

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 2012

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

YOUNG LIFE

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

420 N CASCADE AVENUE

Room/suite

City or town, state or country, and ZIP + 4

COLORADO SPRINGS, CO 80903

**F** Name and address of principal officer:

DENNIS I RYDBERG, CEO

420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903

**D** Employer identification number

84-0385934

**E** Telephone number

(719) 381-1800

**G** Gross receipts \$ 251,124,848.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.YOURLIFE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1941 **M** State of legal domicile: TX**Part I** Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: YOUNG LIFE IS A MINISTRY TO HELP ADOLESCENTS AROUND THE WORLD BECOME EXPOSED TO THE PERSON OF JESUS CHRIST.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27.
Revenue	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4,018.
	6 Total number of volunteers (estimate if necessary)	6	39,245.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	47,742.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-89,470.
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	185,369,337.	182,209,700.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,048,116.	54,525,459.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-459,222.	-223,260.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-797,883.	1,299,081.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	237,160,348.	237,810,980.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,199,698.	7,953,155.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	128,330,551.	137,394,624.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,024,427.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,226,271.	92,288,321.
	19 Revenue less expenses. Subtract line 18 from line 12	212,756,520.	237,636,100.
	20 Total assets (Part X, line 16)	24,403,828.	174,880.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20.	264,389,572.	268,883,330.
		18,880,921.	19,075,244.
		245,508,651.	249,808,086.

**Part II** Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Dave Briggs

Type or print name and title

Treasurer

Date

2/15/13

Paid Preparer Use Only

Print/Type preparer's name

DAVID S. MASON, CPA

Preparer's signature

David Mason

Date

2-14-13

Check ☐ if self-employed

PTIN

P00137279

Firm's name ▶ BKD, LLP

Firm's EIN ▶ 44-0160260

Firm's address ▶ 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848

Phone no. 719 471-4290

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 142,152,445. including grants of \$ 0 ) (Revenue \$ 5,660,631. )

FIELD MINISTRY PROVIDES WEEKLY CLUB MEETINGS AND SMALL GROUP BIBLE STUDIES AROUND THE WORLD WITH THE ASSISTANCE OF 39,245 ACTIVE VOLUNTEER LEADERS AND COMMUNITY ADVISORS. YOUNG LIFE MINISTERS TO OVER 1.2 MILLION MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE STUDENTS EACH YEAR.

**4b** (Code: ) (Expenses \$ 59,794,654. including grants of \$ 0 ) (Revenue \$ 50,376,531. )

WEEK-LONG SUMMER CAMPS AND SCHOOL SEASON WEEKEND CAMPS AND ACTIVITIES ARE OFFERED TO STUDENTS EACH YEAR. YOUNG LIFE OWNS 22 OPERATING CAMPS AND TWO DEVELOPING CAMPS. A TOTAL OF 277,105 CAMPERS AND GUESTS WERE SERVED.

**4c** (Code: ) (Expenses \$ 7,953,155. including grants of \$ 7,953,155. ) (Revenue \$ 0 )

GRANTS AND ALLOCATIONS TO SIMILAR 501(C)(3) ORGANIZATIONS AND FOREIGN CHARITABLE ORGANIZATIONS WITH A SIMILAR EXEMPT PURPOSE.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 209,900,254.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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	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	X
9 Did the organization report an amount in Part X, line 21; 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
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
e 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
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	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, XII, and XIII is optional . . . . .	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	

JSA

Form 990 (2011)

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	1,004
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	4,018
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b	X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	X
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: <u>SEE SCHEDULE O</u> . . . . .		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .		
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
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
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? . . . . .	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	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b> . . . . .		
a 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	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e 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? . . . . .	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b> . . . . .		
a Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter: . . . . .		
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter: . . . . .		
a Gross income from members or shareholders . . . . .	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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 . . . . .	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b> . . . . .		
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**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 to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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>1a</b> 28		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. <b>1b</b> 27		
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT-2**

**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) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **YOUNG LIFE 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903 719-381-1800**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question 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.

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

(A) Name and Title	(B) Average hours per week  (describe hours for related organizations in Schedule O)	(C) Position  (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 3										
(1) DENNIS RYDBERG PRESIDENT/CEO	40.00	X		X				349,841.	0	45,291.
(2) SUE BERE DIRECTOR	1.00	X						0	0	0
(3) JOHN BRANDON DIRECTOR	1.00	X						0	0	0
(4) MALCOLM "MAC" BRIGGS DIRECTOR	1.00	X						0	0	0
(5) FRANCIS "STEADY" CASH DIRECTOR	1.00	X						0	0	0
(6) JERRY COLANGELO DIRECTOR	1.00	X						0	0	0
(7) CAROL EATON DIRECTOR	1.00	X						0	0	0
(8) BROOKS ENTWISTLE DIRECTOR	1.00	X						0	0	0
(9) JD GIBBS DIRECTOR	1.00	X						0	0	0
(10) HERIBERTO GUERRA DIRECTOR	1.00	X						0	0	0
(11) BILL HASLAM DIRECTOR	1.00	X						0	0	0
(12) BRUCE HOSFORD DIRECTOR	1.00	X						0	0	0
(13) SUSAN HUTCHISON VICE CHAIR, DIRECTOR	1.00	X						0	0	0
(14) REGINALD JONES DIRECTOR	1.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEVIN MCVANEY DIRECTOR	1.00	X						0	0	0
(16) CURTIS B MCWILLIAMS BOARD CHAIR, DIRECTOR	1.00	X						0	0	0
(17) HAROLD MELTON DIRECTOR	1.00	X						0	0	0
(18) JEFF POPE DIRECTOR	1.00	X						0	0	0
(19) BOONE POWELL, JR. DIRECTOR	1.00	X						0	0	0
(20) MARK RODRIGUEZ DIRECTOR	1.00	X						0	0	0
(21) ROBERT B. ROWLING DIRECTOR	1.00	X						0	0	0
(22) MICHAEL STAIN DIRECTOR	1.00	X						0	0	0
(23) W. ROBERT STOVER DIRECTOR	1.00	X						0	0	0
(24) TOM THOMAS DIRECTOR	1.00	X						0	0	0
(25) PAUL S. TRIBLE, JR. DIRECTOR	1.00	X						0	0	0
<b>1b Sub-total</b>								349,841.	0	45,291.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,444,036.	0	343,479.
<b>d Total (add lines 1b and 1c)</b>								1,793,877.	0	388,770.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **53**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **30**



**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) PHYLLIS WASHINGTON DIRECTOR	1.00	X						0	0	0
( 27 ) MARK ZORADI DIRECTOR	1.00	X						0	0	0
( 28 ) KERRY ALBERTI CFO THROUGH 10/14/11	20.00			X				88,573.	0	24,409.
( 29 ) CYNTHIA KOERNER CFO EFFECTIVE 10/15/11	40.00			X				42,108.	0	7,130.
( 30 ) GREG KINBERG COO	40.00			X				152,951.	0	31,225.
( 31 ) PAUL SHERRILL VICE PRESIDENT/SECRETARY	40.00			X				122,519.	0	37,424.
( 32 ) DAVE BRIGGS TREASURER	40.00			X				91,465.	0	35,063.
( 33 ) BRYAN KLOTZ ASST. TREASURER	40.00			X				96,891.	0	29,827.
( 34 ) JANIS MORTON ASST. SECRETARY	40.00			X				55,020.	0	24,726.
( 35 ) JOHN WAGNER SR. VICE PRESIDENT	40.00					X		178,136.	0	33,940.
( 36 ) CLIFTON DAVIDSON REGIONAL DIRECTOR	40.00					X		161,634.	0	26,239.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **53**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

[illegible]

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
3		X
4	X	
5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

Form 990 (2011)

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a 616,774.				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c 19,594,215.				
	d	Related organizations . . . . .	1d 10,888,006.				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 151,110,705.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .	3,955,833.				
	h	Total. Add lines 1a-1f . . . . .		182,209,700.			
Program Service Revenue			Business Code				
	2a	CAMP FEES & OTHER OPERATING REVENUE . . . . .	900099	48,823,926.	48,823,926.		
	b	FIELD MINISTRY . . . . .	900099	4,902,411.	4,902,411.		
	c	CAMP EMPLOYEE RENT PAYMENTS . . . . .	531110	799,122.	799,122.		
	d	. . . . .					
	e	. . . . .					
	f	All other program service revenue . . . . .					
g	Total. Add lines 2a-2f . . . . .		54,525,459.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). . . . . ATTACHMENT 5 . . . . .		92,479.			92,479.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
		(i) Real (ii) Personal					
	6a	Gross rents . . . . .	305,202.				
	b	Less: rental expenses . . . . .	199,451.				
	c	Rental income or (loss) . . . . .	105,751.				
	d	Net rental income or (loss) . . . . .		105,751.	-4,737.	110,488.	
		(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory . . . . .	561,907.	1,916,948.			
	b	Less: cost or other basis and sales expenses . . . . .	563,014.	2,231,580.			
	c	Gain or (loss) . . . . .	-1,107.	-314,632.			
	d	Net gain or (loss) . . . . .		-315,739.		-315,739.	
	8a	Gross income from fundraising events (not including \$ 19,594,215. of contributions reported on line 1c). See Part IV, line 18 . . . . .	ATCH 6 a 4,939,076.				
	b	Less: direct expenses . . . . .	b 8,001,985.				
	c	Net income or (loss) from fundraising events . . . . .	ATCH 7 .	-3,062,909.		-3,062,909.	
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
	b	Less: direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .		0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a 5,057,637.				
b	Less: cost of goods sold . . . . .	b 2,317,838.					
c	Net income or (loss) from sales of inventory . . . . .	ATCH 8 .	2,739,799.		2,739,799.		
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE . . . . .	900099	1,516,440.	1,463,961.	52,479.		
b	. . . . .						
c	. . . . .						
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		1,516,440.				
12	Total revenue. See instructions . . . . .		237,810,980.	55,989,420.	47,742.	-435,882.	

Form 990 (2011)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21 .	3,190,903.	3,190,903.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22. . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . . .	4,762,252.	4,762,252.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,295,389.	1,117,572.	137,475.	40,342.
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 . . . . .	92,505,414.	79,807,242.	9,817,294.	2,880,878.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .	7,716,721.	6,657,451.	818,950.	240,320.
9 Other employee benefits . . . . .	28,513,220.	24,599,222.	3,026,016.	887,982.
10 Payroll taxes . . . . .	7,363,880.	6,353,044.	781,504.	229,332.
11 Fees for services (non-employees):	0			
a Management . . . . .	385,000.	255,948.	117,031.	12,021.
b Legal . . . . .	87,500.	58,170.	26,598.	2,732.
c Accounting . . . . .	0			
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	2,520,078.	1,675,351.	766,044.	78,683.
12 Advertising and promotion . . . . .	912,201.	85,056.	188,556.	638,589.
13 Office expenses . . . . .	7,241,288.	7,078,106.	163,182.	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	16,153,802.	14,072,336.	1,645,065.	436,401.
17 Travel . . . . .	15,738,981.	13,520,581.	1,910,751.	307,649.
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 . . . . .	14,373,095.	13,785,169.	532,782.	55,144.
23 Insurance . . . . .	0			
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 CLUB & CAMPING	27,661,352.	27,509,548.	116,150.	35,654.
b ALL STAFF CONFERENCE	5,216,552.	4,500,478.	553,616.	162,458.
c TRAINING	718,045.	487,889.	230,156.	
d OTHER - <5% OF TOTAL	1,280,427.	383,936.	880,249.	16,242.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	237,636,100.	209,900,254.	21,711,419.	6,024,427.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	32,660.	1	35,237.
	2 Savings and temporary cash investments	44,129,407.	2	52,681,540.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	645,113.	4	1,259,975.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	134,895.	7	129,659.
	8 Inventories for sale or use	1,115,117.	8	1,136,959.
	9 Prepaid expenses and deferred charges	1,335,620.	9	1,671,626.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 336,939,001.		
	b Less: accumulated depreciation	10b 137,405,297.		
	11 Investments - publicly traded securities	204,835,322.	10c	199,533,704.
	12 Investments - other securities. See Part IV, line 11	3,030,400.	11	2,831,795.
	13 Investments - program-related. See Part IV, line 11	8,108,804.	12	8,408,847.
	14 Intangible assets	614,141.	13	792,511.
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	408,093.	15	401,477.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	264,389,572.	16	268,883,330.
	18 Grants payable	16,062,087.	17	16,520,971.
	19 Deferred revenue	0	18	0
	20 Tax-exempt bond liabilities	84,915.	19	99,186.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	21	0
	23 Secured mortgages and notes payable to unrelated third parties	0	22	0
	24 Unsecured notes and loans payable to unrelated third parties	2,448,668.	23	2,338,299.
	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	0	24	0
	26 Total liabilities. Add lines 17 through 25	285,251.	25	116,788.
	<b>Net Assets or Fund Balances</b>	27 Unrestricted net assets	18,880,921.	26
28 Temporarily restricted net assets				
29 Permanently restricted net assets				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		245,508,651.	33	249,808,086.
34 Total liabilities and net assets/fund balances		264,389,572.	34	268,883,330.

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	237,810,980.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	237,636,100.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	174,880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	245,508,651.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	4,124,555.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	249,808,086.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2011)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

**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 11, 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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.)
- 6 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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.
  - a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
  - e ☐ 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)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
    - (ii) A family member of a person described in (i) above? ☐
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3. . . . .						
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). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
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 IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here.</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a <b>33 1/3% support tests - 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3% support tests - 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to 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).

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Schedule of Contributors

OMB No. 1545-0047

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

2011

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization YOUNG LIFE

Employer identification number  
84-0385934**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
1		\$ 10,888,006.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YOUNG LIFE

Employer identification number

84-0385934

**Part II** Noncash Property (see instructions). Use duplicate copies of 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization YOUNG LIFE

Employer identification number

84-0385934

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

YOUNG LIFE

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.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
84-0385934

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II** Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 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 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? . . . . . ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

**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
1a Beginning of year balance . . . . .	6,718,761.	3,112,533.	6,138,530.	392,450.	
b Contributions . . . . .	15,106,877.	28,905,413.	27,642,936.	23,636,838.	
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	15,689,863.	25,299,185.	30,668,933.	17,890,758.	
f Administrative expenses . . . . .					
g End of year balance . . . . .	6,135,775.	6,718,761.	3,112,533.	6,138,530.	

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 ▶ 100.0000 %
- 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 . . . . .
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		20,443,706.		20,443,706.
b Buildings . . . . .		219,721,840.	76,487,791.	143,234,049.
c Leasehold improvements . . . . .		1,541,631.	1,158,065.	383,566.
d Equipment . . . . .		28,572,631.	24,172,375.	4,400,256.
e Other . . . . .		66,659,193.	35,587,066.	31,072,127.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				199,533,704.

Schedule D (Form 990) 2011



**Part VII Investments - Other Securities.** 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	27,373.
(3) CUSTODIAL FUNDS	89,415.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

116,788.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	237,810,980.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	237,636,100.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	174,880.
4	Net unrealized gains (losses) on investments	4	529,837.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	3,594,718.
9	Total adjustments (net). Add lines 4 through 8	9	4,124,555.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,299,435.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	249,210,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	529,837.
b	Donated services and use of facilities	2b	350,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	10,519,274.
e	Add lines 2a through 2d	2e	11,399,111.
3	Subtract line 2e from line 1	3	237,810,980.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	237,810,980.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	239,694,104.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	350,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	10,519,274.
e	Add lines 2a through 2d	2e	10,869,274.
3	Subtract line 2e from line 1	3	228,824,830.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	8,811,270.
c	Add lines 4a and 4b	4c	8,811,270.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	237,636,100.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## PART V, QUESTION 4

## USE OF ENDOWMENT FUNDS

THE FUNDS ARE INTENDED TO BE USED FOR CAMPING AND CLUB ACTIVITIES OF  
YOUNG LIFE.

## PART X, LINE 2

## FIN 48 DISCLOSURE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE  
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT  
IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR  
DISCLOSED IN THE FINANCIAL STATEMENTS.

## PART XI, LINE 8

## OTHER CHANGES TO NET ASSETS

INTERCOMPANY ELIMINATION	3,594,718
--------------------------	-----------

## PART XII, LINE 2D

## OTHER REVENUE ON BOOKS NOT ON RETURN

## SPECIAL EVENT EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE	8,001,985
--------------------------	-----------

## RENTAL EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE	199,451
--------------------------	---------

## COGS EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE	2,317,838
--------------------------	-----------

TOTAL OTHER REVENUE ON BOOKS NOT ON RETURN	10,519,274
--	------------

**Part XIV** Supplemental Information (continued)

## PART XIII, LINE 2D

OTHER EXPENSE ON BOOKS NOT ON RETURN

SPECIAL EVENT EXPENSE RECLASSIFIED FROM EXPENSE

&amp; NETTED AGAINST REVENUE 8,001,985

RENTAL EXPENSE RECLASSIFIED FROM EXPENSE

&amp; NETTED AGAINST REVENUE 199,451

COGS EXPENSE RECLASSIFIED FROM EXPENSE

&amp; NETTED AGAINST REVENUE 2,317,838

TOTAL OTHER REVENUE ON BOOKS NOT ON RETURN 10,519,274

## PART XIII, LINE 4B

OTHER EXPENSE ON RETURN NOT ON BOOKS

INTERCOMPANY ELIMINATION 3,594,718

ALL STAFF CONFERENCE EXPENSE 5,219,552

TOTAL 8,811,270

THE ALL STAFF CONFERENCE IS AN EVENT HELD EVERY 4 YEARS IN WHICH THE ORGANIZATION ACCRUES AN AMOUNT OF EXPENSES EACH YEAR. IN ORDER TO COMPLY WITH GAAP, THE EXPENSES ARE APPROPRIATELY ELIMINATED IN THE FINANCIAL STATEMENTS UNTIL THE CONFERENCE ACTUALLY TAKES PLACE AND THE EXPENSES ARE FULLY ACCRUED. THE CONFERENCE TOOK PLACE DURING FYE 9/30/2012, AND IS THEREFORE ACCOUNTED FOR AS AN EXPENSE FOR 990 PURPOSES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

**Part I** General information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 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 grants or assistance? . . . . .

☒ Yes ☐ No

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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			GRANTMAKING		3,000.
(2) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		1,383,289.
(3) SOUTH AMERICA			GRANTMAKING		136,746.
(4) EUROPE			GRANTMAKING		473,688.
(5) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		33,291.
(6) SUB-SAHARAN AFRICA			GRANTMAKING		1,074,248.
(7) EAST ASIA AND THE PACIFIC			GRANTMAKING		672,521.
(8) SOUTH ASIA			GRANTMAKING		161,423.
(9) RUSSIA/INDEPENDENT STATES			GRANTMAKING		420,610.
(10) NORTH AMERICA		2.	PROGRAM SERVICES	FIELD MINISTRY	66,537.
(11) CENTRAL AMERICA/CARIBBEAN		85.	PROGRAM SERVICES	FIELD MINISTRY	432,032.
(12) SOUTH AMERICA		47.	PROGRAM SERVICES	FIELD MINISTRY	189,477.
(13) EUROPE		146.	PROGRAM SERVICES	FIELD MINISTRY	
(14) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	FIELD MINISTRY	
(15) SUB-SAHARAN AFRICA		74.	PROGRAM SERVICES	FIELD MINISTRY	570,389.
(16) EAST ASIA AND THE PACIFIC		84.	PROGRAM SERVICES	FIELD MINISTRY	60,382.
(17) SOUTH ASIA		10.	PROGRAM SERVICES		5,625.
3a Sub-total. . . . .		448.			5,683,258.
b Total from continuation sheets to Part I . . . . .		45.			9,425,769.
c Totals (add lines 3a and 3b)		493.			15,109,027.

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

Schedule F (Form 990) 2011

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PAGE 29

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 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 grants or assistance? ☒ Yes ☐ No

**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.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) RUSSIA/INDEPENDENT STATES		45.	PROGRAM SERVICES		457,615.
(2) EUROPE			FUNDRAISING		
(3) EAST ASIA AND THE PACIFIC			FUNDRAISING		
(4) CENTRAL AMERICA/CARIBBEAN			FUNDRAISING		
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		8,260,643.
(6) NORTH AMERICA			INVESTMENTS		707,511.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total . . . . .					
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2011

YOUNG LIFE

Schedule F (Form 990) 2011

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS 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)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	53,676.	WIRE TSF			
(2)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	555,232.	WIRE TSF			
(3)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	91,828.	WIRE TSF			
(4)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	18,300.	WIRE TSF			
(5)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	237,045.	WIRE TSF			
(6)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	243,670.	WIRE TSF			
(7)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	14,953.	WIRE TSF			
(8)			SOUTH AMERICA	YOUTH MINISTRY	24,323.	WIRE TSF			
(9)			SOUTH AMERICA	YOUTH MINISTRY	72,169.	WIRE TSF			
(10)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	74,648.	WIRE TSF			
(11)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	54,820.	WIRE TSF			
(12)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	39,126.	WIRE TSF			
(13)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	10,026.	WIRE TSF			
(14)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	53,000.	WIRE TSF			
(15)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	25,971.	WIRE TSF			
(16)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	48,002.	WIRE TSF			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐

3 Enter total number of other organizations or entities ☐

Schedule F (Form 990) 2011

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PAGE 31

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **Part II** can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS 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)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	121,295.	WIRE TSP			
(2)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	31,200.	WIRE TSP			
(3)			MIDDLE EAST/NORTH AFRICA	YOUTH MINISTRY	9,185.	WIRE TSP			
(4)			MIDDLE EAST/NORTH AFRICA	YOUTH MINISTRY	20,431.	WIRE TSP			
(5)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	44,083.	WIRE TSP			
(6)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	66,681.	WIRE TSP			
(7)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	251,187.	WIRE TSP			
(8)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	120,454.	WIRE TSP			
(9)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	8,873.	WIRE TSP			
(10)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	15,972.	WIRE TSP			
(11)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	26,033.	WIRE TSP			
(12)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	8,611.	WIRE TSP			
(13)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	278,956.	WIRE TSP			
(14)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	71,874.	WIRE TSP			
(15)			SUB-SAHARAN/AFRICA	YOUTH MINISTRY	76,066.	WIRE TSP			
(16)			EAST ASIA/PACIFIC	YOUTH MINISTRY	29,800.	WIRE TSP			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▲**

3 Enter total number of other organizations or entities **▲**



YOUNG LIFE

Schedule F (Form 990) 2011

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS 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)			EAST ASIA/PACIFIC	YOUTH MINISTRY	131,985.	WIRE TSF			
(2)			EAST ASIA/PACIFIC	YOUTH MINISTRY	113,980.	WIRE TSF			
(3)			EAST ASIA/PACIFIC	YOUTH MINISTRY	85,300.	WIRE TSF			
(4)			EAST ASIA/PACIFIC	YOUTH MINISTRY	44,808.	WIRE TSF			
(5)			EAST ASIA/PACIFIC	YOUTH MINISTRY	218,434.	WIRE TSF			
(6)			EAST ASIA/PACIFIC	YOUTH MINISTRY	8,536.	WIRE TSF			
(7)			SOUTH ASIA	YOUTH MINISTRY	51,663.	WIRE TSF			
(8)			SOUTH ASIA	YOUTH MINISTRY	64,671.	WIRE TSF			
(9)			SOUTH ASIA	YOUTH MINISTRY	21,600.	WIRE TSF			
(10)			RUSSIA	YOUTH MINISTRY	61,400.	WIRE TSF			
(11)			RUSSIA	YOUTH MINISTRY	74,220.	WIRE TSF			
(12)			RUSSIA	YOUTH MINISTRY	14,320.	WIRE TSF			
(13)			RUSSIA	YOUTH MINISTRY	35,350.	WIRE TSF			
(14)			RUSSIA	YOUTH MINISTRY	73,132.	WIRE TSF			
(15)			RUSSIA	YOUTH MINISTRY	11,320.	WIRE TSF			
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐ 47.

3 Enter total number of other organizations or entities ☐ Schedule F (Form 990) 2011

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YOUNG LIFE

Schedule F (Form 990) 2011

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

(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) TUITION, ROOM & BOARD	NORTH AMERICA	1.	3,000.	WIRE TSF			
(2) TUITION, ROOM & BOARD	CENT. AMERICA/CARIBBEAN	59.	168,585.	WIRE TSF			
(3) TUITION, ROOM & BOARD	SOUTH AMERICA	19.	40,254.	WIRE TSF			
(4) TUITION, ROOM & BOARD	EUROPE/ICELAND/GREENLAND	7.	15,600.	WIRE TSF			
(5) TUITION, ROOM & BOARD	MIDDLE EAST/NORTH AFRICA	3.	3,675.	WIRE TSF			
(6) TUITION, ROOM & BOARD	SUB-SAHARAN AFRICA	70.	105,458.	WIRE TSF			
(7) TUITION, ROOM & BOARD	EAST ASIA/PACIFIC	31.	39,770.	WIRE TSF			
(8) TUITION, ROOM & BOARD	SOUTH ASIA	17.	23,489.	WIRE TSF			
(9) TUITION, ROOM & BOARD	RUSSIA	88.	150,868.	WIRE TSF			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

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**Part IV 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) . . . . . ☒ Yes ☐ No
- 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) . . . . . ☒ Yes ☐ No
- 3 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 Certain Foreign Corporations. (see Instructions for Form 5471) . . . . . ☒ Yes ☐ No
- 4 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) . . . . . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 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) . . . . . ☒ Yes ☐ No
- 6 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 for Form 5713) . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2011

**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).

## PART I, QUESTION 2

## GRANT MONITORING PROCESS

OUR FIELD SUPERVISION STRUCTURE PLAYS A KEY ROLE IN MONITORING FUNDS THAT ARE USED OUTSIDE OF THE UNITED STATES. THIS HAPPENS THROUGH ANNUAL BUDGETING PROCESSES, A SUPERVISOR RELATIONSHIP AND FIELD VISITS. OUR REGIONAL DIRECTORS AND VICE PRESIDENTS MAKE REGULAR VISITS TO THE COUNTRIES WHERE WE HAVE MINISTRY AND A FINANCIAL REVIEW IS A REGULAR ACTION STEP OF THESE VISITS.

FUNDS WIRED OUTSIDE OF THE U.S. MUST GO THROUGH AN APPROVAL PROCESS WHICH IDENTIFIES WHERE THE FUNDS ARE GOING AND THE PURPOSE FOR THE FUNDS BEING SENT AND WHO IS RECEIVING THE FUNDS. THE APPROVAL PROCESS INVOLVES THE REGIONAL OFFICE EXAMINING THE REQUEST FOR FUNDS AND THEN FORMALLY SUBMITTING IT TO THE SENIOR VICE PRESIDENT OF THE DIVISION FOR APPROVAL. AFTER THE SVP HAS REVIEWED THE REQUEST, IT IS FORWARDED TO YOUNG LIFE'S FINANCE DEPARTMENT WHO ENSURES THE RECIPIENTS AND BANKS HAVE BEEN CHECKED ON THE OFAC LIST. OTHER SUPPORTING DOCUMENTATION MIGHT BE REQUESTED AT THIS TIME TOO.

FINALLY, CERTAIN STAFF SERVING OUTSIDE OF THE UNITED STATES HAVE PURCHASE CARDS THAT ARE USED TO PAY FOR APPROPRIATE BUSINESS EXPENSES. ALL PURCHASES MUST GO THROUGH APPROPRIATE SIGN OFF AND APPROVAL PROCESS.

**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).

## PART I, COLUMN F

## CENTRAL AMERICA/CARIBBEAN INVESTMENTS

INVESTMENTS 8,242,379

EXPENDITURES 18,264

TOTAL 8,260,643

## PART III

## GRANTS TO INDIVIDUALS

DEVELOPING GLOBAL LEADERS OFFERS EDUCATIONAL FUNDS, LIFE-SKILLS MENTORING AND YOUNG LIFE MINISTRY TRAINING FOR THE LEADERS OF TOMORROW. DGL STUDENTS ARE PROVIDED WITH UNIVERSITY TUITION FOR A SCHOOL IN THEIR HOME COUNTRY, BOOKS, MINISTRY EXPENSES, AND A SMALL LIVING STIPEND. THEY ARE MATCHED WITH INDIVIDUAL MENTORS TO WALK WITH THEM THROUGH A LIFE SKILLS AND CHARACTER DEVELOPMENT CURRICULUM AND THEY RECEIVE MINISTRY TRAINING AS YOUNG LIFE LEADERS FROM OUR STAFF. STUDENTS SELECTED FOR THE DEVELOPING GLOBAL LEADERS PROGRAM HAVE BEEN INVOLVED WITH YOUNG LIFE AS HIGH SCHOOL STUDENTS AND HAVE SHOWN LEADERSHIP POTENTIAL AND MUST HAVE AN ECONOMIC NEED. EACH YEAR, YOUNG LIFE STAFF FROM AROUND THE WORLD RECOMMEND STUDENTS TO APPLY TO THE PROGRAM AND 100 ARE SELECTED TO PARTICIPATE. THE COUNTRY DIRECTOR DISPERSES THE FUNDS TO EACH STUDENT. AT THE END OF THE PERIOD, THEY ARE ASKED TO TURN IN AN EXPENSE REPORTS STATING HOW THE FUNDS WERE USED.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

YOUNG LIFE

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Employer identification number

84-0385934

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants  
b ☐ Internet and email solicitations f ☐ Solicitation of government grants  
c ☐ Phone solicitations g ☐ Special fundraising events  
d ☐ In-person solicitations

2a 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? ☐ Yes ☐ No

b If "Yes," list the ten 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)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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
		BANQUET (event type)	GOLF (event type)	20. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	14,343,535.	6,606,726.	3,583,030.	24,533,291.
	2 Less: Charitable contributions	14,187,811.	5,406,404.	0	19,594,215.
	3 Gross income (line 1 minus line 2)	155,724.	1,200,322.	3,583,030.	4,939,076.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,898,020.	2,349,600.	2,754,365.	8,001,985.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 8,001,985.)
	11 Net income summary. Combine line 3, column (d), and line 10				-3,062,909.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** 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 operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name 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 ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



SCHEDULE I  
(Form 990)

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

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

OMB No. 1545-0047

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

Part I General Information on Grants and Assistance

- 1 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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YOUNG LIFE FOUNDATION 420 N CASCADE AVE, COLO SPRGS, CO 80903	84-6041371	501(C)(3)	2,243,665.				INVESTMENT WITH SUPPORT ORGANIZATION
(2)	BETHLEHEM BIBLE CO 614-C S BUS IH-35 NEW BRAUNSFELS, TX 78130	26-0747442	501(C)(3)	5,405.				SUPPORT FOR ORGANIZATION
(3)	DADS DIVINE ALTERNATIVES FOR DADS SERVICES 5709 RAINIER AVE S SEATTLE, WA 98118	91-2090576	501(C)(3)	5,720.				SUPPORT FOR ORGANIZATION
(4)	AMERICAN MISSIONARY FELLOWSHIP PO BOX 370 VILLANOVA, PA 19085	95-4422038	501(C)(3)	28,800.				SUPPORT FOR ORGANIZATION
(5)	INTERNATIONAL ENGLISH & CULTURAL STUDIES PO BOX 2598 ELLICOTT CITY, MD 21041	26-1403833	501(C)(3)	9,000.				SUPPORT FOR ORGANIZATION
(6)	PARTNERS IN DEVELOPMENT WORLDWIDE PO BOX 65303 LUBBOCK, TX 79424	83-0445824	501(C)(3)	106,880.				SUPPORT FOR ORGANIZATION
(7)	ARMENIAN GOSPEL MISSION 2650 FOOTHILL BLVD #205 PASADENA, CA 91107	23-7089113	501(C)(3)	41,400.				SUPPORT FOR ORGANIZATION
(8)	NAOS INC ATTN: PURE HEART CHRISTIAN FELLOW 14240 N 43RD AVE GLENDALE, AZ 85306	86-0543988	501(C)(3)	7,500.				SUPPORT FOR ORGANIZATION
(9)	YOUTH FOR CHRIST PO BOX 4478 ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	6,500.				SUPPORT FOR ORGANIZATION
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011)

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

JSA

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PAGE 41

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

## PART I, QUESTION 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO U.S.

MONEY IS TRANSFERRED TO A WHOLLY OWNED SUPPORT ORGANIZATION (YOUNG LIFE FOUNDATION) FOR INVESTMENT PURPOSES. INVESTMENT RETURNS ARE TRANSFERRED BACK TO YOUNG LIFE FOR PROGRAM PURPOSES. YOUNG LIFE MAY PROVIDE OTHER VERY SMALL GRANTS ON A CASE BY CASE BASIS. THESE GRANTS ARE MADE TO ORGANIZATIONS THAT YOUNG LIFE HAS CONTACT WITH THROUGH THE MINISTRY TO YOUTH AROUND THE COUNTRY.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

**Part I** Questions Regarding Compensation

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., 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

	Yes	No
<b>1b</b>	X	

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

<b>2</b>	X	
----------	---	--

**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. Explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** 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
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

<b>7</b>	X	
----------	---	--

**8** Were any amounts reported in 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

<b>8</b>		X
----------	--	---

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

<b>9</b>		
----------	--	--

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

Schedule J (Form 990) 2011

**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 in 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 are not 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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DENNIS RYDBERG	(i) 198,813. (ii) 0	47,750. 0	103,278. 0	25,253. 0	20,038. 0	395,132. 0	0
2	GREG KINBERG	(i) 102,075. (ii) 0	15,252. 0	35,624. 0	12,638. 0	18,587. 0	184,176. 0	0
3	PAUL SHERRILL	(i) 116,446. (ii) 0	0 0	6,073. 0	13,461. 0	23,963. 0	159,943. 0	0
4	JOHN WAGNER	(i) 64,276. (ii) 0	0 0	113,860. 0	11,793. 0	22,147. 0	212,076. 0	0
5	CLIFTON DAVIDSON	(i) 56,486. (ii) 0	0 0	105,148. 0	9,098. 0	17,141. 0	187,873. 0	0
6	TY SALTZGIVER	(i) 89,512. (ii) 0	0 0	60,933. 0	10,750. 0	25,222. 0	186,417. 0	0
7	JOHN CALDWELL	(i) 107,196. (ii) 0	0 0	41,898. 0	12,849. 0	21,714. 0	183,657. 0	0
8	DAVID MARTIN	(i) 81,664. (ii) 0	0 0	73,536. 0	11,673. 0	11,288. 0	178,161. 0	0
9		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
10		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
11		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
12		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
13		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
14		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
15		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0
16		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0

Schedule J (Form 990) 2011

**Part III Supplemental Information**

Complete this part to 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, QUESTION 1A****ADDITIONAL BENEFITS PROVIDED**

TRAVEL FOR SPOUSE (COMPANION) IS AVAILABLE TO ALL YOUNG LIFE STAFF WHEN NEEDED FOR MINISTRY OR FUNDRAISING PURPOSES. THEY ASSIST WITH MINISTRY NEEDS BY PROVIDING PASTORAL CARE - LEADING OTHERS IN DISCUSSION, PRAYER, AND WORSHIP. FOR FUNDRAISING PURPOSES, THE SPOUSE'S PRESENCE IS OFTEN EXPECTED BY DONORS.

TAX INDEMNIFICATION AND GROSS UP PAYMENTS OCCUR FOR INTERNATIONALLY BASED STAFF RELATED TO PAYMENTS MADE ON THEIR BEHALF FOR EXPENSES INCURRED AS A RESULT OF THEIR INTERNATIONAL PLACEMENT.

HOUSING ALLOWANCES ARE AVAILABLE TO ALL ORDAINED STAFF PERFORMING SACERDOTAL FUNCTIONS. THE PRESIDENT AND CHIEF OPERATING OFFICER RECEIVED HOUSING ALLOWANCES DURING THE YEAR.

**Part III Supplemental Information**

Complete this part to 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.

THE HEALTH CLUB BENEFIT IS OFFERED AS A TAXABLE BENEFIT TO ALL FULL-TIME YOUNG LIFE STAFF. THIS BENEFIT IS AVAILABLE FOR UP TO \$250 A YEAR.

**PART I, QUESTION 4B****PARTICIPANTS OF NON-QUALIFIED PLANS**

DENNIS RYDBERG PARTICIPATES IN A SUPPLEMENTAL NON-QUALIFIED PENSION PLAN.

THE AMOUNT ACCRUED DURING CALENDAR YEAR 2011 WAS 35,000. NO PAYMENTS WERE MADE OUT OF THE PLAN.

**PART I, QUESTION 7****NON-FIXED PAYMENTS FOR OFFICERS OR DIRECTORS**

THE CEO'S SALARY AGREEMENT PROVIDES FOR A PERFORMANCE BONUS ADJUSTMENT.

THE BOARD CAN ADJUST THE BONUS BASED ON THE PERCENTAGE OF ANNUAL GOALS ACHIEVED BY THE CEO. THE BONUS PERCENTAGE ADJUSTMENT RANGES FROM 0 TO 15%. THE BOARD ENCOURAGES THE CEO TO SET ANNUAL GOALS THAT ARE, WHERE PRUDENT, SPECIFIC, MEASURABLE, AND THAT INCLUDE A COMPLETION DATE.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	9.	50,967.	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	381.	3,264,167.	PUBLISH TRADE PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .	X	3.	546,000.	FMV
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (HORSES . . . . .)	X	11.	18,100.	FMV
26 Other ► (COPIERS . . . . .)	X	2.	7,800.	FMV
27 Other ► (PIANOS . . . . .)	X	2.	12,000.	FMV
28 Other ► (OTHER . . . . .)	X	13.	56,799.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

3.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2011)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

YOUNG LIFE

**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.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

84-0385934

PART V, QUESTION 4B

FOREIGN ACCOUNTS

CANADA

CAYMAN ISLANDS

BERMUDA

COSTA RICA

DOMINICAN REPUBLIC

NICARAGUA

PORTUGAL

GERMANY

UNITED KINGDOM

COLUMBIA

PARAGUAY

ETHIOPIA

MALAWI

TANZANIA

CZECH REPUBLIC

PART VI, QUESTION 11B

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER. THE CFO, TREASURER,  
AND ASSISTANT TREASURER REVIEW THE 990. AFTER THEIR REVIEW, THE YOUNG  
LIFE BOARD OF TRUSTEES IS PROVIDED A SECURED LINK TO THE YOUNG LIFE  
WEBSITE CONTAINING THE 990. THE BOARD HAS THREE DAYS TO REVIEW THE 990

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

PRIOR TO FILING.

YOUNG LIFE IS A CHURCH AND IS THEREFORE EXEMPT FROM FILING THE FORM 990,  
BUT DOES SO VOLUNTARILY.

PART VI, QUESTION 12C

DESCRIBE HOW CONFLICT OF INTEREST POLICY IS MONITORED & ENFORCED  
A COPY OF THE CONFLICT OF INTEREST POLICY AND A FORM IS SENT OUT EACH  
YEAR TO ALL OFFICERS AND DIRECTORS. THEY MUST RETURN A SIGNED COPY OF  
THE FORM INDICATING ANY CONFLICT OF INTEREST. ANY CONFLICT IS REVIEWED  
BY THE LEGAL DEPARTMENT. ANY DECISIONS REGARDING A CONFLICT ARE MADE BY  
THE BOARD. BOARD MEMBERS ARE RESTRICTED FROM VOTING ON ISSUES WHERE A  
CONFLICT OF INTEREST EXISTS.

PART VI, QUESTION 15A

DESCRIBE PROCESS FOR DETERMINING COMPENSATION  
IN JULY OF EACH YEAR, YOUNG LIFE'S DIRECTOR OF COMPENSATION PROVIDES THE  
CEO'S COMPENSATION HISTORY AND CEO COMPARATIVE DATA TO THE CHAIR OF THE  
YOUNG LIFE BOARD OF DIRECTORS. THE CEO PROVIDES A WRITTEN REVIEW OF  
PERFORMANCE-TO-GOAL TO THE EXECUTIVE COMMITTEE OF THE BOARD AFTER THE END  
OF EACH FISCAL YEAR. IN ADDITION, THE CEO SUBMITS A COMPLETE ASSESSMENT  
OF YOUNG LIFE. OTHER DATA MAY BE INCLUDED BASED ON THE CEO'S CURRENT  
FOCUS AS REQUESTED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE  
WILL MEET BY PHONE TO EVALUATE THE CEO'S PERFORMANCE AGAINST GOALS. BASED  
ON THE CEO'S PERFORMANCE AND COMPARABILITY DATA, THE EXECUTIVE COMMITTEE  
DETERMINES THE BONUS TO BE PAID FOR THE PREVIOUS YEAR AND SETS ANNUAL

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

COMPENSATION FOR THE UPCOMING YEAR. A WRITTEN SUMMARY OF THE DISCUSSION AND DECISION IS FILED AND DOCUMENTED IN THE HUMAN RESOURCES CHAIR NOTEBOOK.

## PART VI, QUESTION 15B

DESCRIBE PROCESS FOR DETERMINING OTHER OFFICER COMPENSATION EACH YEAR OFFICERS AND KEY EMPLOYEES RECEIVE AN EMPLOYEE PERFORMANCE EVALUATION FROM THEIR SUPERVISORS. HUMAN RESOURCES PROVIDES MARKET COMPARISONS AS PART OF THE DETERMINATION OF COMPENSATION. THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE REVIEW AND APPROVE THE TOTAL COMPENSATION INCREASE FOR THE MISSION.

## PART VI, QUESTION 19

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE YOUNG LIFE WEBSITE.

## PART VII

## DESCRIPTION OF OFFICERS

YOUNG LIFE FOR OPERATIONAL AND MANAGEMENT EFFECTIVENESS HAS CHANGED THE NUMBER OF OFFICERS THAT CAN AFFECT CORPORATE ASSETS. THE OFFICERS THAT CAN PURCHASE, SELL, OR TRANSFER YOUNG LIFE ASSETS HAS BEEN LIMITED TO THE PRESIDENT, CFO, COO, SECRETARY, TREASURER, ASSISTANT SECRETARY, AND ASSISTANT TREASURER. OTHER OFFICER TITLES NO LONGER HAVE THIS AUTHORITY AND ARE NOT LISTED.

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

## PART XI, LINE 5

## OTHER CHANGES IN NET ASSETS

INTERCOMPANY ELIMINATION 3,594,718

UNREALIZED GAIN/(LOSS) 529,837

TOTAL CHANGES IN NET ASSETS 4,124,555

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

YOUNG LIFE IS A MINISTRY TO HELP ADOLESCENTS AROUND THE WORLD BECOME EXPOSED TO THE PERSON OF JESUS CHRIST. THIS IS ACCOMPLISHED IN A VARIETY OF WAYS DESIGNED TO PROVIDE PERSONAL, RELIGIOUS EXPERIENCES. INCLUDED ARE WEEKLY CLUB MEETINGS, SMALL GROUP BIBLE STUDIES, CAMPING PROGRAMS, SHORT-TERM MISSIONS AND STUDENT EXCHANGE PROGRAMS.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,  
 DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,  
 MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, TX, UT, VA, WA, WV, WI,

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

ATTACHMENT 3

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
DENNIS RYDBERG	
PRESIDENT/CEO	1.00
BRUCE HOSFORD	
DIRECTOR	1.00
CURTIS B MCWILLIAMS	
BOARD CHAIR, DIRECTOR	1.00
MICHAEL STAIN	
DIRECTOR	1.00
KERRY ALBERTI	
CFO THROUGH 10/14/11	1.00

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUNWEST BUILDERS PO BOX 489 REMOND, OR 97756	CONSTRUCTION	3,861,544.
SADDLEBACK DEVELOPMENT CORP PO BOX 966 MIDWAY CITY, CA 92655	CONSTRUCTION	636,938.
RPB SYSTEMS INC PO BOX 1325 ASHEVILLE, NC 28802	CONSTRUCTION	499,939.
TOMLINSON & SONS PO BOX 1763 DETROIT LAKES, MN 56502	CONSTRUCTION	474,399.
HIGH POINT TRAVEL, INC. 12160 ABRAMS RD STE 320 DALLAS, TX 75243	TRAVEL AGENCY	535,299.
TOTAL COMPENSATION		<u>6,008,119.</u>

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	92,479.			92,479.
TOTALS	<u>92,479.</u>			<u>92,479.</u>

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
BANQUET	14,187,811.
GOLF	5,406,404.
MISC EVENTS	
TOTAL	<u>19,594,215.</u>

ATTACHMENT 7FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
BANQUET	155,724.	2,898,020.	-2,742,296.
GOLF	1,200,322.	2,349,600.	-1,149,278.
MISC EVENTS	3,583,030.	2,754,365.	828,665.
TOTALS	<u>4,939,076.</u>	<u>8,001,985.</u>	<u>-3,062,909.</u>

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

ATTACHMENT 8FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES .....	5,057,637.
INVENTORY AT BEGINNING OF YEAR .....	1,115,117.
PURCHASES .....	2,339,680.
SALARIES AND WAGES .....	
OTHER COSTS .....	
SUBTOTAL .....	3,454,797.
MINUS ENDING INVENTORY .....	1,136,959.
COST OF GOODS SOLD .....	<u>2,317,838.</u>

ATTACHMENT 9FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
WF FLOATING RATE	2,791,000.	2,581,000.	FMV
MERRILL LYNCH INVESTMENT	239,400.	250,795.	FMV
TOTALS	<u>3,030,400.</u>	<u>2,831,795.</u>	

ATTACHMENT 10FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: WELLS FARGO

ORIGINAL AMOUNT: 2,981,239.

INTEREST RATE: 6.360000

DATE OF NOTE: VAR

MATURITY DATE: 06/01/2025

REPAYMENT TERMS: MONTHLY PMTS OF PRINCIPAL AND INTEREST OF \$22,121

SECURITY PROVIDED: SECURED BY LAND AND PROPERTY ON THAT LAND

PURPOSE OF LOAN: PURCHASE BUILDING

BEGINNING BALANCE DUE .....	2,448,668.
ENDING BALANCE DUE .....	<u>2,338,299.</u>

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

ATTACHMENT 10 (CONT'D)

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

2,448,668.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

2,338,299.



SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public  
Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 3E GEOTHERMAL, LLC 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903 27-3872878	HOLDING CO	CO	0	35,000.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YOUNG LIFE FOUNDATION 420 N CASCADE AVE. 84-6041371 COLORADO SPRINGS, CO 80903	SUPPORT ORG	CO	501(C)(3)	LN11 TYPE 1	N/A		X
(2) MALIBU CLUB MINISTRY AFFILIATES 6545 MAPLE RD VON INO EGMONT, BC CA	SUPPORT ORG	CA		N/A	N/A		X
(3) YOUNG LIFE COSTA RICA YLCR ANONYMOUS INGEAA, ALVASA BUILDING, 1ST F TOURON, SAN JOSE CS	MISSIONARY	CS		N/A	N/A		X
(4) DOMINICAN REPUBLIC FOREIGN ASSOCIATION PICO ESCONDIDO, RUTA MOGOTE PINAR QUERNADO, JARABACOA	MISSIONARY	DR		N/A	N/A		X
(5) THE YOUNG LIFE PROPERTY CHARITABLE TRUST 420 N CASCADE AVENUE 20-7203983 COLORADO SPRINGS, CO 80903	CONTRIBUTIONS	CO	501(C)(3)	LN11 TYPE I	N/A		X
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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PAGE 57

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) -----											
(2) -----											
(3) -----											
(4) -----											
(5) -----											
(6) -----											
(7) -----											

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 3E MINISTRY RESOURCES, INC. 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	YL MERCHANDIS	CO	N/A	C CORP	62,506.	36,541.	100.0000
(2) MALIBU YACHT CHARTERS 6545 MAPLE RD VON LINDEN, BRITISH COLUMBIA CA	TRANSPORTATION	CA	N/A	CANADIAN CORP	411,586.	818,238.	100.0000
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Schedule R (Form 990) 2011

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	YOUNG LIFE FOUNDATION	B	2,243,665.	CASH TRNSFRD
(2)	YOUNG LIFE FOUNDATION	C	10,888,006.	CASH TRNSFRD
(3)	YOUNG LIFE FOUNDATION	M & N	144,991.	ACTUAL VALUE
(4)	3E MINISTRIES	D	153,088.	LOAN AMOUNT
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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## RENT AND ROYALTY INCOME

<b>Taxpayer's Name</b> YOUNG LIFE	<b>Identifying Number</b> 84-0385934
--------------------------------------	---

DESCRIPTION OF PROPERTY		
540 N. CASCADE		
Yes	No	Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:	
REAL RENTAL INCOME	
OTHER INCOME:	
RENTAL INCOME	305,202.

TOTAL GROSS INCOME . . . . .	305,202.
------------------------------	----------

[illegible]

DEPRECIATION (SHOWN BELOW) . . . . .	72,073.	
--------------------------------------	---------	--

LESS: Beneficiary's Portion . . . . .		
---------------------------------------	--	--

AMORTIZATION		

LESS: Beneficiary's Portion . . . . .		

DEPLETION . . . . .		
1999-2000		

LESS: Beneficiary's Portion . . . . .		
TOTAL EXPENSES		199,451

TOTAL RENT OR ROYALTY INCOME (LOSS)	105,751.
-------------------------------------	----------

Less Amount to

Rent or Royalty .....Depreciation .....Depletion .....Investment Interest Expense . . . . . \_\_\_\_\_

Other Expenses . . . . .

Net income (Loss) to Others	
Net Rent or Royalty Income (Loss)	105,751

Net Rent or Royalty Income (Loss)	100/101
Deductible Rental Loss (if Applicable)	

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

## OTHER INCOME

RENTAL INCOME

305,202.305,202.

## OTHER DEDUCTIONS

INSURANCE

6,227.

MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS

47,950.

REPAIRS

4,710.

SUPPLIES

1,282.

TAXES

8,767.

UTILITIES

25,506.

CONTRACTED SERVICES

32,936.127,378.

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
540 N. CASCADE	305,202.	72,073.	127,378.	105,751.
TOTALS	<u>305,202.</u>	<u>72,073.</u>	<u>127,378.</u>	<u>105,751.</u>



**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for  
Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

**2011**

Name of estate or trust

YOUNG LIFE

Employer identification number

84-0385934

**Note:** Form 5227 filers need to complete only Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet	4	( )
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back	5	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-450,748.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet	11	( )
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back	12	-450,748.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		-450,748.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		-450,748.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

<b>Part IV Capital Loss Limitation</b>	
<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000
<b>16</b>	( 3,000.)

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>	
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 29 by 15% (.15) . . . . .	<b>30</b>	
<b>31</b>	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>	
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>	
<b>33</b>	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>	
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>	

Schedule D (Form 1041) 2011

Employer identification number

84-0385934

[illegible]

<b>6b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .	-450,748.
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**Part III** Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A FIXED ASSETS.		VAR	VAR
B			
C			
D			

  

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20 154,632.			
21	Cost or other basis plus expense of sale	21 19,623.			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23 19,623.			
24	Total gain. Subtract line 23 from line 20	24 135,009.			
<b>25 If section 1245 property:</b>					
	a Depreciation allowed or allowable from line 22	25a			
	b Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
	a Additional depreciation after 1975 (see instructions)	26a			
	b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
	c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
	d Additional depreciation after 1969 and before 1976	26d			
	e Enter the smaller of line 26c or 26d	26e			
	f Section 291 amount (corporations only)	26f			
	g Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
	a Soil, water, and land clearing expenses	27a			
	b Line 27a multiplied by applicable percentage (see instructions)	27b			
	c Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
	a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a			
	b Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
	a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
	b Enter the smaller of line 24 or 29a (see instructions)	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	135,009.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	135,009.

**Part IV** Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form 4797 (2011)