

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

2007

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

YOUNG LIFE

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

420 N. CASCADE AVENUE

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

COLORADO SPRINGS, CO 80903

D Employer identification number

84-0385934

E Telephone number

(719) 381-1800

F Accounting method

☐ Cash ☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

G Website ▶ WWW.YOUNGLIFE.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

222,989,961.

to attach Sch B (Form 990 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	154,280,470.		
	c	Indirect public support (not included on line 1a)	1c	9,801,458.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 160,597,690. noncash \$ 3,484,238.)	1e	164,081,928.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	45,958,648.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	1,249,817.		
Revenue	6a	Gross rents	6a	187,170.		
	b	Less rental expenses	6b	330,535.		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	-143,365.		
	7	Other investment income (describe ▶)	7			
	8a	Gross amount from sales of assets other than inventory	8a	98,171.		
	b	Less cost or other basis and sales expenses	8b	883,369.		
	c	Gain or (loss) (attach schedule)	8c	-785,198.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-785,198.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue from including contributions reported on line 1b	9a	3,106,829.		
Revenue	b	Less direct expenses other than fundraising expenses	9b	NONE		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	3,106,829.		
	10a	Gross sales of inventory, less returns and allowances	10a	5,067,981.		
	b	Less cost of goods sold	10b	2,842,575.		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	2,225,406.		
	11	Other revenue (from Part VII, line 103)	11	3,239,417.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	218,933,482.		
	Expenses	13	Program services (from line 44, column (B))	13	190,052,691.	
		14	Management and general (from line 44, column (C))	14	20,306,797.	
		15	Fundraising (from line 44, column (D))	15	10,843,522.	
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 16 and 44, column (A)	17	221,203,010.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-2,269,528.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	220,769,157.		
	20	Other changes in net assets or fund balances (attach explanation)	20	-855,392.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	217,644,237.		

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

Form 990 (2007)

JSA
7E10102 000

SZ8286 5974 02/12/2009 17:59:31 V07-8.7 6396

G17 11

SCANNED APR 09 2009

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 3,863,961 noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b 3,863,961.	3,863,961.	STMT 9	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a 3,231,079.	2,801,345.	341,203.	88,531.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 82,340,081.	71,388,850.	8,695,113.	2,256,118.
27 Pension plan contributions not included on lines 25a, b, and c	27 6,782,592.	5,880,507.	716,242.	185,843.
28 Employee benefits not included on lines 25a-27	28 23,497,654.	20,372,467.	2,481,351.	643,836.
29 Payroll taxes	29 6,732,317.	5,836,919.	710,933.	184,465.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 7,895,441.	7,505,550.	326,600.	63,291.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 17,794,743.	16,075,953.	1,301,154.	417,636.
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 12,208,663.	9,796,885.	1,974,215.	437,563.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 12,968,354.	11,803,593.	902,090.	262,671.
43 Other expenses not covered above (itemize)				
a CLUB AND CAMPING ACTIVITI	43a 29,841,675.	29,428,412.	361,090.	52,173.
b PROM. MATERIALS AND EVENT	43b 9,212,866.	882,134.	1,876,021.	6,454,711.
c VEHICLE	43c 2,808,705.	2,736,561.	67,395.	4,749.
d PROFESSIONAL SERVICES	43d 2,782,168.	701,584.	1,406,279.	674,305.
e TRAINING	43e 720,450.	549,682.	166,020.	4,748.
f MISCELLANEOUS	43f 1,569,834.	456,004.	1,108,289.	5,541.
g INTERCOMPANY COLLECTIONS	43g -3,047,573.	-27,716.	-2,127,198.	-892,659.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 221,203,010.	190,052,691.	20,306,797.	10,843,522.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 10**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a GRANTS AND ALLOCATIONS TO SIMILAR 501(C)(3) ORGANIZATIONS.

(Grants and allocations \$ 3,863,961.) If this amount includes foreign grants, check here ☐

3,863,961.

b CAMPING - OWN 21 OPERATING PROPERTIES, 2 DEVELOPING CAMPS. A TOTAL OF 249,531 CAMPERS SERVED.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

52,525,404.

c FIELD MINISTRY - 17,052 ACTIVE VOLUNTEER LEADERS, 891,030 JUNIOR HIGH AND HIGH SCHOOL STUDENTS MINISTERED TO EACH YEAR.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

133,663,326.

d -----

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **190,052,691.**

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		36,321.	45 39,017.
	46 Savings and temporary cash investments		17,690,834.	46 19,500,325.
	47a Accounts receivable	47a	4,522,405.	
	b Less allowance for doubtful accounts	47b		47c 4,522,405.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a	119,395.	
	b Less allowance for doubtful accounts	51b		51c 119,395.
	52 Inventories for sale or use		1,335,585.	52 1,380,586.
	53 Prepaid expenses and deferred charges	STMT. 13.	2,535,229.	53 2,895,001.
	54a Investments - publicly-traded securities STMT. 14. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		15,358,078.	54a 4,677,101.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a Investments - land, buildings, and equipment basis	55a	6,005.		
b Less accumulated depreciation (attach schedule)	55b		55c 6,005.	
56 Investments - other (attach schedule)	STMT. 15.	4,709,400.	56 6,258,283.	
57a Land, buildings, and equipment basis	57a	293,771,275.		
b Less accumulated depreciation (attach schedule)	57b	97,503,911.	57c 196,267,364.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 16.)		1,265,026.	58 881,131.	
59 Total assets (must equal line 74) Add lines 45 through 58		238,665,167.	59 236,546,613.	
Liabilities	60 Accounts payable and accrued expenses		14,168,459.	60 16,078,706.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)	STMT. 17.	2,854,566.	64b 2,752,213.
	65 Other liabilities (describe <input type="checkbox"/> STMT. 18.)		872,985.	65 71,457.
66 Total liabilities. Add lines 60 through 65		17,896,010.	66 18,902,376.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		209,961,041.	67 217,251,787.
	68 Temporarily restricted		10,808,116.	68 392,450.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		220,769,157.	73 217,644,237.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		238,665,167.	74 236,546,613.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	221,959,265.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-115,392.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>SEE STATEMENT 19</u>	b4	3,141,175.
	Add lines b1 through b4	b	3,025,783.
c	Subtract line b from line a	c	218,933,482.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	218,933,482.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	220,289,263.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>SEE STATEMENT 20</u> -----	b4	-913,747.
	Add lines b1 through b4	b	-913,747.
c	Subtract line b from line a	c	221,203,010.
d	Amounts included on Part I, line 17, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d. ►	e	221,203,010.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911	NONE	
	section 4912	NONE	
	section 4955	NONE	
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
	d Enter Amount of tax on line 89c, above, reimbursed by the organization	NONE	
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	3229	
91a	The books are in care of	THE ORGANIZATION	
	Located at	420 N. CASCADE AVE COLORADO SPRINGS, CO	
	Telephone no	(719) 381-1800	
	ZIP + 4	80903	
91b	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)?	X	
	If "Yes," enter the name of the foreign country	BAHAMAS	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☒ Yes ☐ No
 If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 30

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **92** | N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CAMP FEES & OTHER					
b OPERATING REVENUE					45,958,648.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities	900000	180,272.	14	1,069,545.	
97 Net rental income or (loss) from real estate					
a debt-financed property	532000	120,279.	16	-263,644.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-785,198.	
101 Net income or (loss) from special events			02	3,106,829.	
102 Gross profit or (loss) from sales of inventory			03	2,225,406.	
103 Other revenue a STMT 31		103,328.			3,136,089.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		403,879.		5,352,938.	49,094,737.
105 Total (add line 104, columns (B), (D), and (E))					54,851,554.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	STMT 32

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 33	%		92,603.	100,879.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 34			
b				
c				
Totals				1,054,356.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 35			
b				
c				
Totals				28,988.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please 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 [Signature] Date 3/19/09
Type or print name and title Dave Briggs Treasurer

Paid Preparer's Use Only

Preparer's signature [Signature] Date 3/17/09 Check if self-employed ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 BKD, LLP
111 SOUTH TEJON, SUITE 800
COLORADO SPRINGS, CO 80903-9848
Preparer's SSN or PTIN (See Gen. Inst. X) P00290681
EIN 44-0160260
Phone no 719 471-4290

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization

YOUNG LIFE

Employer identification number

84-0385934

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 36				
Total number of other employees paid over \$50,000 . . . ►		341		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 37		
Total number of others receiving over \$50,000 for professional services ►		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 38		
Total number of other contractors receiving over \$50,000 for other services ►		32

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ►			NONE
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			NONE
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☒ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23.					

26 Organizations described on lines 10 or 11. **a** Enter 2% of amount in column (e), line 24. NOT APPLICABLE . . . ▶

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts. ▶

c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶

d Add: Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶

e Public support (line 26c minus line 26d total) ▶

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ %

26a _____

26b _____

26c _____

26d _____

26e _____

26f _____

27 Organizations described on line 12. **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year.

NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____
17 _____ 20 _____ 21 _____ ▶

d Add: Line 27a total, _____ and line 27b total, _____ ▶

e Public support (line 27c total minus line 27d total) ▶

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f _____

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ %

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
Lobbying nontaxable amount					
45 amount					
Lobbying ceiling amount (150% of line 45(e)) . . .					
46 (150% of line 45(e)) . . .					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48 amount					
Grassroots ceiling amount (150% of line 48(e)) . . .					
49 (150% of line 48(e)) . . .					
Grassroots lobbying expenditures					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2007

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash	51a(i)	X
(ii) Other assets	a(ii)	X

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
---	------	---

(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
---	-------	--	---

(iii) Rental of facilities, equipment, or other assets	b(iii)		X
--	--------	--	---

(iv) Reimbursement arrangements	b(iv)		X
---------------------------------	-------	--	---

(v) Loans or loan guarantees	b(v)		X
------------------------------	------	--	---

(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
---	-------	--	---

c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

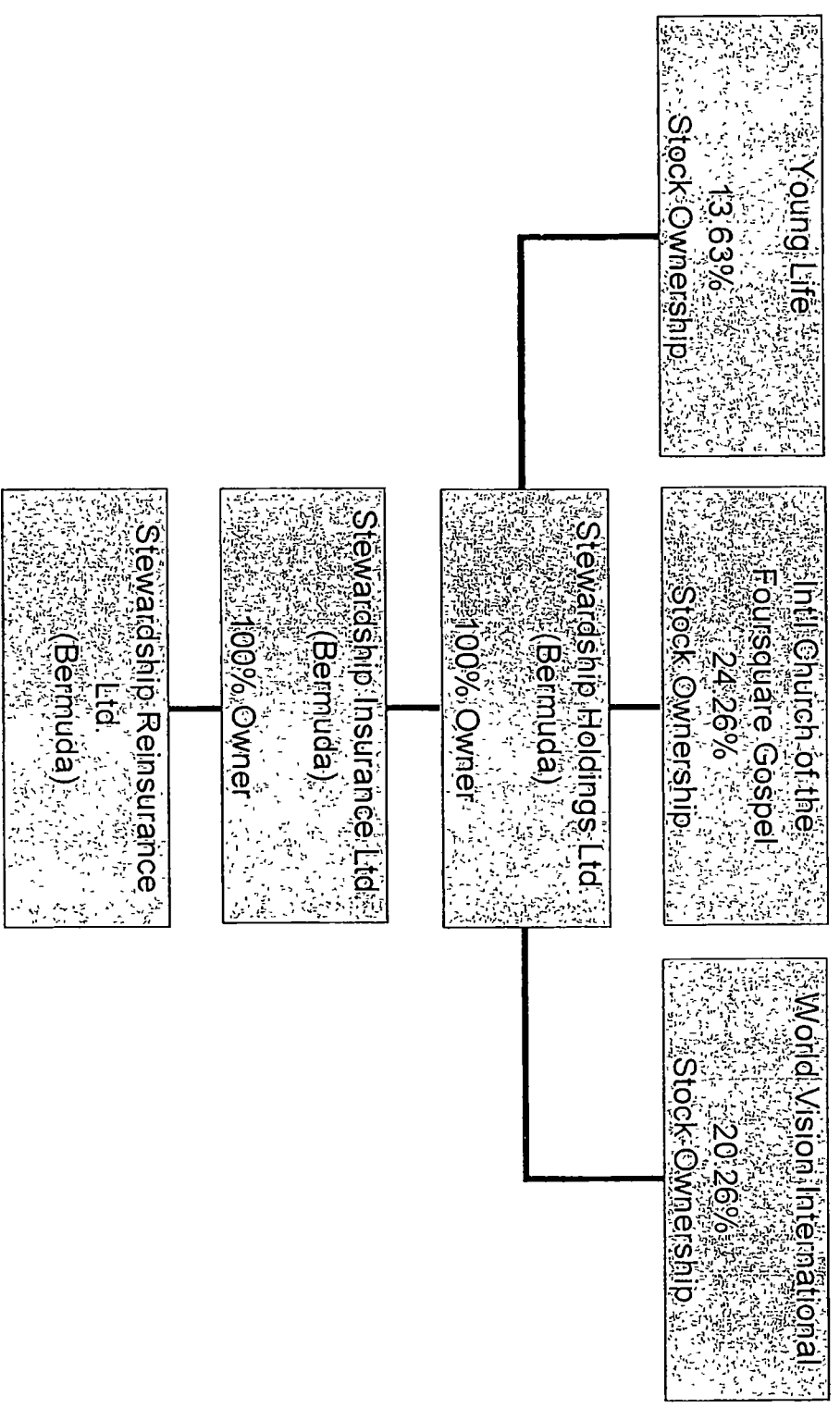
[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Stewardship Holdings Ltd.



FORM 990 - GENERAL EXPLANATION ATTACHMENT

PP&E SCHEDULES
PART IV, LINES 55 & 57

DETAIL OF INVESTMENTS IN FIXED ASSETS FORM 990, PART IV LINE 55

	2007	2008
LAND AND LAND INTERESTS	6,005	6,005

DETAIL OF FIXED ASSETS, FORM 990, PART IV LINE 57

	2007	2008
LAND & LAND IMPROVEMENTS	53,476,114	56,336,027
BUILDINGS & LEASEHOLD IMPROVE.	159,690,352	167,942,507
EQUIPMENT	32,158,793	34,911,437
VEHICLES	5,012,899	5,515,613
CONSTRUCTION IN PROGRESS	27,452,620	29,065,691
TOTAL ASSETS	277,790,778	293,771,275
LESS ACCUMULATED DEPRECIATION	(86,236,567)	(97,503,911)
NET FIXED ASSETS	191,554,211	196,267,364

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

COUNTRIES

PART VI, LINE 91B

PART VI, QUESTION 91B - IF YES, LIST COUNTRIES

BRAZIL, BAHAMAS, VIRGIN ISLANDS, CANADA, BERMUDA, GERMANY

RENT AND ROYALTY INCOME

Taxpayer's Name YOUNG LIFE	Identifying Number 84-0385934
--------------------------------------	---

DESCRIPTION OF PROPERTY

540 N. CASCADE

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

RENTAL INCOME		
OTHER INCOME		
RENTAL INCOME	187,170.	
TOTAL GROSS INCOME		187,170.
OTHER EXPENSES		
INSURANCE	16,638.	
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	116,519.	
REPAIRS	19,080.	
SUPPLIES	2,739.	
TAXES	26,212.	
UTILITIES	25,733.	
OTHER EXPENSES	37,790.	
DEPRECIATION (SHOWN BELOW)	85,824.	
LESS Beneficiary's Portion		
AMORTIZATION		
LESS Beneficiary's Portion		
DEPLETION		
LESS Beneficiary's Portion		
TOTAL EXPENSES		330,535.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-143,365.

Less Amount to

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	-143,365.
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									85,824.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME

187,170.

187,170.

=====

OTHER DEDUCTIONS

CONTRACTED SERVICES

37,790.

37,790.

=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
540 N. CASCADE	187,170.	85,824.	244,711.	-143,365.
	-----	-----	-----	-----
TOTALS	187,170.	85,824.	244,711.	-143,365.
	=====	=====	=====	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION	1,077,511.	NONE	1,077,511.
CONCESSIONS/FOOD ITEMS	312,482.	NONE	312,482.
FUNDRAISING EVENTS	1,100,105.	NONE	1,100,105.
DRAWING/RAFFLES	235,219.	NONE	235,219.
ESCRIPT OR COUPON PROGRAMS	381,512.	NONE	381,512.
TOTALS	3,106,829.	NONE	3,106,829.

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

GROSS SALES LESS RETURNS AND ALLOWANCES	
INVENTORY AT BEGINNING OF YEAR	1,335,584.
PURCHASES	2,887,577.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	4,223,161.
MINUS ENDING INVENTORY	1,380,586.

COST OF GOODS SOLD	2,842,575.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
FOREIGN CURRENCY TRANSLATION ADJUSTMENT	740,000.
UNREALIZED LOSS ON INVESTMENTS	115,392.

TOTAL	855,392.
	=====

YOUNG LIFE

84-0385934

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----
GRANTS PAID		
=====		
YOUNG LIFE SUBSIDIARIES	TO SUPPORT OTHER 501(C)(3) ORGANIZATIONS	2,758,489.
420 N. CASCADE AVENUE		
COLORADO SPRINGS, CO 80903		
CONTRIBUTIONS TO 40 INTERNATIONAL ORGANIZATIONS	TO SUPPORT ORGANIZATIONS WITH A SIMILAR EXEMPT	1,041,104.
FOR COMPLETE LISTING CONTACT YOUNG LIFE	PURPOSE AS YOUNG LIFE	
420 N CASCADE AVE		
COLORADO SPRINGS, CO 80903		
CONTRIBUTIONS TO 13 DOMESTIC ORGANIZATIONS	TO SUPPORT OTHER 501(C)(3) ORGANIZATIONS	64,368
FOR COMPLETE LISTING CONTACT YOUNG LIFE		
420 N CASCADE AVE		
COLORADO SPRINGS, CO 80903		
TOTAL CONTRIBUTIONS PAID		3,863,961
		=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO PROMOTE AN EVANGELISTIC CHRISTIAN TESTIMONY AMONG ADOLESCENTS
AS GOD DIRECTS AND TO ESTABLISH PLACES FOR PUBLIC WORSHIP.

FORM 990, PART IV - OTHER 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: 22,000.
INTEREST RATE: 7.000000
DATE OF NOTE: 06/01/1982
REPAYMENT TERMS: LENGTH OF LOAN IS INDEFINITE
PURPOSE OF LOAN: HOUSE LOAN

BEGINNING BALANCE DUE 766.
ENDING BALANCE DUE NONE

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 NONE
ENDING BALANCE DUE 30,000.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 90,161.
=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES 119,395.
=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID INSURANCE	2,535,229.	2,779,932.
PREPAID EXPENSES	NONE	115,069.
	-----	-----
TOTALS	2,535,229.	2,895,001.
	=====	=====

.YOUNG LIFE

84-0385934

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
WF FLOATING RATE	3,495,000.	4,438,000.	FMV
WELLS FARGO COMMERCIAL PAPER	11,863,078.	NONE	FMV
MERILL LYNCH INVESTMENT	NONE	239,101.	FMV
	-----	-----	
TOTALS	15,358,078.	4,677,101.	
	=====	=====	

STATEMENT 14

.YOUNG LIFE

84-0385934

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
STEWARDSHIP CAPTIVE INS. CO		
EQUITY INTEREST	4,061,805.	4,860,249.
INVESTMENT IN LIMITED		
PARTNERSHIPS	640,000.	593,247.
RHINEBRIDGE, LLC	NONE	797,192.
JENSEN REALTY	7,495.	7,495.
WINDY GAP CORP	100.	100.
	-----	-----
TOTALS	4,709,400.	6,258,283.
	=====	=====

YOUNG LIFE

84-0385934

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE FROM AFFILIATES	NONE	72,878.
PREPAID DEPOSITS	651,031.	194,258.
INVESTMENT IN 3E MINISTRIES	75,001.	75,001.
EMERALD RING	10,000.	10,000.
MALIBU CORP COMMON STOCK	188,994.	188,994.
MALIBU CORP ADDITIONAL PAID-IN CAPITAL	340,000.	340,000.
	-----	-----
TOTALS	1,265,026.	881,131.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: DUE TO RELATED PARTY
ORIGINAL AMOUNT: 221,667.
DATE OF NOTE: 06/30/2003
MATURITY DATE: VAR

BEGINNING BALANCE DUE 7,611.
ENDING BALANCE DUE NONE

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 21,450.
ENDING BALANCE DUE 15,166.

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 2,825,505.
ENDING BALANCE DUE 2,737,047.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,854,566.
=====

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

YOUNG LIFE

84-0385934

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ANNUITIES PAYABLE	68,014.	59,107.
CUSTODIAL FUNDS	11,365.	12,350.
DUE TO AFFILIATES	793,606.	NONE
	-----	-----
TOTALS	872,985.	71,457.
	=====	=====

YOUNG LIFE

84-0385934

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
COST OF GOODS SOLD	
RECLASSIFIED AND OFFSET	
AGAINST SALES INCOME	2,842,575.
RENTAL EXPENSE OFFSET AGAINST	
TOTAL REVENUE	330,535.
BOOK TAX DIFFERENCE RELATED TO	
NET ASSETS	-31,935.

TOTAL	3,141,175.
	=====

.YOUNG LIFE

84-0385934

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
COST OF GOODS SOLD	
RECLASSIFIED AND OFFSET AGAINST SALES INCOME	2,842,575.
NET INTERCOMPANY COLLECTIONS	-4,086,857.
RENTAL EXPENSE OFFSET AGAINST TOTAL EXPENSE	330,535.

TOTAL	-913,747.
	=====

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DENNIS RYBERG 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	PRESIDENT/CEO 40.00	279,338.	35,532.	NONE
JEFF STEDMAN 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	CFO/TREASURER 40.00	129,503.	27,560.	NONE
GREG KINBERG 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	COO 40.00	130,527.	24,159.	NONE
TED JOHNSON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR. VICE PRESIDENT 40.00	89,215.	20,980.	NONE
JOHN WAGNER 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR. VICE PRESIDENT 40.00	131,209.	24,632.	NONE
GAIL MERRICK EBERSOLE 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR. VICE PRESIDENT 40.00	130,584.	24,711.	NONE
TY SALTZGIVER 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR. VICE PRESIDENT 40.00	128,706.	26,610.	NONE
JOHN VICARY 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR. VICE PRESIDENT 40.00	115,450.	24,137.	NONE

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
W LEE CORDER JR 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR. VICE PRESIDENT 40.00	134,096.	25,901.	NONE
JOHN CALDWELL 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	125,872.	26,208.	NONE
DAVE CARLSON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	SR VICE PRESIDENT 40.00	113,040.	23,912.	NONE
BILL PAIGE 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	103,520.	20,709.	NONE
KENNY NOLLAN 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	89,824.	21,933.	NONE
JIM DYSON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	90,828.	20,332.	NONE
BEBE HOBSON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	83,760.	8,620.	NONE
KEN KNIPP 420 N. CASCADE AVENUE COLORADOS SPRINGS, CO 80903	VICE PRESIDENT 40.00	95,650.	23,411.	NONE

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
PAUL SHERRILL 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT/SECRETARY 40.00	103,001.	25,692.	NONE
TERRY SWENSON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	110,872.	26,319.	NONE
STEVE WHITE 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	118,258.	27,418.	NONE
DARRYL HOLIEN 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 40.00	84,200.	20,117	NONE
ANN SHACKELTON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRESIDENT 1.00	66,047.	10,880.	NONE
DAVE BRIGGS 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	TREASURER 1.00	84,723.	23,482.	NONE
BRYAN KLOTZ 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	ASSISTANT TREASURER 1.00	90,452.	23,365.	NONE
JAN MORTON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	ASSISTANT SECRETARY 40.00	49,174.	16,610.	NONE

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WALLY HAWLEY 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	CHAIRMAN 1.00	NONE	NONE	NONE
KERRY ALBERTI 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
SUE BERE 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
JOHN BRADFORD 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
MALCOLM BRIGGS 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
FRANCIS CASH 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
JERRY COLANGELO 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
NEWT CRENSHAW 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CAROL EATON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
L BROOKS ENTWISTLE 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
HERIBERTO GUERRA JR 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
BRUCE HOSFORD 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
SUSAN HUTCHINSON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
F RODNEY LAWLER 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
KEVIN MCVANEY 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
CURTIS MCWILLIAMS 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
VIVIAN NIXON-EARLY 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
JEFF POPE 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
BOONE POWELL JR 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
MARK RODRIGUEZ 420 N. CASCADE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
ROBERT ROWLING 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80906	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL STAIN 420 N. CASCADE COLORADO SPRINGS, CO 80906	DIRECTOR 1.00	NONE	NONE	NONE
W ROBERT STOVER 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
TOM THOMAS 420 N. CASCADE AVENUE	DIRECTOR 1.00	NONE	NONE	NONE

YOUNG LIFE

84-0385934

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
COLORADO SPRINGS, CO 80903				
PAUL TRIBBLE JR 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
PHYLLIS WASHINGTON 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS				
		2,677,849.	553,230.	NONE

FORM 990, PART VI - CHANGE IN ITS ACTIVITIES OR METHODS

=====

AN AFFILIATE WAS DISSOLVED AND YOUNG LIFE RECEIVED THE ASSETS FROM
THEM TO CONTIUNUE TO CARRYOUT THEIR EXEMPT PURPOSE.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME:	YOUNG LIFE FOUNDATION
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	3E MINISTRY RESOURCES, INC.
EXEMPT:	NONEXEMPT: X
RELATED ORGANIZATION NAME:	DALE HOUSE PROJECT
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	PINNACLE POINT
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	YL MALIBU CLUB MINISTRY AFFILIATES (CANADA)
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	YOUNG LIFE COSTA RICA YLCR ANONYMOUS SOCIETY (COSTA RICA)
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	MALIBU YACHT CHARTERS (CANADA)
EXEMPT:	NONEXEMPT: X

FORM 990, PART VI, LINE 91C - FOREIGN COUNTRIES
=====

GERMANY
NICARAGUA
COSTA RICA
DOMINICAN REPUBLIC

YOUNG LIFE

84-0385934

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
OTHER REVENUE	110000	103,328.			2,193,613.
REIMBURSEMENTS OF EMPLOYEE RENTS AT CAMPS					942,476.
TOTALS		----- 103,328. =====		----- 3,136,089. =====	----- 2,193,613. 942,476. -----

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93B	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, BIBLE STUDIES, NATIONWIDE CAMPING PROGRAMS, SHORT-TERM MISSIONS AND STUDENT EXCHANGE PROGRAMS OFFERING YOUNG PEOPLE OPPORTUNITIES TO LEARN MORE ABOUT THEMSELVES AND THEIR CREATOR.
103B	MISCELLANEOUS INCOME RELATED TO EXEMPT PURPOSE OF THE ORGANIZATION.
103E	REVENUE RECEIVED FROM REIMBURSEMENT OF CAMP RENTS RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION.

YOUNG LIFE

84-0385934

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES
=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
-----	-----	-----	-----	-----
3E MINISTRY RESOURCES, INC. 420 N CASCADE AVE COLORADO SPRINGS, CO 80903 84-1556504	100.000000	SALE OF PROD.	92,603.	100,879.
TOTAL INCOME				
			92,603.	100,879.
			=====	=====

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: YOUNG LIFE FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 420 N CASCADE AVE
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-6041371
TRANSFER AMOUNT: 13,308.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
INTEREST INCOME

CONTROLLED ENTITY'S NAME: YOUNG LIFE FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 420 N CASCADE AVE
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-6041371
TRANSFER AMOUNT: 1,041,048.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
INTERCOMPANY RECEIVABLES

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT
=====

CONTROLLED ENTITY'S NAME: DALE HOUSE
CONTROLLED ENTITY'S ADDRESS: 7 WEST DALE STREET
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-1571115
TRANSFER AMOUNT: 15,401.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
INTERCOMPANY COLLECTIONS AND RECEIVABLES

CONTROLLED ENTITY'S NAME: 3E MINISTIRES
CONTROLLED ENTITY'S ADDRESS: 420 N CASCADE AVE
CITY, STATE & ZIP: COLORADO SPRINGS, CO 80903
EIN: 84-1556504
TRANSFER AMOUNT: 13,587.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
INTERCOMPANY COLLECTIONS

YOUNG LIFE

84-0385934

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
CLIFTON DAVIDSON 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	SENIOR REG. DIRECTOR 40.00	148,374.	22,456.	NONE
HUGH MCNALLY 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	VP STRATEGIC GROWTH 40.00	147,264.	24,152.	NONE
GARY PARSONS 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	VICE PRES. - RUSSIA 40.00	133,640.	16,035.	NONE
DAVE MARTIN 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	REGIONAL DIRECTOR 40.00	131,982.	17,235.	NONE
RAYMOND LISEA 420 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	REGIONAL DIRECTOR 40.00	123,242.	21,819.	NONE
TOTAL COMPENSATION		684,502.	101,697.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
HOLME, ROBERTS & OWEN, LLP PO BOX 1618 DENVER, CO 80201-1618	LEGAL	156,598.
BKD, LLP 111 S. TEJON ST., STE 800 COLORADO SPRINGS, CO 80903-2286	ACCOUNTING	78,130.
ANKROM MOISAN ARCHITECTS 6720 SW MACADAM, STE 100 PORTLAND, OR 97219	ARCHITECTURE	61,299.
TOTAL COMPENSATION		----- 296,027. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
LM KERSTING CONSTRUCTION CO PO BOX 2020 BUENA VISTA, CO 81211	CONSTRUCTION	1,429,918.
TOMLINSON & SONS PO BOX 1763 DETROIT LAKES, MN 56502	CONSTRUCTION	1,409,416.
SUNWEST BUILDERS PO BOX 489 REDMEND, OR 97756	CONSTRUCTION	885,607.
RANDY R WILLIAMS CONSTRUCTION INC. 4909 N MERCY RD LAKE CITY, MI 49651	CONSTRUCTION	818,572.
COTTON COMPANIES 14345 NORTHWEST FREEWAY HOUSTON, TX 77040	CONSTRUCTION	372,745.
TOTAL COMPENSATION		----- 4,916,258. =====

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

2007

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 40 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 2006 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 40 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	-785,198.
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 2006 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	-785,198.

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

Schedule D (Form 1041) 2007

JSA
7F 1210 2 000

SZ8286 5974 02/12/2009 17:59:31 V07-8.7 6396

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

	(1) Beneficiaries' (see page 41)	(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		-785,198.
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		-785,198.

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

a The loss on line 15, column (3) or **b** \$3,000 **16** (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 42 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 43 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 43 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 \$2,150	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 through 27, go to line 28 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 Multiply line 26 by 5% (.05)	27		
28 Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31, go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29 Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30 Subtract line 29 from line 28	30		
31 Multiply line 30 by 15% (.15)	31		
32 Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32		
33 Add lines 27, 31, and 32	33		
34 Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34		
35 Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35		

Schedule D (Form 1041) 2007

Employer identification number

84-0385934

[illegible]

6b. Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b	-785,198.
---	-----------

Schedule D-1 (Form 1041) 2007

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

OMB No. 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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	Name of Exempt Organization		Employer identification number
	YOUNG LIFE		84-0385934
	Number, street, and room or suite no. If a P.O. box, see instructions		
	420 N. CASCADE AVENUE		
File by the due date for filing your return. See instructions.	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

- The books are in the care of ▶ THE ORGANIZATION

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 05/15, 2009 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, 2007 and ending 09/30, 2008

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. 4-2008)**SUPPORT COPY**