		- ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	استعشدا	ســـــــــــــــــــــــــــــــــــــ	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar 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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	٠,٠		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ه أعضي ال	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			÷6\$
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
А	If "Yes," indicate the number of Forms 8282 filed during the year		۲.	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		†
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		\$94, ;	-
·	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		* .	1
	organization, have excess business holdings at any time during the year?	8	~°22/~~~	- ~
9	Sponsoring organizations maintaining donor advised funds.	\$ 4 s		9 44
3	Did the organization make any taxable distributions under section 4966?	9a		
a h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			1.77
10	Initiation fees and capital contributions included on Part VIII, line 12		- 5	
		1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		(2 %) V 7	
	***************************************	\ \		707°
D	Gross income from other sources (Do not net amounts due or paid to other sources		1 4	
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Lab	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	1.	6 /
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	ļ [']	1 - 1	
	Enter the amount of reserves on hand		<u></u>	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Part VI

Section A. Governing Body and Management No 12 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a 8b 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 1 No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 Did the organization have a written whistleblower policy?....... 13 14 Did the organization have a written document retention and destruction policy?...... 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? 15a X 15b 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 Х 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MASSACHUSETTS 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization STEPHEN KALLAUGHER 15 VILLONE DR LEEDS, MA 01053 JSA

							. age .
Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors						
	Check if Schedule O contains	s 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 (list any hours for related organizations below dotted line)	(do not check more than one box, unless person is both an officer and a director/trustee) nours for related ganizations low dotted (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check (list any officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trustee) (do not check more than officer and a director/trus		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1)STEPHEN KALLAUGHER	20.00									
PRESIDENT AND EXEC DIRECTOR		Х		Х	<u></u>			24,000.	0	(
(2)EDWARD KLEPACKI	5.00									
TREASURER		X		Х		L		0	0	(
(3)MICHAEL LIPTON	2.00					}				
DIRECTOR		X	<u> </u>		<u> </u>			0	0	(
(4)DONALD GRAHAM	2.00		ĺ							
DIRECTOR		X						0	0	(
(5)JAMES AYRES	2.00					-				
DIRECTOR		X	L					0	0	(
(6)DAVID VESTY	2.00									
DIRECTOR		X	<u> </u>					0	0	(
OIRECTOR	2.00	Х						0	0	(
(8)JACK CONRAD	2.00					<u> </u>				
DIRECTOR		х						0	o	(
(10)										
(11)										
(12)		-								
(13)										
(14)										

Page 8

(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee					ne an ee)	(D) Reportable compensation from the organization	Reporta compensati relate organiza (W-2/1099	able on from ed tions	(F) Estimated from amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	licer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated
	-											
												-
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .						> >	24,000. 0 24,000.		0 0 0		0
2 Total number of individuals (including but no reportable compensation from the organization)			liste 0	ed a	bov	e) who	o re	eceived more than	\$100,000	of		
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											Ye 3	No X
4 For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	50,C	0007	· 11	"Yes					4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5	X
Section B. Independent Contractors									- th #40/	0.000 -4		
Complete this table for your five highest co compensation from the organization Report year												
(A) Name and business a	ddress							(B) Description of se	ervices	Cı	(C) ompensatio	on
												-
							+					
Total number of independent contractors more than \$100,000 in compensation from the contractors.				nıte	d to	thos	se i	isted above) who	received			

YOUNG HEROES FOUNDATION 20-4026044 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (B) Related or (C) (A) Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections revenue 512-514 Grants Federated campaigns . Membership dues 1 b С Fundraising events . . 1c Related organizations 1d SIM Government grants (contributions) . . Other All other contributions, gifts, grants, 157,704 and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Revenue **Business Code** Program Service All other program service revenue 0.4.843.4.089 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts). .ATTACHMENT . 2 Income from investment of tax-exempt bond proceeds 5 Royalties · · · · · · · (i) Real (ii) Personal Gross rents Less rental expenses . . . ь С Rental income or (loss) . . Net rental income or (loss) (i) Securities (II) Other Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses . . . Gain or (loss) Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 Less direct expenses c Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 Net income or (loss) from gaming activities . . . Gross sales of inventory, 10a returns and allowances Less cost of goods sold b Net income or (loss) from sales of inventory, Miscellaneous Revenue **Business Code**

157,712.

Total. Add lines 11a-11d Total revenue. See instructions

20-4026044

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations m				
	Check if Schedule O contains a resp	onse or note to any lin	ne in this Part IX		
	not include amounts reported on lines 6b, 7b, 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 governments and				
	organizations in the United States See Part IV, line 21 .	0			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	O			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	112,837.	112,837.		
4	Benefits paid to or for members	O			
5	Compensation of current officers, directors,		j		
	trustees, and key employees	24,000.	4,800.	4,800.	14,400.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8					
	401(k) and 403(b) employer contributions)	0			<u></u> ,
9	Other employee benefits	0			
10	Payroll taxes	1,896.	379.	379.	1,138.
11					
а	Management	0			
	Legal	0			
	Accounting	7,056.		7,056.	
	Lobbying	0			
	Professional fundraising services See Part IV, line 17.	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	225.		225.	
12	Advertising and promotion	1,622.			1,622.
13	Office expenses	2,122.		2,122.	
14	Information technology	3,621.			3,621.
15	Royalties	0			
16	Occupancy	0			
17	Travel	5,278.	2,639.		2,639.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	994.		994.	
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 (O)				
a	DUES AND SUBSCRIPTIONS	618.		618.	
t)				
•	:				
•	l				
•	All other expenses				
	Total functional expenses Add lines 1 through 24e	160,269.	120,655.	16,194.	23,420.
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)	1 (j l	· I	

Fa	rt X	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	61,578.	1	59,500.
	2	Savings and temporary cash investments	C	2	(
	3	Pledges and grants receivable, net	10,074.	3	10,712.
	4	Accounts receivable, net	C	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	C		C
ets	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use			
⋖	9	Prepaid expenses and deferred charges	785.		3,813.
	-	Land, buildings, and equipment cost or		-	3,013.
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	ď	10c	0
į	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	72,437.		74,025.
	17	Accounts payable and accrued expenses	3,034.		7,179.
	18	Grants payable	0		0
	19	Deferred revenue	C		0
	20	Tax-exempt bond liabilities	C	20	0
ø,	21	Escrow or custodial account liability Complete Part IV of Schedule D	C	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
ig		trustees, key employees, highest compensated employees, and	·		
Ë		disqualified persons Complete Part II of Schedule L	d	22	0
	23	Secured mortgages and notes payable to unrelated third parties	C	23	0
	24	Unsecured notes and loans payable to unrelated third parties.	C	24	- 0
	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	O	25	0
	26	Total liabilities. Add lines 17 through 25	3,034.		7,179.
89		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Balances	27	Unrestricted net assets	61,269.	27	53,537.
Bai	28	Temporarily restricted net assets	8,134.	28	13,309.
둳	29	Permanently restricted net assets	d	29	0
or Fund		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	69,403.		66,846.
_	34	Total liabilities and net assets/fund balances	72,437.		74,025.

Form 99	o (2013)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			712.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		269.
3	Revenue less expenses Subtract line 2 from line 1	3			557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		69,4	403.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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, column (B))	10		66,8	846.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	• • • • • •			للل
				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," e	xplaın ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			l
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight			l
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	explain in			
	Schedule O				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		

Form **990** (2013)

SCHÉDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number YOUNG HEROES FOUNDATION 20-4026044 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 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 5 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 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) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 8 An organization that normally receives (1) more than 331/3 % 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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 that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Decords the fellowing information of the title constitution of the fellowing information of the fellowi

(i) Name of supported organization	i) Name of supported (ii) EIN		organization in		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
(A)										
(B)								_		
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

Par	(Complete only if you checked Part III. If the organization factors)	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) lify under
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	215,701.	198,510.	217,240.	243,711.	157,704.	1,032,866.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	•					0
4	Total. Add lines 1 through 3	215,701.	198,510.	217,240.	243,711.	157,704.	1,032,866.
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)						0
6	Public support. Subtract line 5 from line 4		4 55		167 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3		1,032,866.
Sec	tion B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	215,701.	198,510.	217,240.	243,711.	157,704.	1,032,866.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	9.	36.	49.	3.	8.	105.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	- A 30'000'00 U)	30 10 de 20 10 m				0
11	Total support. Add lines 7 through 10		·				1,032,971.
12	Gross receipts from related activities, etc. (s	see instructions).				12	7,824.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>		nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2013 (li					14	99.99%
15	Public support percentage from 2012						99.99%
16a	331/3% support test - 2013. If the o						
	this box and stop here . The organization						▶ X
b	331/3% support test - 2012. If the o						
	check this box and stop here . The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part IV how the organization meets t						
	organization						▶ □
b	10%-facts-and-circumstances test - 2	2012. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organizati						publicly
18	supported organization Private foundation. If the organization	did not check a		 , 16a, 16b, 17a		this box and see	
	instructions					<u> </u>	▶ 🔼

Doet III	Support Sche	dula for Or	aanizatione l	Described in	Section	509(2)(2)
r art III	Support Sche	dule loi Oi	yanızanınıs ı	Described III	Section	303(a)(2)

(Complete only if you checked the box on line 9 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.)

Sect	tion A. Public Support								
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(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 performed, 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 business under section 513 .								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf	<u></u>							
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								—
6	Total Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3	ı							
h	received from disqualified persons Amounts included on lines 2 and 3		1	1					—
b	received from other than disqualified					ĺ			
	persons that exceed the greater of \$5,000			ļ	1				
	or 1% of the amount on line 13 for the year	 							—
	Add lines 7a and 7b	<u> </u>	 			<u> </u>			—
8	Public support (Subtract line 7c from								
	line 6)	L		1	<u> </u>	<u> </u>		·	—
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total	
_		(2, 2000	(0,0010	(4) = 1 1 1	(-,	\		.,,	
9 10 a	Amounts from line 6								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975				ļ				
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or								
	loss from the sale of capital assets	1							
	(Explain in Part IV)				ļ	ļ			
13	Total support. (Add lines 9, 10c, 11,								
	and 12)		<u> </u>	<u> </u>	<u> </u>	L			
14	First five years. If the Form 990 is for								\neg
	organization, check this box and stop here				<u> </u>	• • • •	· · · · · ·		_
	tion C. Computation of Public Sup			mp (f))		15			%
15	Public support percentage for 2013 (line 8 Public support percentage from 2012 Sch								<u>%</u> %
16				· · · · · · · · · · · · · · · · · · ·	<u> </u>	16		·· ···································	70
	tion D. Computation of Investme			13 column (f)		17			
17	Investment income percentage for 2013 (I					1			<u>%</u>
18	Investment income percentage from 2012 33 1/3% support tests - 2013. If the or						331/3 %		/6
19 a	17 is not more than 331/3%, check the								\neg
L.	331/3% support tests - 2012. If the org								
D	line 18 is not more than 331/3 %, check								\neg
20	Private foundation. If the organization								ㅓ
JSA	ate roundation. In the organization	CIG TIOL CHECK	a pox on mic	. , .54, 01 15				990 or 990-EZ)	2013

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

OMB No 1545-0047 Open to Public

VOUNC HEROFS FOUNDATION

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

YOU	NG HEROES FOUNDATION			20-40260	44	
Pai	Organizations Maintaining Donor Advis Complete if the organization answered "			counts.		
		(a) Donor advised funds		(b) Funds and	other accounts	s
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)		•			
4	Aggregate value at end of year		İ			
5	Did the organization inform all donors and donor	advisors in writing that the ass	ets held in do	nor advised		
	funds are the organization's property, subject to the	-			Yes	No
6	Did the organization inform all grantees, donors, as	-				
•	only for charitable purposes and not for the benefit	•	_			
	conferring impermissible private benefit?				Yes	No
Par	t II Conservation Easements. Complete if t	ne organization answered "Y	es" to Form	990 Part IV I		
1	Purpose(s) of conservation easements held by the			000,1 0.11,1		
	Preservation of land for public use (e.g., recr		• •	n historically im	portant land	area
	Protection of natural habitat			certified histor		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation cor	atribution in th	e form of a con	servation	
_	easement on the last day of the tax year			0 701111 01 0 0011	oo. rado	
	• •		\$ P.	Held at the	End of the Ta	x Year
а	Total number of conservation easements			la l		
b	Total acreage restricted by conservation easement			ь		
С	Number of conservation easements on a certified			c c		
d	Number of conservation easements included in (c					
	historic structure listed in the National Register			ed .		
3	Number of conservation easements modified, tran				ation during t	he
_	tax year ▶		,	,		
4	Number of states where property subject to conse	rvation easement is located >				
5	Does the organization have a written policy regard					
	violations, and enforcement of the conservation ea			_	Yes	No
6	Staff and volunteer hours devoted to monitoring, ii					
	>	3,			,	
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation	on easements	during the year		
	> \$	3,				
8	Does each conservation easement reported on lin	e 2(d) above satisfy the require	ments of secti	on 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports	conservation easements in its	revenue and e	xpense stateme		
	balance sheet, and include, if applicable, the text	of the footnote to the organizati	on's financial	statements that	describes the	,
	organization's accounting for conservation easeme	ents				
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasure	s, or Other S	imilar Assets	•	
	Complete if the organization answered	"Yes" to Form 990, Part IV,	line 8			
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to re	port in its rev	enue statemen	t and baland	æ sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	ar assets held for public exhi	bition, educa	tion, or researc	ch in further	ance of
h						
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts relating to the control of the control of the organization and the control of the cont	ar assets held for public exhi				
	(i) Revenues included in Form 990, Part VIII, line	1		▶\$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a					
	following amounts required to be reported under S				3 , , , , ,	
a	Revenues included in Form 990, Part VIII, line 1 .			> \$		
b	Assets included in Form 990, Part X					

224	_	2
-au	e	4

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of riscollection items (check all that apply) a Public exhibition	Par	Organizations Maintaining Colle	CHOIS OF	Art, mist	orical II	easur	es, c	or Oth	er Simili	al ASSE	is (con	mueu)
Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/? 1b If "Yes," explain the arrangement in Part XIII and complete the following table C. Beginning balance 1	3	Using the organization's acquisition, access collection items (check all that apply)	sion, and o	ther recor	ds, check	any o	f the	follow	ng that a	re a sigr	nificant u	se of its
Preservation for future generations Preservation of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	а	Public exhibition		d	Loan o	r excha	ange	progran	าร			
c	ь	Scholarly research		e 🗀	Other							
Soluming the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
Soluming the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's	collections	and expla	ain how th	ney fur	ther	the org	anization'	s exemp	t purpose	ın Part
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .		-		•		•					, ,	
Sessets to be sold to raise funds rather than to be maintained as part of the organization's collection?			or receive di	onations o	fart histo	rical to	easur	es or c	ther simil	ar		
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year 1d	•	- · ·								_	Yes	No
or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/ Inc 10 if "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance	Par											
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year 1e Distributions during the year 1e Ending balance 1f Ending balance 1f Ending balance 1f Ending balance 1f Ending balance 1f Ending balance 1f Endowment Funds. Complete if the organization has been provided in Part XIII. Part V Endowment Funds. Complete if the organization has been provided in Part XIII. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses 1c Net investment earnings, gains, and losses 1d Grants or scholarships 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 1a Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 1a Beard designated or quasi-endowment % c Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted endowment % Temporarily restricted organizations listed as required on Schedule R? 3a(ii) 3a	ı aı				io organi		u.101	, C. Cu	100 101	01111 00	o, i air i	, iii o o,
ncluded on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance				,	•				•			
ncluded on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other	ıntermedi	ary for co	ntributi	ons o	r other	assets no	t		
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance											Yes	No
c Beginning balance d Additions during the year e Distributions during the year 1 te 1 f. Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 210 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 210 2 Did the organization answered "Yes" to Form 990, Part IV, line 10	b	If "Yes." explain the arrangement in Part XIII	and comple	ete the follo	owing tab	le .					_	
d Additions during the year Distributions during the year 1d			•		_				A	mount		
d Additions during the year Distributions during the year 1d	c	Beginning balance					10				-	
e Distributions during the year		<u> </u>							-			
f Ending balance		-					-					
Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Beginning of year balance Beginning of year balance Contributions	f						-					
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been prowided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back. (b) Contributions (c) Net investment earnings, gains, and losses (d) Tree years back (e) Four years b	22				242					· · · · · · · · · · · · · · · · · · ·	Voc	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four												
Contributions Contribution												
1a Beginning of year balance	ı aı										(e) Four	vears back
b Contributions	1a	<u> </u>		- (-/	7	(-,	, ,		(=,,		(-).	
c Net investment earnings, gains, and losses	h											
and losses												
d Grants or scholarships	·	= = =										
e Other expenditures for facilities and programs	A											
and programs	u	· · · · · · · · · · · · · · · · · · ·										
g End of year balance	e	· · · · · · · · · · · · · · · · · · ·	1									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment		· · · · · · · · · · · · · · · · · · ·										
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations 3a(ii) (ii) related organizations 1sted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (c) Accumulated depreciation 1a Land		- L									<u> </u>	
b Permanent endowment c Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations 3a(ii) (iii) related organizations 3a(iii) 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other Other Other Other Other Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 depreciation d Equipment other 2	•	rent year er		e (line 1g,	column	1 (a))	neid as					
Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	a	· · · · · · · · · · · · · · · · · · ·		- 70 -								
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. (ii) related organizations. 3a(i) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land. b Buildings c Leasehold improvements. d Equipment e Other	_		0/									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) unrelated organizations (iv) related organizations (iv) related organizations (iv) again (iv) (iv) unrelated organizations (iv) related organizations (iv) again (iv) (iv) unrelated organizations (iv) related organizations (iv) again (iv) (iv) related organizations (iv) again (iv) (iv) related organizations (iv) again (iv) (iv) unrelated organizations (iv) again (iv) (iv) vestion of protection (iv) (iv) related organizations (iv) again (iv) (iv) vestion of protection (iv) (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) relate	С			200/								
organization by (i) unrelated organizations	_	· · · · · · · · · · · · · · · · · · ·	-		4 41 4					46 -		
(ii) unrelated organizations	3a	-	ession of th	ie organiza	ation that	are nei	id and	admin	isterea tor	tne	-	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land		,										es No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		•									- · · ·	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Equipment (investment) (b) Cost or other basis (other) (other) (other)												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) (d) Book value depreciation 1a Land	b										3b	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Equipment C Leasehold improvements C Other C Other	4		e organizati	on's endo	wment tur	as .						
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land	Par	Land, Buildings, and Equipment. Complete if the organization are	wered "Ye	s" to Form	n 990 Pa	art IV	line 1	l1a Se	e Form (990 Par	t X line	10
(investment) (other) depreciation												
b Buildings										·	·	
c Leasehold improvements	1a											
d Equipment	b	_			1							
e Other	С	·					_					
	d											
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶			<u> </u>									
	Tota	I. Add lines 1a through 1e (Column (d) must	t equal Form	n 990, Part	X, column	(B), lir	ne 10	(c))	▶			

-	Complete if the organization answere (a) Description of security or category	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
•	(including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ration arket value
	al derivatives			
	-held equity interests			
3) Other_				
_(A)				
- (B)				
				· · ·
(F)				
(G)				
<u>(U)</u> (H)		+		
	nn (b) must equal Form 990, Part X, col (B) line 12)			
	Investments - Program Related.		1	
	Complete if the organization answere	ed "Yes" to Form 990,	, Part IV, line 11c See Form 990	D, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" to Form 990,	, Part IV, line 11d See Form 990	0, Part X, line 15
		a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
(1)	·			
(2)	v			
(2) (3)	· · ·			
(2) (3) (4)	· · ·			
(2) (3) (4) (5)	·			
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)		June 15		
(2) (3) (4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, col (B,	I line 15)		>
(2) (3) (4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, col (B,			
(2) (3) (4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, col (B,			
(2) (3) (4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere		, Part IV, line 11e or 11f See Fo	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	lumn (b) must equal Form 990, Part X, col. (B, Other Liabilities. Complete if the organization answere line 25	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Control X) 1. (1) Fede (2) (3) (4)	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X (1) Fede (2) (3) (4) (5)	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6)	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	······································
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X (1) Fede (2) (3) (4) (5) (6) (7)	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	······································
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(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (College of the college of	<i>lumn (b) must equal Form</i> 990, <i>Part X, col. (B,</i> Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	ed "Yes" to Form 990,	, Part IV, line 11e or 11f See Fo	

Part XIII Supplemental Information (continued)

D; PT X; LN 2

FIN 48 FOOTNOTE

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ACCORDINGLY DOES NOT RECORD A PROVISION FOR INCOME TAXES ON ITS RELATED EARNINGS. THE ORGANIZATION FOLLOWS THE ACCOUNTING INTERPRETATION REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES HOW AN ENTITY SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE POSITIONS THAT IT HAS TAKEN OR EXPECTS TO TAKE ON ITS TAX OR INFORMATION RETURNS. THE ORGANIZATION BELIEVES THAT IN THE EVENT OF AN EXAMINATION BY TAXING AUTHORITIES, ITS TAX POSITIONS TAKEN IN PREVIOUSLY FILED INFORMATION RETURNS AND AS REFLECTED IN ITS FINANCIAL STATEMENTS, WITH REGARD TO ISSUES AFFECTING ITS TAX EXEMPT STATUS, UNRELATED BUSINESS INCOME, AND RELATED MATTERS, WOULD PREVAIL BASED UPON THE TECHNICAL MERITS OF SUCH POSITIONS. THEREFORE, THE ORGANIZATION HAS CONCLUDED THAT NO TAX BENEFITS OR LIABILITIES ARE REQUIRED TO BE RECOGNIZED. ORGANIZATION'S OPEN TAX PERIODS ARE 2011 THROUGH 2014. PENALTIES AND INTEREST, IF ANY, ASSESSED BY TAXING AUTHORITIES WILL BE INCLUDED IN EXPENSES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service Name of the organization Employer identification number 20-4026044 YOUNG HEROES FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the region (by type) (e.g., a program service, expenditures for employees, describe specific type of region agents, and fundraising, program services, and investments ındependent investments, service(s) in region in region contractors grants to recipients located in the region) in region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13) (14) (15) (16)(17)Sub-total....... Total from continuation

sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) RS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	,	SUB-SAHARAN AFRICA	SUPPORT OF C	112,837.	-			
(2)	,							
(3)	*							
(4)					:			
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(9)								
(2)								
(8)	,							:
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(10)	VV V							
(11)	edy. to							
(12)								
(13)	#							
(14)	¢							
(15)	, je							
(16)	· ##							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Enter total number of other organizations or entitles. ~

Schedule F (Form 990) 2013

Page 3

YOUNG HEROES FOUNDATION

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

	מוויסוומו ספמסס ופ ווככמכם						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(6)							
(4)							
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(18)	,					``	
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YOUNG HEROES FOUNDATION 20-4026044 Schedule F (Form 990) 2013 Page 4 Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) No Yes 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) X Yes No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) XYes No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain

Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2013

X

No

No

Yes

Yes

Schedule F (Form 990) 2013

Page 5

Part V

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

201 Open to P

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Inspection Employer identification number

20-4026044

Name of the organization

YOUNG HEROES FOUNDATION

THE BOARD OF DIRECTORS.

FORM 990, PAGE 6, PART VI, SECTION B, QUESTION 11B

PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED BY THE DIRECTOR AND TREASURER AS AUTHORIZED BY

FORM 990, PAGE 6, PART VI, SECTION C, QUESTION 19

DISCLOSURE OF GOVERNING DOCUMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST OF THE INTERESTED PARTY.

FORM 990, PAGE 6, PART VI, SECTION A, LINE 2

FAMILY RELATIONSHIP OF OFFICERS

TWO DIRECTORS ON THE BOARD ARE HUSBAND AND WIFE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

YOUNG HEROES FOUNDATION RAISES FUNDS TO SUPPORT YOUNG HEROES OF SWAZILAND, A PROGRAM OF NATIONAL EMERGENCY RESPONSE COUNCIL ON HIV/AIDS OF SWAZILAND, AFRICA, WHOSE PURPOSE IS TO FEED AND CLOTHE THOSE CHILDREN, UNDER THE AGE OF 18, WHO HAVE BEEN ORPHANED BY THE DEATH OF THEIR PARENTS DUE TO AIDS.

Schedule O (Form 990 or 990-EZ) 2013				Page 2
Name of the organization		-	Employer identification	number
YOUNG HEROES FOUNDATION			20-4026044	
•			ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT INCO	ME			
•				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDE
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME		8.		8.
TOTALS		8	 -	<u>R</u>