

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning** 10/01, 2010, and ending 09/30, 2011**B Check if applicable**

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	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 \$ 257,957,121.**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.YOUNGLIFE.ORG**K Form of organization.**☒

Corporation

☐

Trust

☐

Association

☐

Other ▶

L Year of formation

1941

M State of legal domicile

TX

Part I Summary**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 ☐ 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.

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5

3,965.

6 Total number of volunteers (estimate if necessary)

6

36,539.

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7a

31,520.

b Net unrelated business taxable income from Form 990-T, line 34

7b

-91,255.

8 Contributions and grants (Part VIII, line 1h)

Prior Year

172,299,652.

Current Year

185,369,337.

9 Program service revenue (Part VIII, line 2g)

48,735,889.

53,048,116.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

-82,634.

-459,222.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-750,943.

-797,883.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

220,201,964.

237,160,348.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

4,876,373.

4,199,698.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0.

0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

123,453,956.

128,330,551.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0.

0.

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,427,281.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

74,871,929.

80,226,271.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

203,202,258.

212,756,520.

19 Revenue less expenses Subtract line 18 from line 12

16,999,706.

24,403,828.

20 Total assets (Part X, line 16)

Beginning of Current Year

243,299,138.

End of Year

264,389,572.

21 Total liabilities (Part X, line 26)

20,843,380.

18,880,921.

22 Net assets or fund balances Subtract line 21 from line 20

222,455,758.

245,508,651.

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

Date 4/30/12

Type or print name and title

Dane Briggs, Treasurer

Paid
Preparer
Use Only

Print/Type preparer's name

Rita F Worster

Preparer's signature

Rita F Worster

Date

4/24/12

Check if self-employed

☐

PTIN

P00290681

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)

RECEIVED

☒

Yes

☐

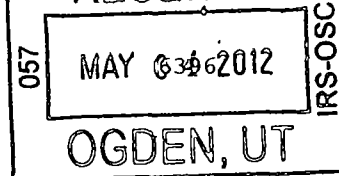
No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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12

Part III Statement of Program Service Accomplishments

Check 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 exempt purpose achievements for each of the organization's three largest program services 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 \$ 127,912,372. including grants of \$ 0.) (Revenue \$ 5,444,373.)

FIELD MINISTRY PROVIDES WEEKLY CLUB MEETINGS AND SMALL GROUP BIBLE STUDIES AROUND THE WORLD WITH THE ASSISTANCE OF 36,539 ACTIVE VOLUNTEER LEADERS AND COMMUNITY ADVISORS. YOUNG LIFE MINISTERED TO 1,196,159 MILLION MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE STUDENTS THIS YEAR.

4b (Code _____) (Expenses \$ 54,881,618. including grants of \$ 0.) (Revenue \$ 48,050,090.)

WEEK-LONG SUMMER CAMPS AND SCHOOL SEASON WEEKEND CAMPS AND ACTIVITIES ARE OFFERED TO STUDENTS EACH YEAR. YOUNG LIFE OWNS TWENTY-TWO OPERATING CAMPS AND TWO DEVELOPING CAMPS. A TOTAL OF 327,348 CAMPERS AND GUESTS WERE SERVED.

4c (Code _____) (Expenses \$ 4,199,698. including grants of \$ 4,199,698.) (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 ► 186,993,688.

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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 term, permanent, 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
12 a 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
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	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? If "Yes," complete Schedule I, Parts I and III.		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		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? If "Yes," complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		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? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		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? If "Yes," complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2010)

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	915
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	3,965
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
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: SEE SCHEDULE O 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	
7 Organizations that may receive deductible contributions under section 170(c).		
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
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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	
9 Sponsoring organizations maintaining donor advised funds.		
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	
10 Section 501(c)(7) organizations. 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	
11 Section 501(c)(12) organizations. 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	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
14a 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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 28		
b Enter the number of voting members included in line 1a, above, who are independent 1b 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a	X	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	X	
13 Does the organization have a written whistleblower policy? 13	X	
14 Does the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

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 (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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 ContractorsCheck 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 (check all that apply)						(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			
(1) DENNIS RYDBERG PRESIDENT/CEO	40.00	X		X				370,333.	0	45,268.
(2) SUE BERE DIRECTOR	1.00	X						0.	0	0.
(3) MALCOLM BRIGGS DIRECTOR	1.00	X						0.	0	0.
(4) FRANCIS CASH DIRECTOR	1.00	X						0.	0	0.
(5) JERRY COLANGELO DIRECTOR	1.00	X						0.	0	0.
(6) CAROL EATON DIRECTOR	1.00	X						0.	0	0.
(7) L BROOKS ENTWISTLE DIRECTOR	1.00	X						0.	0	0.
(8) HUGH GREENE DIRECTOR	1.00	X						0.	0	0.
(9) BRUCE HOSFORD DIRECTOR	1.00	X						0.	0	0.
(10) JOHN HUMMEL DIRECTOR	1.00	X						0.	0	0.
(11) MOYO KAMGAING DIRECTOR	1.00	X						0.	0	0.
(12) DR KEVIN MCVANEY MD DIRECTOR	1.00	X						0.	0	0.
(13) CURTIS B MCWILLIAMS BOARD CHAIR, DIRECTOR	1.00	X						0.	0	0.
(14) SUSAN PETERSON DIRECTOR	1.00	X						0.	0	0.
(15) JEFF POPE DIRECTOR	1.00	X						0.	0	0.
(16) BOONE POWELL JR 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 (check all that apply)						(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			
(17) MARK RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(18) ROBERT B ROWLING DIRECTOR	1.00	X						0.	0.	0.
(19) MICHAEL STAIN DIRECTOR	1.00	X						0.	0.	0.
(20) W ROBERT STOVER DIRECTOR	1.00	X						0.	0.	0.
(21) TOM THOMAS DIRECTOR	1.00	X						0.	0.	0.
(22) PAUL S TRIBLE JR DIRECTOR	1.00	X						0.	0.	0.
(23) PHYLLIS WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN BRANDON DIRECTOR	1.00	X						0.	0.	0.
(25) BERTO GUERRA DIRECTOR	1.00	X						0.	0.	0.
(26) SUSAN HUTCHISON VICE CHAIR, DIRECTOR	1.00	X						0.	0.	0.
(27) MARK ZORADI DIRECTOR	1.00	X						0.	0.	0.
(28) NEWT CRENSHAW DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								370,333.	0.	45,268.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 3								1,320,242.	0.	323,526.
d Total (add lines 1b and 1c)								1,690,575.	0.	368,794.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **46**

- 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

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.

(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 **26**

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	568,822.			
	b	Membership dues	1b				
	c	Fundraising events	1c	18,666,543.			
	d	Related organizations	1d	19,333,414.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	146,800,558.			
	g	Noncash contributions included in lines 1a-1f \$		4,181,168.			
	h	Total. Add lines 1a-1f		185,369,337.			
Program Service Revenue	2a	CAMP FEES & OTHER OPERATING REVENUE	Business Code	900099	46,880,288.	46,880,288.	
	b	FIELD MINISTRY		900099	5,221,200.	5,221,200.	
	c	CAMP EMPLOYEE RENT PAYMENTS		531110	946,628.	946,628.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		53,048,116.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5		117,032.		203.
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross Rents	(i) Real	328,466.			
b		Less rental expenses	(ii) Personal	209,033			
c		Rental income or (loss)		119,433			
d		Net rental income or (loss)		119,433.		-13,506.	132,939.
7a		Gross amount from sales of assets other than inventory	(i) Securities	8,753,965.			
b		Less cost or other basis and sales expenses	(ii) Other	773,255.			
c		Gain or (loss)		8,591,564.		1,511,910	
d		Net gain or (loss)		162,401		-738,655.	
8a		Gross income from fundraising events (not including \$ 18,666,543. of contributions reported on line 1c) See Part IV, line 18	ATCH 6	4,187,105.			
b		Less direct expenses		8,036,189			
c		Net income or (loss) from fundraising events	ATCH 7	-3,849,084.			-3,849,084.
9a		Gross income from gaming activities See Part IV, line 19		38,779			
b		Less direct expenses		13,779.			
c		Net income or (loss) from gaming activities	ATCH 8	25,000.			
10a		Gross sales of inventory, less returns and allowances		4,874,896.			
b	Less cost of goods sold		2,434,298.				
c	Net income or (loss) from sales of inventory	ATCH 9	2,440,598.			2,440,598.	
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE		900099	466,170.	421,347.	44,823.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		466,170.				
12	Total revenue. See instructions		237,160,348.	53,469,463.	31,520.	-1,734,972.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.	(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 U.S. See Part IV, line 21 . . .	2,472,811.	2,472,811.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,726,887.	1,726,887.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,179,687.	1,019,779.	123,514.	36,394.
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	86,995,675.	75,203,337.	9,108,484.	2,683,854.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,044,701.	6,089,786.	737,583.	217,332.
9 Other employee benefits	26,117,190.	22,576,982.	2,734,482.	805,726.
10 Payroll taxes	6,993,298.	6,045,351.	732,201.	215,746.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	264,558.	176,523.	63,715.	24,320.
c Accounting	89,181.	59,505.	21,478.	8,198.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	2,738,463.	1,827,204.	659,519.	251,740.
12 Advertising and promotion	453,989.	42,951.	92,165.	318,873.
13 Office expenses	6,901,965.	6,742,551.	159,414.	0.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	16,427,828.	14,307,082.	1,922,257.	198,489.
17 Travel	8,618,159.	6,221,705.	2,126,933.	269,521.
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	13,094,372.	12,299,271.	738,730.	56,371.
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CLUB & CAMPING	29,618,670.	29,344,082.	219,542.	55,046.
b TRAINING	752,031.	493,940.	199,249.	58,842.
c OTHER - <5% OF TOTAL	1,267,055.	343,941.	696,285.	226,829.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	212,756,520.	186,993,688.	20,335,551.	5,427,281.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	31,894.	1	32,660.
	2 Savings and temporary cash investments	31,509,303.	2	44,129,407.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	934,385.	4	645,113.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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)		6	
	7 Notes and loans receivable, net	245,637.	7	134,895.
	8 Inventories for sale or use	1,052,289.	8	1,115,117.
	9 Prepaid expenses and deferred charges	2,065,243.	9	1,335,620.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 329,396,790.			
	b Less: accumulated depreciation 10b 124,561,468.	195,273,458.	10c	204,835,322.
	11 Investments - publicly traded securities ATCH 10	3,226,430.	11	3,030,400.
	12 Investments - other securities. See Part IV, line 11	8,343,494.	12	8,108,804.
	13 Investments - program-related. See Part IV, line 11	614,141.	13	614,141.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,864.	15	408,093.
16 Total assets. Add lines 1 through 15 (must equal line 34)	243,299,138.	16	264,389,572.	
Liabilities	17 Accounts payable and accrued expenses	17,530,182.	17	16,062,087.
	18 Grants payable		18	
	19 Deferred revenue	84,458.	19	84,915.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties ATCH 11	2,552,547.	23	2,448,668.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	676,193.	25	285,251.
	26 Total liabilities. Add lines 17 through 25	20,843,380.	26	18,880,921.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	219,343,225.	27	238,789,890.
	28 Temporarily restricted net assets	3,112,533.	28	6,718,761.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	222,455,758.	33	245,508,651.
	34 Total liabilities and net assets/fund balances	243,299,138.	34	264,389,572.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck 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	237,160,348.
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,756,520.
3	Revenue less expenses Subtract line 2 from line 1	3	24,403,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,455,758.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,350,935.
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	245,508,651.

Part XII Financial Statements and ReportingCheck 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** (2010)

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

2010

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)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total. 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test - 2009. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2010. 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 stop here. 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 10%-facts-and-circumstances test - 2009. 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 stop here. 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 Private foundation. 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"/>		

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total. 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 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010.** 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 stop here. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3 % support tests - 2009.** 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 stop here. The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 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 ▶ \$

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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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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 XI V 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 XI V.

Part V Endowment Funds. Complete if 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	3,112,533.	6,138,530.	392,450.		
b Contributions	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	25,299,185	30,668,933.	17,890,758.		
f Administrative expenses					
g End of year balance	6,718,761.	3,112,533.	6,138,530.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 0.0000 %
 b Permanent endowment ▶ 0.0000 %
 c Term endowment ▶ 100.0000 %

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

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

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

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 investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,083,062.		22,083,062.
b Buildings		208,947,134.	68,514,137.	140,432,998.
c Leasehold improvements		1,510,834.	977,292.	533,542.
d Equipment		27,039,430.	22,921,823.	4,117,606.
e Other		69,816,331.	32,148,217.	37,668,114.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				204,835,322.

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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) Amount
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	28,823.
(3) CUSTODIAL FUNDS	86,850.
(4) DUE FROM AFFILIATES	169,578.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	285,251.

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	237,160,348.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	212,756,520.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	24,403,828.
4	Net unrealized gains (losses) on investments	4	33,590.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,755,854.
9	Total adjustments (net). Add lines 4 through 8	9	-1,722,264.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	22,681,564.

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	248,251,840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	33,590.
b	Donated services and use of facilities	2b	370,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	10,687,902.
e	Add lines 2a through 2d	2e	11,091,492.
3	Subtract line 2e from line 1	3	237,160,348.
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	237,160,348.

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

1	Total expenses and losses per audited financial statements	1	225,570,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	370,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	12,443,756.
e	Add lines 2a through 2d	2e	12,813,756.
3	Subtract line 2e from line 1	3	212,756,520.
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	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	212,756,520.

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 XII, LINE 2D

OTHER REVENUE ON BOOKS NOT ON RETURN

SPECIAL EVENT EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE 8,036,189

RENTAL EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE 209,033

COGS EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE 2,434,298

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 8,382

TOTAL OTHER REVENUE ON BOOKS NOT ON RETURN 10,687,902

PART XIII, LINE 2D

OTHER EXPENSE ON BOOKS NOT ON RETURN

SPECIAL EVENT EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE 8,036,189

RENTAL EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE 209,033

COGS EXPENSE RECLASSIFIED FROM EXPENSE

& NETTED AGAINST REVENUE 2,434,298

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Part XIV Supplemental Information (continued)

INTERCOMPANY ELIMINATION 1,764,236

TOTAL OTHER EXPENSE ON BOOKS NOT ON RETURN 12,443,756

PART XI, LINE 8

OTHER CHANGES TO NET ASSETS

INTERCOMPANY ELIMINATION (1,764,236)

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 8,382

TOTAL CHANGES TO NET ASSETS (1,755,854)

FIN 48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**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 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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		348,311.
(3) SOUTH AMERICA			GRANTMAKING		137,021.
(4) EUROPE			GRANTMAKING		502,086.
(5) SUB-SAHARAN AFRICA			GRANTMAKING		124,187
(6) EAST ASIA AND THE PACIFIC			GRANTMAKING		533,211.
(7) SOUTH ASIA			GRANTMAKING		121,013
(8) RUSSIA/INDEPENDENT STATES			GRANTMAKING		298,403.
(9) NORTH AMERICA	0	2.	PROGRAM SERVICES	FIELD MINISTRY	17,701.
(10) CENTRAL AMERICA/CARIBBEAN	0.	85	PROGRAM SERVICES	FIELD MINISTRY	1,016,902.
(11) SOUTH AMERICA	0	47.	PROGRAM SERVICES	FIELD MINISTRY	151,874.
(12) EUROPE	0	146.	PROGRAM SERVICES	FIELD MINISTRY	74,721.
(13) SUB-SAHARAN AFRICA	0.	74	PROGRAM SERVICES	FIELD MINISTRY	930,617.
(14) EAST ASIA AND THE PACIFIC	0.	84.	PROGRAM SERVICES	FIELD MINISTRY	92,032.
(15) SOUTH ASIA	0.	10.	PROGRAM SERVICES	FIELD MINISTRY	6,927.
(16) RUSSIA/INDEPENDENT STATES	0.	45	PROGRAM SERVICES	FIELD MINISTRY	467,963.
(17) CENTRAL AMERICA/CARIBBEAN			FUNDRAISING		0.
3a Sub-total	0.	493.			4,825,969.
b Total from continuation sheets to Part I					8,410,529.
c Totals (add lines 3a and 3b)	0.	493.			13,236,498.

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Schedule F (Form 990) 2010

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2010

**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 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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) EAST ASIA AND THE PACIFIC			FUNDRAISING		0.
(2) EUROPE			FUNDRAISING		0.
(3) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		7,881,535.
(4) NORTH AMERICA			INVESTMENTS		528,994.
(5)					
(6)					
(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)					

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Schedule F (Form 990) 2010

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	5,953	WIRE TSF			
(2)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	74,022	WIRE TSF			
(3)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	7,176	WIRE TSF			
(4)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	168,844	WIRE TSF			
(5)			CENT. AMERICA/CARIBBEAN	YOUTH MINISTRY	15,000	WIRE TSF			
(6)			SOUTH AMERICA	YOUTH MINISTRY	27,506	WIRE TSF			
(7)			SOUTH AMERICA	YOUTH MINISTRY	9,240	WIRE TSF			
(8)			SOUTH AMERICA	YOUTH MINISTRY	5,200	WIRE TSF			
(9)			SOUTH AMERICA	YOUTH MINISTRY	38,260	WIRE TSF			
(10)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	13,600	WIRE TSF			
(11)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	13,500	WIRE TSF			
(12)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	10,200	WIRE TSF			
(13)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	5,556	WIRE TSF			
(14)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	80,000	WIRE TSF			
(15)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	6,026	WIRE TSF			
(16)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	85,000	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

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	10,418.	WIRE TSF			
(2)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	15,723.	WIRE TSF			
(3)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	64,500	WIRE TSF			
(4)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	10,000	WIRE TSF			
(5)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	77,758.	WIRE TSF			
(6)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	34,085	WIRE TSF			
(7)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	18,300	WIRE TSF			
(8)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	5,777	WIRE TSF			
(9)			EUROPE/ICELAND/GREENLAND	YOUTH MINISTRY	33,800	WIRE TSF			
(10)			SUB-SAHARAN AFRICA	YOUTH MINISTRY	17,800.	WIRE TSF			
(11)			SUB-SAHARAN AFRICA	YOUTH MINISTRY	14,053.	WIRE TSF			
(12)			SUB-SAHARAN AFRICA	YOUTH MINISTRY	13,153	WIRE TSF			
(13)			EAST ASIA/PACIFIC	YOUTH MINISTRY	15,650	WIRE TSF			
(14)			EAST ASIA/PACIFIC	YOUTH MINISTRY	89,292	WIRE TSF			
(15)			EAST ASIA/PACIFIC	YOUTH MINISTRY	60,904.	WIRE TSF			
(16)			EAST ASIA/PACIFIC	YOUTH MINISTRY	130,000	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

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	75,000	WIRE TSF			
(2)			EAST ASIA/PACIFIC	YOUTH MINISTRY	20,000	WIRE TSF			
(3)			EAST ASIA/PACIFIC	YOUTH MINISTRY	90,250	WIRE TSF			
(4)			SOUTH ASIA	YOUTH MINISTRY	64,000	WIRE TSF			
(5)			SOUTH ASIA	YOUTH MINISTRY	18,000	WIRE TSF			
(6)			SOUTH ASIA	YOUTH MINISTRY	14,000	WIRE TSF			
(7)			SOUTH ASIA	YOUTH MINISTRY	16,690	WIRE TSF			
(8)			RUSSIA	YOUTH MINISTRY	43,700	WIRE TSF			
(9)			RUSSIA	YOUTH MINISTRY	53,000	WIRE TSF			
(10)			RUSSIA	YOUTH MINISTRY	34,440	WIRE TSF			
(11)			RUSSIA	YOUTH MINISTRY	20,234	WIRE TSF			
(12)									
(13)									
(14)									
(15)									
(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 grantees or counsel has provided a section 501(c)(3) equivalency letter **43.**3 Enter total number of other organizations or entities **0.**

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	102	77,316	WIRE TSR			
(3) TUITION, ROOM & BOARD	SOUTH AMERICA	21	49,035	WIRE TSF			
(4) TUITION, ROOM & BOARD	EUROPE/ICELAND/GREENLAND	8	14,343	WIRE TSF			
(5) TUITION, ROOM & BOARD	SUB-SAHARAN AFRICA	52	76,513	WIRE TSF			
(6) TUITION, ROOM & BOARD	EAST ASIA/PACIFIC	32	46,024	WIRE TSF			
(7) TUITION, ROOM & BOARD	SOUTH ASIA	9	8,323	WIRE TSF			
(8) TUITION, ROOM & BOARD	RUSSIA	66	147,029	WIRE TSF			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

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, 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) 2010

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); 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); 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

7,863,937

EXPENDITURES

17,598

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 DISPENSES 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

2010

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 BANQUET (event type)	(b) Event #2 GOLF (event type)	(c) Other Events 20 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,701,133.	6,237,637.	2,914,878.	22,853,648.
	2 Less: Charitable contributions	13,592,098.	5,074,445.	0.	18,666,543.
	3 Gross income (line 1 minus line 2)	109,035.	1,163,192.	2,914,878.	4,187,105.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,272,894.	2,398,518.	2,364,777.	8,036,189.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(8,036,189.)
	11 Net income summary. Combine line 3, column (d), and line 10				-3,849,084.

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			38,779.	38,779.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			13,779.	13,779.
	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 checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(13,779.)
	8 Net gaming income summary. Combine line 1, column d, and line 7				25,000.

9 Enter the state(s) in which the organization operates gaming activities: TX,

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

b If "No," explain

LICENSES ARE NOT REQUIRED TO OPERATE GAMING IN THE STATE OF TEXAS.

10 a 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:
- | | | |
|-------------------------------|-----|------------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.0000 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ DAVE BRIGGS

Address ▶ 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903

- 15 a 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 ▶ NICK MANOS

Gaming manager compensation ▶ \$ _____ 0.

Description of services provided ▶ OVERSIGHT AS NEEDED

☒ 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.

Department of the Treasury
Internal Revenue Service
Name of the organization
YOUNG LIFE

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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 AVENUE	84-6041371	501 (C) (3)	2,290,918				INVESTMENT WITH SUPPORT ORGANIZATION
(2)	YOUTH FOR CHRIST P.O. BOX 4478 ENGLEWOOD, CO 80155	36-2193619	501 (C) (3)	6,000				SUPPORT FOR ORGANIZATION
(3)	SUNSHINE GOSPEL MINISTRIES 500 E 61ST ST CHICAGO, IL 60637	36-2317631	501 (C) (3)	6,000				SUPPORT FOR ORGANIZATION
(4)	AMERICAN MISSIONARY FELLOWSHIP P.O. BOX 370 VILLANOVA, PA 19085	23-1381400	501 (C) (3)	28,800				SUPPORT FOR ORGANIZATION
(5)	KENDRICK MINISTRIES P.O. BOX 4 LAUREL, MS 39441	31-1522478	501 (C) (3)	7,176				SUPPORT FOR ORGANIZATION
(6)	PARTNERS IN DEVELOPMENT WORLDWIDE 714 E 34TH LUBBOCK, TX 79404	83-0445824	501 (C) (3)	75,000				SUPPORT FOR ORGANIZATION
(7)	ARMENIAN GOSPEL MISSION P.O. BOX 5727 PASADENA, CA 91117	23-7089113	501 (C) (3)	40,900				SUPPORT FOR ORGANIZATION
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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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

2010

**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

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<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 from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) 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?

b Any related organization?

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?

b Any related organization?

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2010

84-0385934

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DENNIS RYDBERG	(i) 186,946. (ii) 0.	76,725. 0.	106,662. 0.	25,042. 0.	20,226. 0.	415,601. 0.	0. 0.
2 GREG KINBERG	(i) 97,853. (ii) 0.	15,568. 0.	35,837. 0.	14,027. 0.	15,400. 0.	178,685. 0.	0. 0.
3 TY SALTZGIVER	(i) 99,994. (ii) 0.	0. 0.	54,580. 0.	14,805. 0.	23,331. 0.	192,710. 0.	0. 0.
4 W LEE CORDER JR	(i) 88,765. (ii) 0.	0. 0.	53,806. 0.	13,209. 0.	19,295. 0.	175,075. 0.	0. 0.
5 CLIFTON DAVIDSON	(i) 51,820. (ii) 0.	0. 0.	107,200. 0.	11,611. 0.	16,204. 0.	186,835. 0.	0. 0.
6 GARY PARSONS	(i) 90,766. (ii) 0.	0. 0.	52,650. 0.	12,281. 0.	19,805. 0.	175,502. 0.	0. 0.
7 DAVID MARTIN	(i) 75,697. (ii) 0.	0. 0.	73,056. 0.	10,846. 0.	10,346. 0.	169,945. 0.	0. 0.
8	(i) (ii)	 	 	 	 	 	
9	(i) (ii)	 	 	 	 	 	
10	(i) (ii)	 	 	 	 	 	
11	(i) (ii)	 	 	 	 	 	
12	(i) (ii)	 	 	 	 	 	
13	(i) (ii)	 	 	 	 	 	
14	(i) (ii)	 	 	 	 	 	
15	(i) (ii)	 	 	 	 	 	
16	(i) (ii)	 	 	 	 	 	

Schedule J (Form 990) 2010

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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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.

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."

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HOUSING ALLOWANCES ARE AVAILABLE TO ALL ORDAINED STAFF PERFORMING

SACERDOTAL FUNCTIONS.

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 2010 WAS 35,000. NO PAYMENTS
WERE MADE OUT OF THE PLAN.

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**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

2010

**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	X	1.	10,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	16.	126,171.	FMV
7 Boats and planes	X	1.	25,000.	FMV
8 Intellectual property				
9 Securities - Publicly traded	X	592.	3,238,669.	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	1.	750,000.	FMV PER APPRAISAL
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	9.	9,000.	FMV
26 Other ► (MISC)	X	4.	22,328.	FMV
27 Other ► ()				
28 Other ► ()				

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.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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?		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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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) (2010)

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 REPRESENT 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

2010

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

SINGAPORE

GUATEMALA

PARAGUAY

MALAWI

CZECH REPUBLIC

CHILE

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.

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

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

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.

PART XI, LINE 5

OTHER CHANGES IN NET ASSETS

INTERCOMPANY ELIMINATION

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

(1,764,236)

FOREIGN CURRENCY CHANGES

371,329

UNREALIZED GAIN

33,590

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

8,382

TOTAL CHANGES IN NET ASSETS

(1,350,935)

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, INTERNATIONAL 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

Employer identification number

YOUNG LIFE

84-0385934

ATTACHMENT 3PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL.	(F) OTHER
29 KERRY ALBERTI CFO	20.00			X				80,123.	0.	22,640.
30 GREG KINBERG COO	40.00			X				149,258.	0.	29,427.
31 PAUL SHERRILL VICE PRESIDENT/SECRETARY	40.00			X				111,535.	0.	34,657.
32 DAVE BRIGGS TREASURER	40.00			X				87,958.	0.	32,604.
33 BRYAN KLOTZ ASST. TREASURER	40.00			X				93,632.	0.	29,827.
34 JANIS MORTON ASST. SECRETARY	40.00			X				49,402.	0.	22,638.
35 TY SALTZGIVER SR. VICE PRESIDENT	40.00					X		154,574.	0.	38,136.
36 W LEE CORDER JR SR. VICE PRESIDENT	40.00					X		142,571.	0.	32,504.
37 CLIFTON DAVIDSON REGIONAL DIRECTOR	40.00					X		159,020.	0.	27,815.
38 GARY PARSONS REGIONAL DIRECTOR	40.00					X		143,416.	0.	32,086.
39 DAVID MARTIN REGIONAL DIRECTOR	40.00					X		148,753.	0.	21,192.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SUNWEST BUILDERS PO BOX 489 REMOND, OR 97756	CONSTRUCTION	9,584,705.
HIGH POINT TRAVEL, INC. 10440 N CENTRAL EXPWY, STE 122 DALLAS, TX 75231	TRAVEL AGENCY	374,521.
TAYLOR NORTHWEST, LLC PO BOX 6714 BEND, OR 97708	CONSTRUCTION	1,132,627.
AMUSEMENT PRODUCTS, LLC 5594 BRAINERD RD	CONSTRUCTION	341,537.

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHATTANOOGA, TN 37421		
TOMLINSON & SONS	CONSTRUCTION	303,830.
PO BOX 1763		
DETROIT LAKES, MN 56502		
TOTAL COMPENSATION		<u>11,737,220.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	117,032.		203.	116,829.
TOTALS	<u>117,032.</u>		<u>203.</u>	<u>116,829.</u>

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANQUET	13,592,098.
GOLF	5,074,445.
MISC EVENTS	0.
TOTAL	<u>18,666,543.</u>

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

ATTACHMENT 7FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
BANQUET	109,035.	3,272,894.	-3,163,859.
GOLF	1,163,192.	2,398,518.	-1,235,326.
MISC EVENTS	2,914,878.	2,364,777.	550,101.
TOTALS	<u>4,187,105.</u>	<u>8,036,189.</u>	<u>-3,849,084.</u>

ATTACHMENT 8FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
RAFFLE	38,779.	13,779.	25,000.
TOTALS	<u>38,779.</u>	<u>13,779.</u>	<u>25,000.</u>

ATTACHMENT 9FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	4,874,896.
INVENTORY AT BEGINNING OF YEAR	1,052,289.
PURCHASES	2,497,126.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>3,549,415.</u>
MINUS ENDING INVENTORY	1,115,117.
COST OF GOODS SOLD	<u>2,434,298.</u>

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

ATTACHMENT 10FORM 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	2,986,000.	2,791,000.	FMV
MERRILL LYNCH INVESTMENT	240,430.	239,400.	FMV
TOTALS	<u>3,226,430.</u>	<u>3,030,400.</u>	

ATTACHMENT 11FORM 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: 05/01/2025

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	2,552,547.
ENDING BALANCE DUE	<u>2,448,668.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>2,552,547.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>2,448,668.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG LIFE

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

84-0385934

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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 27-3872878 COLORADO SPRINGS, CO 80903	HOLDING CO	CO	-213.	35,000.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on 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 1NO EGMONT, BC CA	SUPPORT ORG	CA	N/A	N/A	N/A		X
(3) YOUNG LIFE COSTA RICA YLCR ANONYMOUS INGEAM, ALVASA BUILD 1ST FLOOR TOURON, SAN JOSE CS	MISSIONARY	CS	N/A	N/A	N/A		X
(4) DOMINICAN REPUBLIC FOREIGN ASSOCIATION PICO ESCONDIDO, RUTA MCGOTE PINAR QUERMADO, JARRABACOA	MISSIONARY	DR	N/A	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 1	N/A		X
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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Part III Identification of Related Organizations Taxable as a Partnership(Complete if the organization answered "Yes" on 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		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" on 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 MERCHANDISE	CO	N/A	C CORP	37,663	37,338.	100.0000
(2) MALIBU YACHT CHARTERS 6545 MAPLE RD VON 1NO EGMONT, BRITISH COLUMBIA CA	TRANSPORTATION	CA	N/A	CANADIAN CORP	443,473	320,772.	100.0000
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Schedule R (Form 990) 2010

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Sale of assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Purchase of assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Exchange of assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 (e-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	YOUNG LIFE FOUNDATION	B	2,290,918.	CASH TRANSFER
(2)	YOUNG LIFE FOUNDATION	C	19,333,414.	CASH TRANSFER
(3)	YOUNG LIFE FOUNDATION	M & N	146,687.	ACTUAL VALUE
(4)	3E MINISTRIES	D	162,801.	LOAN AMOUNT
(5)	MALIBU YACHT CHARTERS	A	66,000.	CASH PAID
(6)				

Schedule R (Form 990) 2010

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			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).

RENT AND ROYALTY INCOME

Taxpayer's Name YOUNG LIFE		Identifying Number 84-0385934	
DESCRIPTION OF PROPERTY 540 N. CASCADE			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Did you actively participate in the operation of the activity during the tax year?
REAL RENTAL INCOME			
OTHER INCOME			
RENTAL INCOME		328,466.	
TOTAL GROSS INCOME			328,466.
OTHER EXPENSES:			
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)		71,788.	
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			209,033.
TOTAL RENT OR ROYALTY INCOME (LOSS)			119,433.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			119,433.
Deductible Rental Loss (if Applicable)			

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

328,466.328,466.

OTHER DEDUCTIONS

INSURANCE

5,916.

MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS

51,010.

REPAIRS

7,702.

SUPPLIES

1,630.

TAXES

9,907.

UTILITIES

24,652.

CONTRACTED SERVICES

36,428.137,245.

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	328,466.	71,788.	137,245.	119,433.
TOTALS	<u>328,466.</u>	<u>71,788.</u>	<u>137,245.</u>	<u>119,433.</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

2010

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 2009 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

162,401.

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 2009 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

162,401.

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

Schedule D (Form 1041) 2010

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Part III Summary of Parts I and II**Caution: Read the instructions before completing this part.**

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		162,401.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		162,401.

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** necessary.

Part IV Capital Loss Limitation

16	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	16	()
-----------	---	-----------	-----

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** on page 7 of 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 worksheet on page 8 of 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 worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	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)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)	30		
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2010

Employer identification number

84-0385934

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

[illegible]

Schedule D-1 (Form 1041) 2010

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

Name(s) shown on return

Identifying number

YOUNG LIFE

84-0385934

- 1 Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1						-738,655.

- 3 Gain, if any, from Form 4684, line 42

3

- 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

- 6 Gain, if any, from line 32, from other than casualty or theft

6

- 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

7

-738,655.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

- 8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

- 9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

9

Part II Ordinary Gains and Losses(see instructions)

- 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

- 11 Loss, if any, from line 7

11

(738,655.)

- 12 Gain, if any, from line 7 or amount from line 8, if applicable

12

- 13 Gain, if any, from line 31

13

- 14 Net gain or (loss) from Form 4684, lines 34 and 41a

14

- 15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

- 17 Combine lines 10 through 16

17

-738,655.

- 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below:

- a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a." See instructions

18a

- b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

18b

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2010)

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			
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			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis Subtract line 22 from line 21	23			
24	Total gain Subtract line 23 from line 20	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26	If section 1250 property: 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			
27	If section 1252 property: 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 cleaning expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
28	If section 1254 property:				
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			
29	If section 1255 property:				
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	
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 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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 (2010)

ATTACHMENT 1
84-0385934

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0X258 1 000
SZ8286 5974 4/24/2012 12:21:09 P 6396

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization YOUNG LIFE	Employer identification number 84-0385934
	Number, street, and room or suite no. If a P.O. box, see instructions. 420 N CASCADE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80903	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **YOUNG LIFE**

Telephone No. ► **719 381-1800**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ☐ calendar year 20 _____ or
 - ☒ tax year beginning **10/01**, 20 **10**, and ending **09/30**, 20 **11**.
- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)