

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

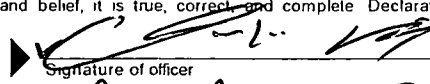
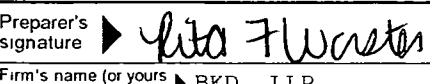
2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning <u>10/01, 2008</u> , and ending <u>09/30, 2009</u>		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>YOUNG LIFE</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>420 N CASCADE AVENUE</u> City or town state or country, and ZIP + 4 <u>COLORADO SPRINGS, CO 80903</u>	D Employer identification number <u>84-0385934</u>
	E Telephone number <u>(719) 381-1800</u>	G Gross receipts \$ <u>221,223,722.</u>
	F Name and address of principal officer <u>DENNIS I RYDBERG, CEO</u> <u>420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903</u>	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
	J Website: ▶ <u>WWW.YOUNGLIFE.ORG</u>	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation <u>1941 M State of legal domicile <u>TX</u> </u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>YOUNG LIFE IS A MINISTRY TO HELP ADOLESCENTS AROUND THE WORLD BECOME EXPOSED TO THE PERSON OF JESUS CHRIST.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>25</u>
	5	Total number of employees (Part V, line 2a)	<u>4,243</u>
	6	Total number of volunteers (estimate if necessary)	<u>30,000</u>
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)
7b		Net unrelated business taxable income from Form 990-T, line 34	<u>-283.</u>
Revenue	8	Contribution and grants (Part VIII, line 1h)	<u>164,081,928.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>45,958,648.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>464,619.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>8,428,287.</u>
	12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>218,933,482.</u>
	13	Grants and similar payments paid (Part IX, column (A), lines 1-3)	<u>3,863,961.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>122,583,723.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>
	16b	Total fundraising expenses, Part IX, column (D), line 25 ▶	<u>4,762,190.</u>
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>94,755,326.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>221,203,010.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>-2,269,528.</u>
	20	Total assets (Part X line 16)	<u>236,546,613.</u>
Net Assets or Fund Balances	21	Total liabilities (Part X line 26)	<u>18,902,376.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>217,644,237.</u>

Part II Signature Block

Sign Here	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.		
	Signature of officer 	Date <u>3/11/10</u>	
	Type or print name and title <u>Dave Briggs Treasurer</u>		
Paid Preparer's Use Only	Preparer's signature 	Date <u>3/8/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) address and ZIP + 4 <u>BKD, LLP</u> <u>111 SOUTH TEJON, SUITE 900 COLORADO SPRINGS, CO 80903-9848</u>	Preparer's identifying number (see instructions) <u>P00290681</u>	EIN <u>44-0160260</u>
		Phone no <u>719 471-4290</u>	

May the IRS discuss this return with the preparer shown above? (See instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E1010 2 000

S28286 5974 02/24/2010 14:06:30

6396

x g/b

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 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 \$ 224,030,216 including grants of \$) (Revenue \$ 5,084,216)

FIELD MINISTRY PROVIDES WEEKLY CLUB MEETINGS AND SMALL GROUP BIBLE STUDIES AROUND THE WORLD WITH THE ASSISTANCE OF 17,348 ACTIVE VOLUNTEER LEADERS. YOUNG LIFE MINISTERS TO 932,626 MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE STUDENTS EACH YEAR. THE DIFFERENCE BETWEEN THE REVENUE AND EXPENSES IS FUNDED BY CONTRIBUTIONS.

4b (Code) (Expenses \$ 51,227,456 including grants of \$) (Revenue \$ 41,654,784)

WEEK-LONG SUMMER CAMPS AND SCHOOL SEASON WEEKEND CAMPS AND ACTIVITIES ARE OFFERED TO STUDENTS EACH YEAR. YOUNG LIFE OWNS 21 OPERATING CAMPS AND THREE DEVELOPING CAMPS. A TOTAL OF 245,647 CAMPERS WERE SERVED. THE DIFFERENCE BETWEEN THE REVENUE AND EXPENSES IS FUNDED BY CONTRIBUTIONS.

4c (Code) (Expenses \$ 4,004,296 including grants of \$ 4,804,286) (Revenue \$ NONE)

GRANTS AND ALLOCATIONS TO SIMILAR 501(C)(3) ORGANIZATIONS AND FOREIGN CHARITABLE ORGANIZATIONS WITH A SIMILAR EXEMPT PURPOSE. THE DIFFERENCE BETWEEN THE REVENUE AND EXPENSES IS FUNDED BY CONTRIBUTIONS.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$ 185,121,981. (Must equal Part IX, Line 25, column (B))

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. See Sch O		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	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 U.S.? If "Yes," complete Schedule F, Part I	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, Part II	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, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 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?		
25a 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	1,157
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,243
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 this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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 STATEMENT 2 See the instructions for exceptions and 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other 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	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	26	
1b	Enter the number of voting members that are independent	25	
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	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?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?	X	
b	Other officers or key employees of the organization?	X	
	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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE STATEMENT 3

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

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

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 the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 34

	Yes	No
3		X
4	X	
5		X

4	X	
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5	X
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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
SEE STATEMENT 4		

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	65
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Part VIII Statement of Revenue

84-0385934

				(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	534,623			
	b	Membership dues	1b				
	c	Fundraising events	1c	20,049,900			
	d	Related organizations	1d	21,301,854			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	122,884,350			
	g	Noncash contributions included in lines 1a-1f \$		1,786,993			
	h	Total. Add lines 1a-1f		164,790,727			
Program Service Revenue	2a	CAMP FEES & OTHER OPERATING REVENUE	Business Code 900099	44,135,088	44,135,088		
	b	EMPLOYEE CAMP RENT	531110	658,378	658,378		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		44,794,066			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT. 5		304,943		-16,721
4		Income from investment of tax-exempt bond proceeds		NONE			
5		Royalties		NONE			
		(i) Real	(ii) Personal				
6a		Gross Rents		320,017			
b		Less rental expenses		212,904			
c		Rental income or (loss)		117,113		-8,987	126,093
d		Net rental income or (loss)		117,113		-8,987	126,093
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses		701,870			
c		Gain or (loss)		1,309,180			
d		Net gain or (loss)		-607,310			-607,310
8a		Gross income from fundraising events (not including \$ 20,049,900 of contributions reported on line 1c) See Part IV, line 18 a	STMT. 11				
b		Less direct expenses b		3,488,961			
c		Net income or (loss) from fundraising events STMT. 12		8,050,808			
9a		Gross income from gaming activities See Part IV, line 19 a					
b		Less direct expenses b					
c		Net income or (loss) from gaming activities			NONE		
10a	Gross sales of inventory, less returns and allowances a		4,770,214				
b	Less cost of goods sold b		4,592,132				
c	Net income or (loss) from sales of inventory STMT. 13		2,176,082			2,176,082	
	Miscellaneous Revenue	Business Code					
11a	OTHER REVENUE	900099	2,042,854	1,242,234	100,620		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,042,854				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		206,656,608	46,736,300	74,610	-2,543,248	

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 VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,883,060.	2,883,060.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,921,226.	1,921,226.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,401,523.	2,949,120.	359,201.	93,202.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	87,369,345.	75,749,222.	9,226,203.	2,393,920.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	6,957,509.	6,032,160.	734,713.	190,636.
9 Other employee benefits	25,247,198.	21,889,321.	2,666,104.	691,773.
10 Payroll taxes	6,973,118.	6,045,694.	736,361.	191,063.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	178,659.	55,034.	109,498.	14,127.
c Accounting	96,650.	36,344.	42,402.	17,904.
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	2,075,370.	780,408.	910,498.	384,464.
12 Advertising and promotion	568,173.	54,131.	116,119.	397,923.
13 Office expenses	6,948,196.	6,565,216.	330,908.	52,072.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	16,352,865.	14,458,851.	1,474,328.	419,686.
17 Travel	7,707,640.	5,684,589.	1,589,455.	433,596.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	13,062,663.	12,073,773.	846,956.	141,934.
23 Insurance	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CLUB & CAMPING	27,300,575.	27,021,989.	236,485.	42,101.
b TRAINING	977,357.	482,153.	491,036.	4,168.
c INTERCOMPANY COLLECTIONS	-1,492,026.	2,546.	-770,581.	-723,991.
d OTHER - LESS THAN 5% OF TOTAL	1,597,219.	437,144.	1,142,463.	17,612.
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	210,126,320.	185,121,981.	20,242,149.	4,762,190.
26 Joint Costs Check here <input type="checkbox"/> If following SOP 98-2 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	39,017.	1	35,033.
	2 Savings and temporary cash investments	19,500,325.	2	28,291,883.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,522,405.	4	1,106,985.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net STMT- 14 .	119,395.	7	269,395.
	8 Inventories for sales or use	1,380,586.	8	1,112,507.
	9 Prepaid expenses and deferred charges	2,895,001.	9	2,104,172.
	10a Land, buildings, and equipment, cost basis 10a 303,844,450.			
	b Less accumulated depreciation. Complete Part VI of Schedule D. 10b 109,765,162.	196,273,369.	10c	194,079,288.
	11 Investments - publicly traded securities STMT- 16 .	4,677,101.	11	3,405,434.
	12 Investments - other securities. See Part IV, line 11	6,258,283.	12	5,745,150.
	13 Investments - program-related. See Part IV, line 11	881,131.	13	321,063.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	236,546,613.	16	236,470,910.	
Liabilities	17 Accounts payable and accrued expenses	16,078,706.	17	17,239,107.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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. STMT- 17 .	2,752,213.	23	2,659,404.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	71,457.	25	127,339.
	26 Total liabilities. Add lines 17 through 25	18,902,376.	26	20,024,850.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	217,251,787.	27	210,307,530.
	28 Temporarily restricted net assets	392,450.	28	6,138,530.
	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	217,644,237.	33	216,446,060.
	34 Total liabilities and net assets/fund balances	236,546,613.	34	236,470,910.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No. 1545-0047

2008

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: (Please check only one organization)

- 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). (Attach Schedule H)

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). (see instructions)

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 organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. 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"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions).

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG LIFE

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if 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	392,470				
b Contributions	23,636,938				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	17,850,758				
f Administrative expenses					
g End of year balance	6,116,510				

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

- a Board designated or quasi-endowment ► NONE %
 b Permanent endowment ► NONE %
 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 Investments - 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) Depreciation	(d) Book value
1a Land		23,143,825.		23,143,825.
b Buildings		237,930,050.	77,691,762.	160,238,288.
c Leasehold improvements		1,190,995.	699,700.	491,295.
d Equipment		38,748,867.	28,824,538.	9,924,329.
e Other		2,830,713.	2,549,162.	281,551.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				194,079,288.

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total (Column (b) should equal Form 990 Part X col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13[illegible]**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total (Column (b) should equal Form 990, Part X, col (B) line 15)	

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

(a) Description of liability	(b) Amount
Federal income taxes	
ANNUITIES PAYABLE	50,414.
CUSTODIAL FUNDS	76,925.
Total (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	127,339.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 should equal Form 990, Part I, line 12)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 should equal Form 990, Part I, line 18)		5	

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X

UNCERTAIN TAX POSITION

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF

POSITION NO. FIN 48-3, THE ORGANIZATION HAS ELECTED TO DEFER THE

EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDED SEPTEMBER 30,

2010. THE ORGANIZATION HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX

POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE

IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT

NO. 109, ACCOUNTING FOR INCOME TAXES, AND FASB STATEMENT NO. 5,

ACCOUNTING FOR CONTINGENCIES, IF ANY.

PART V, QUESTION 4

USE OF ENDOWMENT FUNDS

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

YOUNG LIFE.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
NORTH AMERICA			GRANTMAKING		25,976
CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		205,706
SOUTH AMERICA			GRANTMAKING		171,567
EUROPE			GRANTMAKING		520,389
SUB-SAHARAN AFRICA			GRANTMAKING		24,374
EAST ASIA AND THE PACIFIC			GRANTMAKING		327,034
SOUTH ASIA			GRANTMAKING		40,100
CENTRAL AMERICA/CARIBBEAN	NONE	48	PROGRAM SERVICES	FIELD MINISTRY	3,450
SOUTH AMERICA	NONE	107	PROGRAM SERVICES	FIELD MINISTRY	3,400
EUROPE	NONE	84	PROGRAM SERVICES	FIELD MINISTRY	10,469
SUB-SAHARAN AFRICA	NONE	46	PROGRAM SERVICES	FIELD MINISTRY	389,437
EAST ASIA AND THE PACIFIC	NONE	84	PROGRAM SERVICES	FIELD MINISTRY	40,276
SOUTH ASIA	NONE	6	PROGRAM SERVICES	FIELD MINISTRY	050
RUSSIA/INDEPENDENT STATES	NONE	70	PROGRAM SERVICES	FIELD MINISTRY	344,456
EUROPE			FUNDRAISING		NONE
CENTRAL AMERICA/CARIBBEAN			FUNDRAISING		NONE
EAST ASIA AND THE PACIFIC			FUNDRAISING		NONE
Totals	NONE	445			2,716,844

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

Schedule F (Form 990) 2008

JSA

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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

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.

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule F (From 990)

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)[illegible]

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

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F-1 (Form 990), Part II)

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)
			NORTH AMERICA	YOUTH	23,056	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	297,000	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	122,403	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	81,803	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	69,547	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	49,500	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	41,571	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	5,580	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	5,567	WIRE TSF			
			CENT. AMERICA/CARIBBEAN	YOUTH	14,737	WIRE TSF			
			SOUTH AMERICA	YOUTH	44,227	WIRE TSF			
			SOUTH AMERICA	YOUTH	27,411	WIRE TSF			
			SOUTH AMERICA	YOUTH	31,965	WIRE TSF			
			SOUTH AMERICA	YOUTH	25,617	WIRE TSF			
			SOUTH AMERICA	YOUTH	12,700	WIRE TSF			
			SOUTH AMERICA	YOUTH	11,921	WIRE TSF			
			SOUTH AMERICA	YOUTH	9,900	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH	198,000	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH	39,522	WIRE TSF			

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F. (Form 990), Part II)

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)
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	30,550.	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	30,000	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	28,800.	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	28,100	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	11,100	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	8,544.	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	8,000.	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	7,277.	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	6,944	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	6,000	WIRE TSF			
			EUROPE/ICELAND/GREENLAND	YOUTH - MINISTRY	112,152	WIRE TSF			
			SUB-SAHARAN AFRICA	YOUTH - MINISTRY	20,000.	WIRE TSF			
			EAST ASIA/PACIFIC	YOUTH - MINISTRY	78,440	WIRE TSF			
			EAST ASIA/PACIFIC	YOUTH - MINISTRY	72,470.	WIRE TSF			
			EAST ASIA/PACIFIC	YOUTH - MINISTRY	71,000.	WIRE TSF			
			EAST ASIA/PACIFIC	YOUTH - MINISTRY	63,394.	WIRE TSF			
			EAST ASIA/PACIFIC	YOUTH - MINISTRY	15,000	WIRE TSF			
			EAST ASIA/PACIFIC	YOUTH - MINISTRY	15,478	WIRE TSF			
			SOUTH ASIA	YOUTH - MINISTRY	49,100	WIRE TSF			

Schedule F-1 (Form 990) 2008

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

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

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"/> | 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 activities? ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total ▶						

Total ►

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		BANQUET (event type)	GOLF (event type)	20 (total number)	
Revenue	1 Gross receipts	13,296,027.	7,684,269.	2,558,585.	23,538,881.
	2 Less Charitable contributions	13,268,400.	6,781,500.		20,049,900.
	3 Gross revenue (line 1 minus line 2)	27,627.	902,769.	2,558,585.	3,488,981.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	3,253,738.	2,467,667.	2,329,403.	8,050,808.
	8 Direct expense summary Add lines 4 through 7 in column (d)				
9 Net income summary Combine lines 3 and 8 in column (d)					(-4,561,827.)

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine lines 1 and 7 in column (d)					

9	Enter the state(s) in which the organization operates gaming activities _____	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain: _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in.

- | | | | Yes | No |
|---|---------------------------------------|--------------|-----|----|
| a | The organization's facility | 13a % | | |
| b | An outside facility | 13b % | | |

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- 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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

802

Open to Public Inspection

Employer identification number

84-0385934

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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- 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?
- 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" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | | | |
|---|--|------|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 2 | ▲ |
| 3 | Enter total number of other organizations | NONE | ▲ |

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

Schedule I (Form 990) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990 To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

**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 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b X

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

2 X

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

- | | | |
|--|-----------|---|
| a Receive a severance payment or change of control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

- | | | |
|--|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |

If "Yes" to line 5a or 5b, describe in Part III

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

- | | | |
|--|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |

If "Yes" to line 6a or 6b, describe in Part III

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

7 X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) 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				
DENNIS RYDBERG	(i) 165,858.	35,000.	88,535.	20,360.	14,191.	323,944.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREG KINBERG	(i) 96,379.	8,403.	33,635.	13,639.	11,673.	163,729.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN WAGNER	(i) 67,482.	250.	64,417.	10,276.	14,690.	157,115.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
GAIL MERRICK EBERSOLE	(i) 95,456.	NONE	35,830.	13,123.	11,652.	156,061.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TY SALTZGIVER	(i) 88,015.	NONE	42,785.	12,698.	14,682.	158,180.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
W LEE CORDER JR	(i) 59,736.	NONE	76,807.	11,546.	14,705.	162,794.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN CALDWELL	(i) 85,143.	3,626.	40,699.	12,056.	14,730.	156,254.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
CLIFTON DAVIDSON	(i) 49,857.	NONE	101,010.	10,973.	11,718.	173,558.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
HUGH MCNALLY	(i) 27,030.	NONE	122,267.	9,838.	14,769.	173,904.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
GARY PARSONS	(i) 85,200.	NONE	49,544.	11,528.	13,489.	159,761.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID MARTIN	(i) 70,719.	NONE	62,601.	9,985.	7,550.	150,855.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERIC SCOFIELD	(i) 24,836.	NONE	103,916.	8,982.	14,666.	152,400.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2008

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 1 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 1, QUESTION 1A

TRAVEL FOR COMPANIONS, HOUSING ALLOWANCES, & HEALTH CLUB DUES

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.

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.

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

YOUNG LIFE

Employer Identification number

84-0385934

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
DENNIS RYDBERG PRESIDENT/CEO	40.	X		X				289,393.	NONE	34,551.
SUE BERE DIRECTOR	1.	X						NONE	NONE	NONE
JOHN BRADFORD DIRECTOR	1.	X						NONE	NONE	NONE
MALCOLM BRIGGS VICE CHAIR	1.	X		X				NONE	NONE	NONE
FRANCIS CASH DIRECTOR	1.	X						NONE	NONE	NONE
JERRY COLANGELO BOARD CHAIRMAN	1.	X		X				NONE	NONE	NONE
CAROL EATON DIRECTOR	1.	X						NONE	NONE	NONE
L BROOKS ENTWISTLE DIRECTOR	1.	X						NONE	NONE	NONE
HUGH GREENE DIRECTOR	1.	X						NONE	NONE	NONE
WALLY HAWLEY DIRECTOR	1.	X						NONE	NONE	NONE
BRUCE HOSFORD DIRECTOR	1.	X						NONE	NONE	NONE
JOHN HUMMEL DIRECTOR	1.	X						NONE	NONE	NONE
MOYO KAMGAING DIRECTOR	1.	X						NONE	NONE	NONE
R RODNEY LAWLER DIRECTOR	1.	X						NONE	NONE	NONE
DR KEVIN MCVANEY MD DIRECTOR	1.	X						NONE	NONE	NONE
CURTIS B MCWILLIAMS DIRECTOR	1.	X						NONE	NONE	NONE
SUSAN PETERSON DIRECTOR	1.	X						NONE	NONE	NONE
JEFF POPE DIRECTOR	1.	X						NONE	NONE	NONE
BOONE POWELL JR DIRECTOR	1.	X						NONE	NONE	NONE
MARK RODRIGUEZ DIRECTOR	1.	X						NONE	NONE	NONE
ROBERT B ROWLING DIRECTOR	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

YOUNG LIFE

Employer Identification number

84-0385934

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(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			
MICHAEL STAIN DIRECTOR	1.	X						NONE	NONE	NONE
W ROBERT STOVER DIRECTOR	1.	X						NONE	NONE	NONE
TOM THOMAS DIRECTOR	1.	X						NONE	NONE	NONE
PAUL S TRIBLE JR DIRECTOR	1.	X						NONE	NONE	NONE
PHYLLIS WASHINGTON DIRECTOR	1.	X						NONE	NONE	NONE
KERRY ALBERTI CFO	20.			X				18,124.	NONE	4,651.
GREG KINBERG COO	40.			X				138,417.	NONE	25,312.
TED JOHNSON SR. VICE PRESIDENT	40.			X				91,316.	NONE	21,085.
JOHN WAGNER SR. VICE PRESIDENT	40.			X				132,149.	NONE	24,966.
GAIL MERRICK EBERSOLE SR. VICE PRESIDENT	40.			X				131,286.	NONE	24,775.
TY SALTZGIVER SR. VICE PRESIDENT	40.			X				130,800.	NONE	27,380.
JOHN VICARY SR. VICE PRESIDENT	40.			X				118,374.	NONE	24,538.
W LEE CORDER JR SR. VICE PRESIDENT	40.			X				136,543.	NONE	26,251.
JOHN CALDWELL SR. VICE PRESIDENT	40.			X				129,468.	NONE	26,786.
DAVE CARLSON VICE PRESIDENT	40.			X				115,328.	NONE	24,145.
BILL PAIGE VICE PRESIDENT	40.			X				103,809.	NONE	20,919.
JIM DYSON VICE PRESIDENT	40.			X				92,428.	NONE	20,450.
BEBE HOBSON VICE PRESIDENT	40.			X				87,502.	NONE	8,848.
KEN KNIPP VICE PRESIDENT	40.			X				93,754.	NONE	23,669.
PAUL SHERRILL VICE PRESIDENT/SECRETARY	40.			X				100,556.	NONE	26,019.
TERRY SWENSON VICE PRESIDENT	40.			X				110,919.	NONE	26,651.

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

Schedule J-2 (Form 990) 2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

2008

Open to Public Inspection

Employer Identification number

84-0385934

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Schedule J-2 (Form 990) 2008

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

**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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	11	73,251.	FMV
7 Boats and planes	X	1	6,200.	FMV
8 Intellectual property				
9 Securities-Publicly traded	X	269	1,572,608.	PUBLISHED TRD PRICE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous	X	1	51,483.	FMV
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential	X	1	80,000.	FMV
16 Real estate-Commercial				
17 Real estate-Other				
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	4	3,450.	FMV
26 Other ► (OIL & GAS LEASE)	X	1	1.	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 NONE

	Yes	No
30a 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	
32a 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

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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

NUMBER OF CONTRIBUTIONS BY CATEGORY

LINE 6- NUMBER OF VEHICLES DONATED

LINE 7- NUMBER OF BOATS DONATED

LINE 9- NUMBER OF DONATIONS

LINE 12- NUMBER OF DONATIONS

LINE 15- NUMBER OF PROPERTIES RECEIVED

LINE 25- NUMBER OF HORSES DONATED

LINE 26- NUMBER OF DONATIONS

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

PART VI. QUESTION 4DESCRIBE SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTSYOUNG LIFE MADE A PERMANENT COMMITTEE OF THE CORPORATE GOVERNANCECOMMITTEE.

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

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.

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

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

YOUNG LIFE

Employer identification number

84-0385934

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.

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

PART I, LINE 22

NET ASSET RECONCILIATION

NET ASSETS AT 09/30/2008 217,644,237

NET INCOME PER 990 (1,067,622)

UNREALIZED GAINS 417,476

PRIOR PERIOD ADJUSTMENT (243,034)

FOREIGN CURRENCY TRANSLATION (107,926)

INTERCOMPANY ELIMINATION (197,171)

NET ASSETS AT 09/30/2009 216,446,060

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

PART IV, QUESTION 12

CONSOLIDATED AUDIT

YOUNG LIFE DID NOT RECEIVE SEPERATELY AUDITED FINANCIAL STATEMENTS.

HOWEVER, YOUNG LIFE WAS PART OF A CONSOLIDATED AUDIT AND CONSOLIDATED

FINACIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GAAP.

Name of the organization

YOUNG LIFE

Employer identification number

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.

Name of the organization

Employer identification number

YOUNG LIFE

84-0385934

PART VI, QUESTION 10

FORM 990 REVIEW PROCESS

THE CFO, TREASURER, AND ASSISTANT TREASURER REVIEW THE 990. AFTER THEIR

REVIEW, THE FINANCE COMMITTEE OF THE YOUNG LIFE BOARD OF TRUSTEES IS

PROVIDED A SECURED LINK TO THE YOUNG LIFE WEB SITE CONTAINING THE 990.

THE COMMITTEE HAS THREE DAYS TO REVIEW THE 990 PRIOR TO FILING. THE BOARD

IS PROVIDED ACCESS TO THE 990 PRIOR TO FILING.

Part V Transactions With Related Organizations

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1) SEE SCHEDULE R-1				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) YOUNG LIFE FOUNDATION	B	2,852,364.
(8) YOUNG LIFE FOUNDATION	C	21,301,854.
(9) MALIBU YACHT CHARTERS	I	66,000.
(10) YOUNG LIFE FOUNDATION	M, N	109,757.
(11) 3E MINISTRIES	Q	174,859.
(12) YOUNG LIFE FOUNDATION	R	405,734.
(13) PICO ESCONDIDO	B	115,748.
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2008

FORM 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, NATIONWIDE CAMPING PROGRAMS, SHORT-TERM MISSIONS AND STUDENT EXCHANGE PROGRAMS.

YOUNG LIFE

84-0385934

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

=====
CANADA
CAYMAN ISLANDS
GERMANY

STATEMENT 2

YOUNG LIFE

84-0385934

FORM 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,

STATEMENT 3

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
TOMLINSON & SONS PO BOX 1763 DETROIT LAKES, MN 56502	CONSTRUCTION	1,006,372.
LM KERSTING CONSTRUCTION CO PO BOX 2020 BUENA VISTA, CO 81211	CONSTRUCTION	803,916.
SUNWEST BUILDERS PO BOX 489 REDMEND, OR 97756	CONSTRUCTION	422,523.
RANDY R WILLIAMS CONST INC 4909 N MERCY RD LAKE CITY, MI 49651	CONSTRUCTION	297,117.
THE MAILROOM INC PO BOX 38310 COLORADO SPRINGS, CO 80937-8310	PRINTING & MAILING	246,834.
TOTAL COMPENSATION		----- 2,776,762. =====

FORM 990, PART VIII - INVESTMENT INCOME
=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INVESTMENT INCOME	304,993. -----		-16,721. -----	321,714. -----
TOTALS	304,993. =====		-16,721. =====	321,714. =====

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		202,160.
TOTAL GROSS INCOME		202,160.
OTHER EXPENSES:		
CLEANING		6,180.
INSURANCE		5,082.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS		68,724.
SUPPLIES		1,507.
TAXES		12,831.
UTILITIES		20,152.
OTHER EXPENSES		28,624.
DEPRECIATION (SHOWN BELOW)		69,804.
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		212,904.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-10,744.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		-10,744.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									69,804.

YOUNG LIFE

84-0385934

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME

202,160.

202,160.

=====

OTHER DEDUCTIONS

CONTRACTED SERVICES

28,412.

OFFICE EXPENSES

212.

28,624.

=====

RENT AND ROYALTY INCOME

Taxpayer's Name YOUNG LIFE		Identifying Number 84-0385934	
DESCRIPTION OF PROPERTY CAMP RENTAL			
<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			
CAMP RENTAL INCOME		127,857.	
TOTAL GROSS INCOME			127,857.
OTHER EXPENSES			
DEPRECIATION (SHOWN BELOW)			
LESS Beneficiary's Portion			
AMORTIZATION			
LESS Beneficiary's Portion			
DEPLETION			
LESS Beneficiary's Portion			
TOTAL EXPENSES			
TOTAL RENT OR ROYALTY INCOME (LOSS)			
		127,857.	
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			127,857.
Deductible Rental Loss (if Applicable)			

[illegible]

YOUNG LIFE

84-0385934

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

CAMP RENTAL INCOME

127,857.

127,857.
=====

YOUNG LIFE

84-0385934

RENT AND ROYALTY SUMMARY
=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
540 N. CASCADE	202,160.	69,804.	143,100.	-10,744.
CAMP RENTAL	127,857.			127,857.
	-----	-----	-----	-----
TOTALS	330,017.	69,804.	143,100.	117,113.
	=====	=====	=====	=====

YOUNG LIFE

84-0385934

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

BANQUET

13,268,400.

GOLF

6,781,500.

MISC EVENTS

NONE

TOTAL

20,049,900.

=====

FORM 990, PART VIII - FUNDRAISING EVENTS
=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
BANQUET	27,627.	3,253,738.	-3,226,111.
GOLF	902,769.	2,467,667.	-1,564,898.
MISC EVENTS	2,558,585.	2,329,403.	229,182.
TOTALS	3,488,981.	8,050,808.	-4,561,827.
	=====	=====	=====

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

=====

GROSS SALES LESS RETURNS AND ALLOWANCES	4,770,214.
INVENTORY AT BEGINNING OF YEAR	1,380,586.
PURCHASES	2,324,053.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	3,704,639.
MINUS ENDING INVENTORY	1,112,507.

COST OF GOODS SOLD	2,592,132.
	=====

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

=====

BORROWER:	INDIVIDUAL
ORIGINAL AMOUNT:	9,395.
INTEREST RATE:	3.190000
DATE OF NOTE:	03/01/2003
MATURITY DATE:	03/01/2018
PURPOSE OF LOAN:	HOUSE LOAN

BEGINNING BALANCE DUE	9,395.
ENDING BALANCE DUE	9,395.

BORROWER:	INDIVIDUAL
ORIGINAL AMOUNT:	80,000.
INTEREST RATE:	4.550000
DATE OF NOTE:	06/29/2007
MATURITY DATE:	06/29/2016
REPAYMENT TERMS:	303 MO INT ONLY, PRINCIPAL DUE AT MATURITY
SECURITY PROVIDED:	DEED OF TRUST ON RESIDENCE
PURPOSE OF LOAN:	HOUSE LOAN

BEGINNING BALANCE DUE	80,000.
ENDING BALANCE DUE	80,000.

BORROWER:	INDIVIDUAL
ORIGINAL AMOUNT:	30,000.
INTEREST RATE:	3.520000
DATE OF NOTE:	02/01/2008
MATURITY DATE:	02/01/2013
SECURITY PROVIDED:	DEED OF TRUST ON RESIDENCE
PURPOSE OF LOAN:	HOUSE LOAN

BEGINNING BALANCE DUE	30,000.
ENDING BALANCE DUE	30,000.

YOUNG LIFE

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BORROWER: INDIVIDUAL
ORIGINAL AMOUNT: 150,000.
INTEREST RATE: 3.500000
DATE OF NOTE: 07/27/2009
MATURITY DATE: 07/26/2011
REPAYMENT TERMS: PRINCIPAL & INTEREST DUE UPON MATURITY
SECURITY PROVIDED: DEED OF TRUST ON RESIDENCE
PURPOSE OF LOAN: HOUSE LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	150,000.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	119,395.
	=====

TOTAL ENDING NOTES AND LOANS RECEIVABLES	269,395.
	=====

YOUNG LIFE

84-0385934

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
WF FLOATING RATE	4,438,000.	3,168,000.	FMV
MERILL LYNCH INVESTMENT	239,101.	237,434.	FMV
	-----	-----	
TOTALS	4,677,101.	3,405,434.	
	=====	=====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: NOTE PAYABLE W/ INDIVIDUAL
ORIGINAL AMOUNT: 30,000.
INTEREST RATE: 7.500000
DATE OF NOTE: VAR
MATURITY DATE: 03/01/2010
REPAYMENT TERMS: FULL AMOUNT DUE MARCH 1, 2010
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: LOAN TO YL AREA

BEGINNING BALANCE DUE 15,166.
ENDING BALANCE DUE 8,394.

LENDER: NOTE PAYABLE WITH BANK
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 2,737,047.
ENDING BALANCE DUE 2,650,010.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,752,213.
=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 2,658,404.
=====

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 separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2008

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 page 4 of the 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 2007 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 page 4 of the 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

-607,310.

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 2007 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

-607,310.

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

Schedule D (Form 1041) 2008

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

		(1) Beneficiaries' (see page 5)	(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		-607,310.
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		-607,310.

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

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	16	(3,000.)
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** 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 \$2,200	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 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	34		

Schedule D (Form 1041) 2008

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► 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.**

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

SUPPORT COPY

- 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/17, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009

2 If this tax year 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 or 990-T, 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, or, if required, deposit with FTD coupon or, 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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)