** Public Disclosure Copy **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> A</u>	For t	ne 2018 calendar year, or tax year beginning O	CT 1, 2018 and	lending S	EP 30, 2	2019	
В	Check applica	f C Name of organization			D Empl	oyer identif	ication number
	Add char	ress Toung Life					
	Nam	Doing business as			1	84-038	35934
	lnitia retu	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telen	hone numbe	
	☐Fina retui				- 10,00		1-1800
	term ated	in-	ZIP or foreign postal code		G Gross		425,458,033.
	Ame retur	nded a 1			_	his a group r	
	App	I F Name and address of principal officer:Newt	on Crenshaw			subordinates	
	pend	same as C above			1		ncluded? Yes No
1	Гах-е	cempt status: X 501(c)(3) 501(c) ()	√ (insert no.) 4947(a)(1)	or 527	4		list. (see instructions)
J	Webs	ite: > www.younglife.org					n number
-	orm o		ssociation Other	L Year	of formation		State of legal domicile: TX
	1		t cignificant activities. Voung	Life is a	miniat	m. to bol.	
Activities & Governance	Ι.	Briefly describe the organization's mission or most adolescents world-wide become exposed			I IIIIII BC	ry to nell	· · · · · · · · · · · · · · · · · · ·
na	2	Check this box if the organization disco			41 050		
Ver	3	Number of voting members of the governing body	(Part VI line 1a)	sea or more	than 25%	or its net as	ssets.
Ğ	4	Number of independent voting members of the go	(Fart VI, line Ta)			4	23
og O	5	Total number of individuals employed in calendar y	verning body (Fart VI, line 10)			5	5882
ritie	6	Total number of volunteers (estimate if necessary)	year 2010 (Fart V, III le 2a)	•••••		6	87972
햕	7 a	Total unrelated business revenue from Part VIII, co	dumn (C) line 12	****************		7a	583,465.
⋖	b	Net unrelated business taxable income from Form	990-T line 38			7b	0.
-	_	The translated additional talkable income from 10111101111	Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)				,944,426.	337,381,455.
Revenue	9	Program service revenue (Part VIII, line 2g)		,791,079.	81,759,184.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4	. and 7d)			843,560.	2,248,762.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		-2	,947,997.	-18,317,908.	
	12	Total revenue - add lines 8 through 11 (must equal			,631,068.	403,071,493.	
	13	Grants and similar amounts paid (Part IX, column (,518,585.	8,835,208.
	14	Benefits paid to or for members (Part IX, column (A	0.	0.			
S	15	Salaries, other compensation, employee benefits (I			215	,158,446.	229,877,083.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.	172,418.
×	b	Total fundraising expenses (Part IX, column (D), line	e 25) 🕨 21,576,				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		126	,370,824.	132,041,536.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)			,047,855.	370,926,245.
	19	Revenue less expenses. Subtract line 18 from line	12		41	,583,213.	32,145,248.
Net Assets or Fund Balances						urrent Year	End of Year
set	20	Total assets (Part X, line 16)			381	,119,135.	403,582,515.
nd B	21	Total liabilities (Part X, line 26)			35	,426,197.	35,915,676.
킾	22	Net assets or fund balances. Subtract line 21 from	line 20		345	,692,938.	367,666,839.
_	rt II	Signature Block					
Unde	r pen	alties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to	the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than office	r) is based on all information of wh	ich preparer i	has any kno	wledge.	,
		Signature of officer				2/17	120
Sigr					D	ate /	
Here	9	Dave Briggs, Treasurer Type or print name and title					
		Print/Type preparer's name	Preparer,'s signature	D	ate	Check	II PTIN
Paid		Ted R. Batson, Jr.	Led R. Bata) 2	/17/2020	if	
Ргер	arer	Firm's name Capin Crouse LLP	Fi	self-employe rm's EIN	36-3990892		
Use	Only	Firm's address 2435 Research Parkway, ST	TE 200	/			
		Colorado Springs, CO 809			P	hone no.719-	-528-6225
May	the I	RS discuss this return with the preparer shown abo			1.		X Ves No

	n 990 (2018) Young Life	84-0385934	Page 2
Pa	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III	***************************************	х
1	Briefly describe the organization's mission: See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗀 ነ	es X 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?	LJ	es X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exper	neae
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		
4a		9	,195,647.)
70	Field ministry provides weekly club meetings and small group Bible		, 135, 047.
	studies around the world with the assistance of 87,972 active volunteer		
	leaders and community advisors. Young Life ministers to middle school,		
	high school and college students.		
4b	(Code:) (Expenses \$ 82,887,505, including grants of \$) (Revenue	e\$71	973,694.
	Week-long summer camps and school season weekend camps and activities		
	are offered to students each year. Young Life owns and operates 27 world class camping facilities and runs 7 more seasonal camping		
	opportunities through affiliate camping relationships. A total of		
	320,022 campers and guests were served.		
4c	(Code:) (Expenses \$ 8,835,208. including grants of \$ 8,835,208.) (Revenue		1
	Grants and allocations to similar 501(c)(3) organizations and foreign		
	charitable organizations with programs in line with Young Life's exempt		
	purpose.		
4.7	Others are asserting (December 19 Oche 11 Och		
4d		¥2.	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 321,882,783.)	

4e Total program service expenses ▶

Form 990 (2018) Young Life Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	 	
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	-	X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		_
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha	-	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 70	_	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"	-	\neg	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2018) Young Life Part IV Checklist of Required Schedules (continued)

			Yes	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	+	+^
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
242	be the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	-	-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234	_	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		_
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I	31		X
J Z	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25-	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	Х	
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25,	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	^	—
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule 0	38	х	
rai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	21.0000 0 00.114.110 a 100ponde of flote to any line in this Fart V	······		x
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	911	-11	
	(gambling) winnings to prize winners?	1c	x	
32004	12-31-18		990 (c	2010

Form 990 (2018) Young Life Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ĭ			Yes	No
_	filed for the calendar year ending with or within the year covered by this return	2a	5882			175
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	<u> </u>
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)	***************************************	= 1	- SW	
b	The second of th		••••••	3a	X	
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other	0	***************************************	3b	Х	
TG	financial account in a foreign country (such as a bank account, securities account, or other financial	auth	ority over, a		.,	
b	If "Yes," enter the name of the foreign country: See Schedule 0	acco	untj?	4a	Х	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\	into /CDAD)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			F-	-	x
b				5a 5b	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	actioi		5c		-
6a		he or	anization solicit	30		
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts	- Ou		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	*******				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as re	quired			_
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			- 1	V V
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file Formation of the organization of the organization file Formation of the organization of the or			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h_	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ne l			
_				8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	ř.	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
и 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			574	
	Section 501(c)(12) organizations. Enter:	المما	. 1			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
M	amounts due or received from them.)	4.45			4	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	í ŀ	12a		_
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?		ŀ	13a	-	_
	Note. See the instructions for additional information the organization must report on Schedule O.		•••••	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand					
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b	\neg	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.				- 1	8 -

Form 990 (2018) Young Life Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Х Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 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? х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 x 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b x Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b x Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 x 14 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? The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NAL, AK, AZ, AR, CA, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Dave Briggs, Treasurer - 719-381-1800 420 N Cascade Avenue, Colorado Springs, CO 80903

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	T		(C)			(D)	(E)	(F)
Name and Title	Average	,,_				1		Reportable	Reportable	Estimated
	hours per	(do not check more than one		compensation	compensation	amount of				
	week	-	cer ar	nd a c	directo	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	o d	92		1	sated		organization	(W-2/1099-MISC)	from the
	organizations	ruste	Institutional trustee		e	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	l in	ig i	_	Key employee	st col	_			organizations
	line)	la divi	#se	Officer	Key	Highe	Former			o. gar ii.zationio
(1) Newton Crenshaw	40.00									
President/CEO	1,00	x		х				399,765.	0.	58,553.
(2) Bill Haslam	1.00									·
Board Chair		x		x				0.	0.	0.
(3) Susan Peterson	1.00									
Vice Chair		x		x				0.	0.	0.
(4) Nanette Ballbach	1.00									-
Director		x						0.	0.	0.
(5) Sue Bere	1,00									
Director		x						0.	0.	0.
(6) John Brandon	1.00									
Director		х						0.	0.	0.
(7) Malcolm "Mac" Briggs	1.00									
Director		Х						0.	0.	0.
(8) Jody Dreyer (part year)	1.00									
Director		х						0.	0.	0.
(9) Doug Eaton	1.00									
Director		х						0.	0.	0.
(10) Brooks Entwistle	1,00									
Director		x						0.	0,	0.
(11) Heriberto Guerra	1.00									
Director		х						0.	0.	0.
(12) Bruce Hosford (part year)	1.00									
Director	1.00	X						0,	0.	0.
(13) John Hummel	1.00									
Director		Х						0.	0.	0.
(14) Susan Hutchison	1,00									
Director	1.00	Х						0.	0.	0.
(15) Regg Jones	1.00									
Director		Х						0.	0.	0.
(16) Moyo Kamgaing	1.00									
Director		х						0.	0.	0.
(17) Clyde Lear (part year)	1.00									
Director		X						0.	0.	0.

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Benefit compensation for the calendar year ending with or within the organization is tay year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
William D Tibbitt, dba WD Consulting LLC,		
1504 W Cucharras St, Colorado Springs, CO	Construction Consulting	1,790,860.
Earl Arnold, dba Kingdom Tour & Travel		
PO Box 782008, San Antonio, TX 78278	Bus Charter	1,318,925.
Sandestin Investments LLC, 9300 Emerald		
Coast Prkwy West, Miramar Beach, FL 32550	Resort Operations	622,018.
Lundy Excavating LLC		
PO Box 3122, Buena Vista, CO 81211	Excavating	484,053.
Tyler A York, dba York Bros Excavation LLC		
2660 NE Hwy 20, Ste 610, Bend, OR 97702	Excavating	348,660.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	24	

Form 990 Young Life 84-0385934

Form 990 Young Life									84-038593	4
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee	s, a	nd i	Higl	nest	Compensated Employ	rees (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(c	hecl	c all	that	app	oly)	compensation	compensation	amount of
	per						I	from	from related organizations (W-2/1099-MISC)	other
	week	<u>-</u>				loyee		the organization (W-2/1099-MISC)		compensation
	(list any hours for	Individual trustee or director				<u>B</u>				from the
	related	90	age			sate		(***-2/1099-141130)		organization and related
	organizations	truste	Institutional trustee		ake	Highest compensated employee				organizations
	below	ignal	ntion	₌	Key employee	est co	<u>ا</u>			0. ga
	line)	ig.	Instit	Officer	Key	를	Former			
(27) Mark Zoradi	1.00				Т	П	1			
Director		х						0.	0.	0
(28) Scott Brill	40.00						T			
CFO				x				152,515.	0.	14,810
(29) Steve Thompson	40,00						\vdash	,		,
C00				x				170,335.	0.	42,764
(30) Paul Sherrill	40,00				\vdash			2.0,002.		42,704
Vice President/Secretary				х				150,127.	0.	40,562
(31) Dave Briggs	40.00							,	-	10,002
Treasurer				x				131,995,	0.	39,312
(32) Janis Morton	40.00							202,000		37,312
Asst. Secretary				х				78,663.	0.	28,012
(33) John Wagner	40,00							10,000		20,012
SVP Global Cities Initiati						x		300,228.	0.	35,617
(34) Brent Cunningham	40.00						\vdash			33,017
Senior Vice President						х		218,049.	0.	35,718
(35) Wiley Scott	40.00		Н	_				220,025.		33,110
Senior Vice President						x		219,041.	0.	34,329
(36) Joshua Powell	40.00						\vdash	127,112.		34,323
Metro Director I						х		241,597.	0.	16,256
(37) John M. Caldwell	40,00					Ë		222,337,	·	10,230,
EVP Intl Ministries						x		214,565.	0.	34,134,
						_				34,134,
				\dashv		_				
									1	
				\dashv						
				\dashv						
									1	
		-	\dashv	\dashv						
		\dashv	\dashv	\dashv	\dashv		_			
		\dashv	\dashv	\dashv	-	-	_			
		-	\dashv	\dashv	-	-	-			
		-	\dashv	\dashv	\dashv	-	_			
T. I. B								4 5 11-		
Total to Part VII, Section A, line 1c	•••••							1,877,115.		321,514.

Form 990 (2018) Young Life Part VIII Statement of Revenue

_	_	_	Check if Schedule O conta	ains a resp	onse or note to any li	ne in this Part VIII	***************************************		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	2	1 8	Federated campaigns	1a	410,798.		U13781113		012 014
E a	3		Membership dues				1 1 2 7 2		
S, A		C	Fundraising events		30,555,585.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		38,023,032.				
		e	Government grants (contribution						
tion		f	All other contributions, gifts, grants	s, and					
音楽			similar amounts not included above	e 1f	268,392,040.	- R 1	attention of the		
P C		g	Noncash contributions included in lines 1	a-1f: \$	6,281,608.				500
<u> </u>	1	h	Total. Add lines 1a-1f			337,381,455.			
					Business Code			The state of	
9		2 a	Camping		900099	66,486,448.	66,486,448.		
e Zi		b	Field Ministry		900099	8,837,557.	8,837,557.		
n Si		C	Other Revenue		531110	5,487,246.	4,897,403.	589,843.	
e S		d	Employee Camp Rent		900099	947,933.	947,933.		
Program Service Revenue		е							
₾		f	All other program service reven	ue					
_	┺	g	Total. Add lines 2a-2f			81,759,184.			
	:	3	Investment income (including d						
	1		other similar amounts)			2,248,762.			2,248,762.
	4	4	Income from investment of tax-	exempt bo	nd proceeds 🕨				
	5	5	Royalties						
	1			(i) Real	(ii) Personal				
	6	a a	Gross rents	55,6	511.		# 1 - T- 19		
	1	b		52,0	28.				
	1	C	Rental income or (loss)	3,5	83.				
	1	d				3,583.		-6,378.	9,961.
	7	7 a	Gross amount from sales of	(i) Securit	17				
	1		assets other than inventory	5,806,7	02.			to the same	
		þ	Less: cost or other basis			121 - 53			
			and sales expenses	5,806,7				10-15-1	
			Gain or (loss)		0.				
		d	Net gain or (loss)		>	0.			
e	8	3 a	Gross income from fundraising		t				
Revenue			including \$30 , 555 , 5						
Re			contributions reported on line 1						
ē			Part IV, line 18						
Other			Less: direct expenses						
			Net income or (loss) from fundra	•	ts	-11,062,378.			-11,062,378.
	9	a	Gross income from gaming active						
			Part IV, line 19						
	l)		Less: direct expenses				1-14 1-1-1	7 - 4	
			Net income or (loss) from gamin						
	10	а	Gross sales of inventory, less re						
			and allowances		a 8,266,798.				
			Less: cost of goods sold						
ŀ		С	Net income or (loss) from sales of	of inventor		4,450,995.			4,450,995.
- 1		_	Miscellaneous Revenue		Business Code			111	
	11	_	Impairment on asset		900099	-11,710,108.			-11,710,108.
		b							
		C	All able as see						
			All other revenue			44 740 400			
	40		Total Add lines 11a-11d			-11,710,108.			The meaning
	12		Total revenue. See instructions			403,071,493.	81,169,341.	583,465.	-16,062,768.

Form 990 (2018) Young Life 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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B) T		(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,841,535.	4,841,535.	and the visit of	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		1		
	individuals. See Part IV, lines 15 and 16	3,993,673.	3,993,673.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,437,251.	1,201,029.	126,938.	109,284
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	155,749,890.	130,151,397.	13,755,788.	11,842,705
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,987,176.	10,852,650.	1,147,024.	987,502
9	Other employee benefits	47,283,974.	39,512,549.	4,176,109.	3,595,316
10	Payroll taxes	12,418,792.	10,377,684.	1,096,824.	944,284
11	Fees for services (non-employees):				
а	Management				
	Legal	827,426.	564,363.	204,199.	58,864
	Accounting	88,931.	60,657.	21,947.	6,327
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	172,418.			172,418
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	9,525,315.	6,614,543.	2,393,282.	517,490
12	Advertising and promotion	943,536.	91,306.	202,476.	649,754
13	Office expenses	13,329,029.	13,185,843.	143,186.	
14	Information technology				
15	Royalties				
16	Occupancy	23,697,430.	20,957,773.	1,406,649.	1,333,008
17	Travel	18,435,520.	17,289,332.	170,769.	975,419
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,683,417.	19,256,576.	379,066.	47,775
23	Insurance	11,338,419.	10,913,537.	424,882.	· · · · · ·
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Club and camping	26,063,170.	26,040,812.	21,611.	747
b	Foreign Program	5,192,882.	4,486,650.	410,238.	295,994.
С					
d					
е	All other expenses	2,916,461.	1,490,874.	1,386,358.	39,229.
25	Total functional expenses. Add lines 1 through 24e	370,926,245.	321,882,783,	27,467,346.	21,576,116.
26	Joint costs. Complete this line only if the organization			, , , , , , , ,	,0,0,110,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X | Balance Sheet

_		Check if Schedule O contains a response or no	τe to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			43,225.		50,859
	2	Savings and temporary cash investments		61,952,458.	2	50,434,976	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		633,311.	4	546,843	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					1 1 5 5
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
Assets		employees' beneficiary organizations (see instr)	. Comple	te Part II of Sch L		6	
	7	Notes and loans receivable, net			272,014.		260,078
١.	8	Inventories for sale or use			1,461,279.	8	1,680,144
- 1	9	Prepaid expenses and deferred charges			2,573,075.	9	4,749,359
	10a	Land, buildings, and equipment: cost or other					
- 1		basis. Complete Part VI of Schedule D		537,727,068.		11 8	
- 1		Less: accumulated depreciation		240,995,336.	283,443,619.		296,731,732
- 1	11	Investments - publicly traded securities	20,651,047.		20,558,832		
- 1	12	Investments - other securities. See Part IV, line	i1		9,291,033.		10,160,053
	13	Investments - program-related. See Part IV, line			782,515.	13	18,197,481
	14	Intangible assets			14		
- 1	15	Other assets. See Part IV, line 11	15,559.	15	212,158		
\dashv	16	Total assets. Add lines 1 through 15 (must equal	381,119,135.	16	403,582,515		
	17	Accounts payable and accrued expenses	27,911,237.	17	34,419,824		
- 1	18	Grants payable		18			
	19	Deferred revenue	19,383.	19	15,667		
-	20	Tax-exempt bond liabilities			20		
1	21	Escrow or custodial account liability. Complete F			21		
1	22	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employee				8	
		Complete Part II of Schedule L				22	
1		Secured mortgages and notes payable to unrela			1,655,135.	23	1,439,145.
		Unsecured notes and loans payable to unrelated				24	
-	25	Other liabilities (including federal income tax, pay					
-		parties, and other liabilities not included on lines	17-24). C	Complete Part X of	- 1		
		Schedule D			5,840,442.	25	41,040.
+		Total liabilities. Add lines 17 through 25			35,426,197.	26	35,915,676.
		Organizations that follow SFAS 117 (ASC 958)		nere 💌 🗓 and			
		complete lines 27 through 29, and lines 33 and					
1	27	Unrestricted net assets			317,457,355.	27	345,848,199.
- 11		Temporarily restricted net assets	28,235,583.	28	21,818,640.		
1		Permanently restricted net assets		29			
1		Organizations that do not follow SFAS 117 (AS	SC 958),	check here 🕨 📖 📗		THE PE	
		and complete lines 30 through 34.					
- 1	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or equ	uipment f	und		31	
- 1	32	Retained earnings, endowment, accumulated inc	ome, or	other funds		32	
	33	Total net assets or fund balances			345,692,938.	33	367,666,839.
-1-	34	Total liabilities and net assets/fund balances			381,119,135.	34	403,582,515.

Forn	n 990 (2018) Young Life	84-038	5934	Ρε	age 1			
Pa	rt XI Reconciliation of Net Assets							
_	Check if Schedule O contains a response or note to any line in this Part XI				Х			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	403	,071	,493			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	32	,145	,248			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	345	,692	,938			
5	Net unrealized gains (losses) on investments	5	1	,602	,407			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	8 Prior period adjustments							
9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
_	column (B))	10	367	,666	,839			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other				7			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		= =	- 1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	3.10					
	separate basis, consolidated basis, or both:			1113	L P			
	Separate basis Consolidated basis Both consolidated and separate basis		7.1					
b	Were the organization's financial statements audited by an independent accountant?		2b	х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:		1 700		-			
	Separate basis Consolidated basis Both consolidated and separate basis							

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Х

2c

3a

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number Young Life 84-0385934

P	art I	Reason for Public	Charity Status	All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private foun-	dation because it is:	(For lines 1 through 12,	check only	one box.)	
1	Х	A church, convention of ch	hurches, or associati	on of churches describe	ed in secti e	on 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz						r the hospital's name.
		city, and state:		•			1 X X X 7	,
5		An organization operated f	for the benefit of a co	ollege or university owner	d or opera	ted by a c	overnmental unit descri	bed 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 norma						l public described in
		section 170(b)(1)(A)(vi). (C						pablic accorded in
8		A community trust describ		(1)(A)(vi), (Complete Par	rt II)			
9		An agricultural research or				ed in coni	unction with a land-gran	t college
_		or university or a non-land-						
		university:	grant conoge or agric	valuate (See mistractionis)	. Littor tre	rianic, oil	y, and state of the colle	ge or
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its su	nnort from	contributi	ione momborabin food	and grass receipts from
-		activities related to its exer						
		income and unrelated busi						
		See section 509(a)(2). (Co		(1000 SCOTION OT I TEXT) II	OIII DUSING	oses acq	arred by the organization	raiter June 30, 1975.
11		An organization organized		ively to test for public s	afety See	section 5	00(a)(A)	
12		An organization organized						a numacea of one or
		more publicly supported or						
		lines 12a through 12d that						SHECK the DOX III
а		Type I. A supporting orga						u divina
		the supported organization						
		organization. You must o			amajonty	or trie dire	ctors or trustees or the	supporting
b		Type II. A supporting org			tion with i	e eunnart	ed organization(s), by by	wing
-		control or management of						
		organization(s). You mus			arrie persi	JIIS II IAI CI	ortifor or manage the su	oported
c		Type III functionally inte			in connec	tion with	and functionally integrat	and with
•		its supported organizatio						ea with,
а		Type III non-functionally						ization(a)
_		that is not functionally in						
		requirement (see instruct						liveriess
a		Check this box if the orga						
•		functionally integrated, o					rype i, rype ii, rype iii	
f	Ente	r the number of supported						
q		ide the following information	•				***************************************	
	4-	Name of supported	(ii) EIN	(iii) Type of organization	(IV) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				abovo (doo interdottorio)(
ota	1							

Schedule A (Form 990 or 990-EZ) 2018 Young Life 84-0385934

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			1-7	15/2511	(0) 2510	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	243,258,135.	278,137,366.	282,754,773.	332,944,426.	337,381,455.	1474476155.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ľ			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	243,258,135.	278,137,366.	282,754,773.	332,944,426.	337,381,455.	1474476155.
5	The portion of total contributions					10	
	by each person (other than a			Section 2	A 10-1 D		
	governmental unit or publicly				William S		
	supported organization) included						
	on line 1 that exceeds 2% of the		- 1				
	amount shown on line 11,		Py (/				
	column (f)						
6	Public support. Subtract line 5 from line 4.						1474476155.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	243,258,135.	278,137,366.	282,754,773.	332,944,426.	337,381,455.	1474476155.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	411,675.	350,942.	852,641.	1,209,232.	2,270,612.	5,095,102.
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 VI.)	5,851,828.	5,618,969.	5,880,117.	5,869,255.	1,649,629.	24,869,798.
11	Total support. Add lines 7 through 10						1504441055.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	364,427,678.
13	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3)	
C	organization, check this box and stop	here					▶□
	tion C. Computation of Publi						
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	98.01 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	97.70 %
16a	33 1/3% support test - 2018. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				<u>▶ x</u>
D	33 1/3% support test - 2017. If the o	rganization did not	check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quality	fies as a publicly s	upported organiza	tion			
	10% -facts-and-circumstances test						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" t	test. The organizat	ion qualifies as a p	ublicly supported	organization	***************************************	
þ	10% -facts-and-circumstances test	- 2017. If the orga	nization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b	check this box a	nd see instructions	>
					Sche	dule A (Form 990 c	or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ⊳	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					(-/	(1) 10141
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	l l					
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				BUILDING TO		
Sec	ction B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2011	(5)2010	(0) 2010	(u) 2017	(e) 2016	(i) Total
	Gross income from interest,					 	
	dividends, payments received on					1	
	securities loans, rents, royalties, and income from similar sources					1	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	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						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the everyingting's	finet accord thin				
	1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						·
iec	ction C. Computation of Public	Support Per	centage		••••••		
	Public support percentage for 2018 (lir			-l (0)		T T	
16	Public support percentage from 2017	e o, column (I), al	IVIGEO DY IINE 13, C			15	%
ec	etion D. Computation of Invest	tment Income	Percentage			16	%
				- 40 (0)		TT	
	Investment income percentage for 201		No. 4 10 Proc. 4 7			17	%
	Investment income percentage from 20			m lime of A. and the		18	%
₽¢	33 1/3% support tests - 2018. If the o	nganization did no	or cueck the pox o	n line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
h	more than 33 1/3%, check this box and 33 1/3% support tests - 2017. If the						
U	33 1/3% support tests - 2017. If the cline 18 is not more than 33 1/3%, shoot	nganization did no	DI CRECK & DOX ON	ine 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd 🖟 🦳
	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
4	· · · · · · · · · · · · · · · · · · ·	uiu not check a c	лох он япе 14. 19a	or 190. Check th	us box and see ins	STRUCTIONS	ille-

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
		71	
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	45		
	4c		
	5a		
	5b		
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	9a		
	9b		
	551		
	9c		
	40.		
	10a		
200	10b 90 or 99	0-E2)	2019

1.7	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Se</u>	ction B. Type I Supporting Organizations			
_		7.	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			150
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	100		13.1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1 -	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-34
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Jan 1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1-1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			(E
	significant voice in the organization's investment policies and in directing the use of the organization's	1777		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.55		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).	
2	Activities Test. Answer (a) and (b) below.	ŕ		No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		-	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	77		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	284		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		5	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Part V Type III Non-Functionally Integrated 509(a)(3)			Page
1 Check here if the organization satisfied the Integral Part Tes			Part VI.) See instructions
other Type III non-functionally integrated supporting organized	zations must complete S	ections A through E.	T
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instru	ections) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for great			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column	A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Colur		PARL TO THE	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	SA PERMIT	
6 Distributable Amount. Subtract line 5 from line 4, unless subject		THE RESERVED	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a	non-functionally integrate	ed Type III supporting org	anization (see
instructions).	giut	, po cappoining org	

Schedule A (Form 990 or 990-EZ) 2018

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive)	
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	`		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	العوالم بيعاريان		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	TE E IN A HEE		
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
•	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
9	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6			7 - 12 - 34 1	
J	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3i			
7	,	15 THE TEST OF		
0	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
<u>e</u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Fundraising events
2014 Amount: \$ 5,851,828.
2015 Amount: \$ 5,618,969.
2016 Amount: \$ 5,880,117.
2017 Amount: \$ 5,869,255.
2018 Amount: \$ 1,649,629.
Schedule A, Part II:
The organization is a church as described under 170(b)(1)(A)(i) and is
not required to complete a public support schedule. Schedule A, Part
II is completed to verify the church can qualify under public charity
status section 170(b)(1)(A)(vi) and qualifies to use the first listed
special rule for Schedule B reporting.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization	Employer identification number					
Үс	oung Life	84~0385934				
Organization type (check	one):	•				
Filers of:	Section:					
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule. See instructions.				
For an organizatio property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali one contributor. Complete Parts I and II. See instructions for determining a contributor	ng \$5,000 or more (in money or or or or)				
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	a, or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF), Form 990-PF, Part I, line 2, to				
LHA For Paperwork Reduction	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)				

	B (Form 990, 990-EZ, or 990-PF) (2018)		Pa
Name of o	organization		Employer identification numb
Young Li	ife		84-0385934
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Dons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

Young Life

84-0385934

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		= s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or				Employer identification number		
Young Li	fe Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	ft (d) Description of how gift is hel			
_		(e) Transfer of	gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
-	Transferee's name, address, ar	(e) Transfer of		of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship	of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
	Transferee's name, address, ar	gift Relationship	of transferor to transferee			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Young Life

Employer identification number 84-0385934

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
-			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	***************************************		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
d		· ·	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year
	Data and assessment as a data in a College		- a May (-) (n
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organizat conservation easements.	ion's financial statements that describes	sthe organization's accounting for
Pa	rt III Organizations Maintaining Collections of	Art Historical Treasures or C	ther Similar Assets
	Complete if the organization answered "Yes" on Form		Aner Onnia Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of ort
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		ance of public service, provide, in Part Alli,
b	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art historical
-	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	docutor, or rescaror in fartherance of pe	blic service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical tree		
	the following amounts required to be reported under SFAS 1:		ar garri, provide
а	Revenue included on Form 990, Part VIII, line 1		S
	Assets included in Form 990, Part X	***************************************	▶ \$

Separation	edule D (Form 990) 2018 Young Life					0385934	Page
P	art III Organizations Maintaining	Collections of A	rt, Historical T	reasures, or Ot	her Similar <i>i</i>	Assets/contin	ued)
3	Using the organization's acquisition, access	sion, and other record	ls, check any of the	following that are a	significant use	of its collection	items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	change programs			
b	Scholarly research	е	Other				
C	goriorano, io						
4	Provide a description of the organization's of	collections and explai	n how they further t	the organization's ex	xempt purpose i	in Part XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other simi	lar assets		
_	to be sold to raise funds rather than to be m	naintained as part of t	he organization's c	ollection?		Yes	No
Pa	rt IV Escrow and Custodial Arrar	ngements. Comple	ete if the organization	on answered "Yes" o	on Form 990, Pa	art IV, line 9, or	
_	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custoo						
	on Form 990, Part X?		•••••			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				
						Amount	
C					1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account lial	oility?	Yes	No
Ba	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds, Complete	. Check here if the ex	planation has been	provided on Part X	III		
га	rt V Endowment Funds. Complete		Total and the second		The second second		
4.	Designation of the Late	(a) Current year	(b) Prior year	(c) Two years back	1		ears back
1a		28,235,583.	16,126,939.				318,143.
b		60,674,799.	66,050,468.	42,492,881.	55,174,	430. 33,	432,114.
C	Net investment earnings, gains, and losses						
d							
е	Other expenditures for facilities	67 001 740	53 844 884				
	and programs	67,081,742.	53,941,824.	36,765,095.	59,166,	072. 34,:	359,462.
	Administrative expenses	21 020 640	22 225 522	16 106 105			
g	***************************************	21,828,640.	28,235,583.		10,399,	153. 14,3	390,795.
2	Provide the estimated percentage of the cur	rent year end balance		i)) held as:			
	Board designated or quasi-endowment Permanent endowment	0/	_%				
		% 100.00 %					
C							
22	The percentages on lines 2a, 2b, and 2c sho						
Oa	Are there endowment funds not in the posse by:	ssion of the organiza	tion that are neid ai	nd administered for	the organization	-	
	-					I Y	es No
		• • • • • • • • • • • • • • • • • • • •		••••••		3a(i)	х х
h	(ii) related organizations	tions listed as year in			•••••	3a(ii)	X
4	Describe in Part XIII the intended uses of the	cions listed as require	ed on Schedule R?			3b	x
-	t VI Land, Buildings, and Equipm	ent	vinent iunas.				
	Complete if the organization answered		Part IV line 11a C	on Form 000 Dort V	/ lim = 10		
	Description of property	(a) Cost or oth				(4) 5	
	boomphon of property	basis (investm		1 1-7	Accumulated preciation	(d) Book	/alue
1a	Land			342,411.	p. colation	E7 2	12 111
	Buildings				139,790,738.		42,411.
c	Leasehold improvements			,162,704.	1,755,261.		43,073.
	Equipment			181,697.	37,150,895.		07,443. 30,802.
	Other			,506,445.	62,298,442,		08,003.
otal	. Add lines 1a through 1e. (Column (d) must ed	oual Form 990 Part X					31,732.
	24,1		, 55.5 10/, 1110 1		·····	1,062	VI,194.

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation		d-of-vear market value
(1) Financial derivatives				you market raide
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		V No.		
Part VIII Investments - Program Related.				
	E 000 B 187 B			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1	1c. See Form 990, Part X, I	ne 13.	d - 6
	(b) Book value	(c) Method of valuation:	Cost or en	d-ot-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, li	ne 15.	
(1)				(b) Book value
(1)				(b) Book value
(2)				(b) Book value
(2)				(b) Book value
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		>	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	▶ urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	<i>15.)</i> n Form 990, Part IV, line 1		urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) Custodial funds	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4) (5)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4) (5) (6)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4) (5)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4) (5) (6)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4) (5) (6) (7)	<i>15.)</i> n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) Custodial funds (3) (4) (5) (6) (7) (8)	15.) n Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa) Book value	urt X, line 25	

Part XI Reconciliation of Revenue per Audited Financial S		nue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,			
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 (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	1 6/1	
d Other (Describe in Part XIII.)	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 XIII.)		3 (
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,			
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	3.50	
b Prior year adjustments	2b	=	
c Other losses	2c		
d Other (Describe in Part XIII.)	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	42		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1h and 2h:	Part V line 4: Part V line 2: Part VI	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information	art v, mio -, r art X, mio 2, r art Xi,	
	,		
Part V, line 4:			
The endowment funds are intended to be used for the camping	and club		
activities of Young Life.			
This Schedule is provided to give the reader an understanding	g of Young		
Life temporarily restricted funds. Campership and Capital fur	nds are given		
by donors and are temporarily restricted in purpose. Most of	the funds are		
usually spent within the same year they are given. Campersh	ip funds are		
given to help fund kids going to camp and Capital funds are	given to		
purchase property, plant and equipment.			
Form 990, Schedule D, Part V, Lines 2a-2c:			
In accordance with the principles of FASB ASU 2016-14 (ASC 99	58), the		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Young Life					84-0385934	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organ	ization answered	"Yes" on
Form 990, Part I						
			ds to substantiate the amount of its gra			
the grantees' eligibility f	or the grants or	assistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes No
	cribe in Part V the	organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	utside the
United States.						
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	rity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
			Grants to recipients			
North America	0	0	located in region			47,691.
Central America and			Grants to recipients			
the Caribbean	0	0	located in region			395,846.
			Grants to recipients			1
South America	0	0	located in region			129,304.
						125,004,
			Grants to recipients			
Europe	0	0	located in region			881,344.
Middle East and			Grants to recipients			
North Africa	o	0	located in region			56,309.
						30,303.
			Grants to recipients			
Sub-Saharan Africa	0	0	located in region			755,030.
East Asia and the						
Pacific	0		Grants to recipients located in region			FFC 204
1401110	, ,	0	rocated in region			556,304.
			Grants to recipients			
South Asia	0	0	located in region			286,482.
3 a Subtotal	0	0				3,108,310.
b Total from continuation						
sheets to Part I	0	1055				21,065,289.
c Totals (add lines 3a		1055				24 173 500

Schedule F (Form 990) Part I Continuation	Young Life on of Activitie	s per Regio	n.(Schedule F (Form 990), Part I, line	84-03859	934 Page 1
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia & the Newly Independent States	0	0	Grants to recipients located in region		885,363.
North America	0	114	Program services	Field ministry	87,441.
Central America and the Caribbean	0	164	Program services	Field ministry	1,283,463.
South America	0	82	Program services	Field ministry	388,652,
Europe	0	141	Program services	Field ministry	452,254.
Middle East and North Africa	0	11	Program services	Field ministry	156,815.
Sub-Saharan Africa	0	254	Program services	Field ministry	5,612,226.
East Asia and the Pacific	0	160	Program services	Field ministry	138,896.
South Asia	0	49	Program services	Field ministry	234,563.
Russia & the Newly Independent States	0	80	Program services	Field ministry	883,052.
Totals					

Schedule F (Form 990) Part Continuation	Young Life	o non Bonio		84-0385934	Page 1
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundralsing, 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 for region
Central America and the Caribbean	0	0	Investments		10,160,053.
North America	0	0	Investments		782,511.
				1	
Totals		1055			21,065,289.

Schedule F (Form 990) 2018

Part II

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

84-0385934

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Ö 0 o. (g) Amount of ö 0 0 ٥. ö noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt cash disbursement 118,817. Wire transfer 129,597, Wire transfer 16,876. Wire transfer 16,967. Wire transfer 87,946, Wire transfer (f) Manner of 9,711. Wire transfer 11,220. Wire transfer 119,955, Wire transfer of cash grant (e) Amount by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant and the Carribean Fouth Ministry and the Carribean Youth Ministry Youth Ministry and the Carribean Fouth Ministry Youth Ministry Youth Ministry Youth Ministry Youth Ministry and the Carribean entral America entral America entral America Central America (c) Region South America South America Enter total number of other organizations or entities Europe Europe (b) IRS code section and EIN (if applicable) (a) Name of organization N က

Schedule F (Form 990) 2018

	or arres and other	Assistance to Organiz	Commission of a line and care Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 990), Part II, line 1)	e Ollieu Stales	Scredule F (Form S	90), Part II, line 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	Youth Ministry	α σ	20 82 94 14 14 14 14	c		
		Burope	Youth Ministry	. 66,379.	66,379.Wire transfer	0		
		Europe	Youth Ministry	139,758.	139,758, Wire transfer	0		
		Europe	Youth Ministry	91,693.	Wire transfer	.0		
		Burope	Youth Ministry	5,349.	349.Wire transfer	0		
		Europe	Youth Ministry	19,051.	19,051.Wire transfer	0		
		Europe	Youth Ministry	89,556,	556.Wire transfer	0		
		Europe	Youth Ministry	108,489.	108,489.Wire transfer	°°		
	ω.	Europe	Youth Ministry	18,068,	18,068.Wire transfer	0		

. a.c.: Continuation	of Glants and Cule	Assistance to Organiz	Commingation of drafts and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	Schedule F (Form 9	90), Part II, line 1		
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	Youth Ministry	13,440.	13.440.Wire transfer	o		
		Middle Bast and North Africa	Youth Ministry	26,500.	26,500.Wire transfer	.0		
		Middle East and North Africa	Youth Ministry	11,329.	11,329,Wire transfer	0		
		North America	Youth Ministry	47,291.	47,291.Wire transfer	.0		
		Sub-Saharan Africa	Youth Ministry	23,108.	23,108.Wire transfer	.0		
		Sub-Saharan Africa	Youth Ministry	298,373.	Wire transfer	0		
		Sub-Saharan Africa	Youth Ministry	39,800.	Wire transfer	0		
		Sub-Saharan Africa	Youth Ministry	5,720.	5,720,Wire transfer	.0		
	V. 6.	Sub-Saharan Africa	routh Ministry	5 129	129.Wire transfer	c		

Schedule F (Form 990)	Young Life	ife	3		84-0385934	34		Page 2
၂ စု	(b) IRS code section and EIN (if applicable)	(c) Region	of organization and EIN (if applicable) (c) Region (d) Purpose of grant cash grant (e) Amount (f) Manner of non-cash assistance assistance (e) Amount (f) Manner of non-cash assistance (f) Manner of non-cash assistance (f) Manner of non-cash assistance	(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)
		Sub-Saharan Africa	Youth Ministry	7,248.	7,248.Wire transfer	.0		
		East Asia and the Pacific	Youth Ministry	183,163.wire	Wire transfer	0.		
		East Asia and the Pacific	Youth Ministry	112,263.	112,263.Wire transfer	,0		
		East Asia and the Pacific	Youth Ministry	39,272.	39,272,Wire transfer	0		
		East Asia and the Pacific	Youth Ministry	141,230.	141,230, Wire transfer	.0		
		East Asia and the Pacific	Youth Ministry	15,700.	15,700.Wire transfer	0		
		East Asia and the Pacific	Youth Ministry	12,699.	Wire transfer	0		
		South Asia	Youth Ministry	50,959,	50,959.Wire transfer	.0		
		South Asia	Youth Ministry	191,485,	191,485,wire transfer	.0		

Part II Continuation of	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	Schedule F (Form 9	90), Part II, line 1)	
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)
		-	·					
		South Asia	Youth Ministry	31,966.	31,966 Wire transfer	0		
		Russia and the Newly Independent						
		States	Youth Ministry	52,996.Wire	Wire transfer	0		
		Russia and the Newly Independent States	Youth Ministry	72,869	72.869.Wire transfer	O		
		Russia and the Newly Independent States	Youth Ministry	34,691.	34,691.Wire transfer	0		
		Russia and the Newly Independent	1400		-	c		
		02220	TOTAL WITH SCLY	.000	wire transier	Ď		
		Russia and the Newly Independent States	Youth Ministry	9,657.	9,657,Wire transfer	0		
		Russia and the Newly Independent States	Youth Ministry	32,345.	Wire transfer	0		
		Russia and the Newly Independent States	Youth Ministry	181,764.	181,764.Wire transfer	0		
		Russia and the Newly Independent						
		States	Youth Ministry	361,503.	361,503,Wire transfer	0.		

Page 3

Schedule F (Form 990) 2018 Young Life

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

(h) Method of	valuation (book, FMV, appraisal, other)									
	noncash assistance									
(f) Amount of	noncash assistance	0	0	.0	0	0	0	0	0	
(e) Manner of	cash disbursement	Wire Transfer	ire Transfer	99,827.Wire Transfer	18,480.Wire Transfer	Wire Transfer	44,538.Wire Transfer	742.Wire Transfer	126,171.Wire Transfer	
(d) Amount of	cash grant	, 107, 199	23,540.Wire	99,827.	18,480.W	371,046.	44,538,	8,742.W	126,171.W	
	recipients	92	12	43	10	171	56	21	63	
dditional space is needed		Central America and the Caribbean	South America	Europe	Middle East and North Africa	Sub-Saharan Africa	East Asia and the Pacific	South Asia	Russia & the Newly Independent States	
Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region		Tuition, room, and board	Tuition, room, and board	Tuition, room, and board	Tuition, room, and board	Tuition, room, and board	Tuition, room, and board	Tuition, room, and board	Tuition, room, and board	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X Yes	□ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Part V | Supplemental Information

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

Part I, Line 2:
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, vice presidents, and senior 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's office for approval. After
the SVP has reviewed the request, it is forwarded to Young Life financial
services which ensures the recipients and banks have been checked on the
OFAC list. Other supporting documentation might also be requested at this
time.
Finally, certain staff serving outside of the United States have purchase
cards that are used to pay for appropriate business expenses. All
purchases must go through appropriate sign off and approval process.
Part I, line 3:
In addition to the grantee selection and monitoring process, Young Life
accounts for foreign expenditures according to the accrual basis of
accounting using appropriate documentation and procedures such as
receipts and expense reports under an accountable reimbursement plan.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization						Employer ide	entification number
Young Life						84-0385934	
Fundraising Activities required to complete this part	Complete if the organization answert.	ered "\	res" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with position viduals or entities (fundraisers) pursue	tion of tion of fundra (inclu profess	non-g gover aising ding o	overnment grants mment grants events fficers, directors, tru fundraising services?	stees,	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
One Accord LLC - 1018 Market		Yes	No				
St, Kirkland, WA 98033	Campaign consulting		х	30,675,829.		172,418.	30,503,411.
		_					
Total			>	30,675,829.		172,418.	30,503,411.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	litis e	exempt from re	egistration

		le G (Form 990 or 990 EZ) 2018 Young Life				385934 Page 2
Pa	art	•	ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
_	_	of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			Banquets	Golf Events	22	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	22,286,773.	7,689,415.	2,229,026.	32,205,214.
	2	Less: Contributions	22,171,227.	6,975,346.	1,409,012.	30,555,585.
	3	Gross income (line 1 minus line 2)	115,546.	714,069.	820,014.	1,649,629.
	4	Cash prizes				
Ø	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		3,184,609.	3,944,306.	12,712,007.
	10	Direct expense summary. Add lines 4 through				12,712,007.
		Net income summary. Subtract line 10 from I	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-11,062,378.
Pa	ırt l	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	١.					
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
		not garring moonto barrinary. Subtract into i	nom mie 1, column (c)			
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
а	ls ti	ne organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
		No," explain:				
	Wei	re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
- P		/es," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2018 Young Life 8	4-0385	934		Page 3
11	Does the organization conduct gaming activities with nonmembers?			res .	No
	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?	Γ	□ \	/ac	☐ No
13	Indicate the percentage of gaming activity conducted in:				
		î.	13a		%
	a The organization's facility		13b		%
	o An outside facility		ISD		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:			
	Name				
	Address >				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□ 1	es/	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amour	nt			
	of gaming revenue retained by the third party 🕨 \$				
C	e If "Yes," enter name and address of the third party:				
	Name >				
	Address >				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_		
	retain the state gaming license?	,L	Y	'es	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year 🕨 💲				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part I	II, line	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
Sch	edule G, Part I, Line 3:				
You	ng Life is recognized as a church and is exempt from applying to				
reg	ister to solicit contributions in all states that require				
rea	istration.				
					
				_	

Schedule G (Form 990 or 990-EZ) Young Life Part IV Supplemental Information (continued)	84-0385934	Page 4
Supplemental information (continued)		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No. 1545-0047	2018	Open to Public	Inspection

Go to www.irs.gov/Form990 for the latest information.

Employer identification number ž Support for organization (h) Purpose of grant 84-0385934 nvest with support or assistance x Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any organization 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 (g) Description of noncash assistance (f) Method of valuation (book, EMV, appraisal, other) oʻ 0 ö ö o. 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 33,250, (d) Amount of 4,434,457 24,203 12,000 8,864, 144,974. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table 84-1578900 84-6041371 74-2238462 83-0445824 General Information on Grants and Assistance 23-1381400 58-2266139 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Young Life Colorado Springs, CO 80903 Colorado Springs, CO 80903 Partners in Dev Worldwide Tallulah Falls, GA 30573 or government Helping Hand Ministries 135 Main St, PO Box 337 Young Life Foundation 540 N Cascade Ste 300 Villanova, PA 19085 Name of the organization 420 N Cascade Ave Lubbock, TX 79464 Matrix Ministries Seattle, WA 98117 6521 11th Ave NW PO Box 65303 PO Box 370 In Faith Part Part II Q

Schedule I (Form 990) (2018)

nization	nization	nization		
		gani		

84-0385934 Page 1	(g) Description of non-cash assistance or assistance	Support for organization	Support for organization	Support for organization	Support for organization	for			
dule I (Form 990), Part II.)	(f) Method of valuation (book, FMV, appraisal, other)								
ited States (Sche	(e) Amount of non-cash assistance	0	0	0	0	0			
izations in the Un	(d) Amount of cash grant	21,000.	8,250.	11,421.	52,000.	7,614.		ş:	
vernments and Organ	(c) IRC section if applicable	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)	501(c)(3)			
Assistance to Go	(b) EIN	26-0229915			59-2714867	45-0232404			
Schedule I (Form 990) Young Life Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	Overflow Community Church PO Box 732 Benton Harbor, MI 49022	Church of the Redeemer Greensboro 5572 Garden Village Way #17 Greensboro, NC 27410	St. James Episcopal Church 6927 8th Ave Cannon Ball, ND 58528	Haiti Child Sponsorship 320 Town Center Ave, Ste C-11 #285 Suwanee, GA 30024	The Episcopal Diocese of N Dakota 3600 25th Street South Fargo, ND 58104			

84-0385934

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant Money is transferred to a wholly owned supporting organization (Young Life exempt status and prints select financial statements from its Form 990 (if back to Young Life for program purposes. Young Life may provide other very Investment returns are transferred organizations that Young Life has contact with through the ministry to youth around the country. Young Life verifies each organization's tax (b) Number of recipients These grants are made to (a) Type of grant or assistance small grants on a case by case basis, Foundation) for investment purposes. Part I, Line 2: Part III

available).

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury internal Revenue Service

Young Life

Employer identification number 84-0385934

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	6		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Tills
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			- 100
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract		4	
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			1
			131	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		33	
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1 8		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	11.8		
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.		100	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		-	
	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			157
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VIII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)·(B)	in column (B) reported as deferred on prior Form 990
(1) Newton Crenshaw	ε	273,903.	48,750,	77,112.	35,669.	22,884.	458,318,	0
댧ㅣ	(E)	0.	0	0.	0	0	0	0
(2) Scott Brill	Ξ	125,379.	.0	27,136.	0	14,810.	167,325,	0
- 1	(1)	0.	.0	.0	0	0	0	0
(3) Steve Thompson	Ξ	157,464.	.0	12,871.	18,188	24,576.	213,099.	0
- 1	E	0.	.0	.0	0.	0	0	0
(4) Paul Sherrill	Ξ	143,340.	• 0	6,787.	16,556.	24,006.	190,689.	0
a	(E)	0.	.0	0	0	0	0	0,
(5) Dave Briggs	8	126,024.	.0	5,971.	14,578.	24,734.	171,307.	0
92	E	.0	.0	0.	0	0	0	0
(6) John Wagner	Ξ	76,551.	.0	223,677.	12,839,	22,778.	335,845,	0
SVP Global Cities Initiati	E	0.	.0	0	0.	0.		0
(7) Brent Cunningham	Ξ	57,159.	0.	160,890.	13,584.	22,134.	253,767,	0
Senior Vice President	€	0.	0.	0.	0	0	0	0
(8) Wiley Scott	Ξ	103,629.	0.	115,412.	, 12,195.	22,134.	253,370,	0
Senior Vice President	1	0.	.0	.0	0.	0	0	0
(9) Joshua Powell	Ξ	567.	.0	241,030.	4,973.	11,283.	257,853.	0
Metro Director I	1	0.	0.	.0	0	0	0	0
(10) John M. Caldwell	Θ	149,274.	0	65,291.	18,279.	15,855.	248,699,	0
EVP Intl Ministries	(ii)	0.	.0	.0	0.	0	0	0
	ε							
	(ii)							
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	(E)							
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	⊞							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

OMB No. 1545-0047

2018

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Young Life

Employer identification number 84-0385934

De	rt I Types of Property				0 2 0 3	00009		
Pe	rt I Types of Property	т						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermi		nts
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	х	19	183 742	FMV-Similar Asse	+ 0-1		
7	Boats and planes			100,712,	THE DIMITOR ASSE	c ba.	Les	_
8	Intellectual property						_	
9	Securities - Publicly traded	x	1,001	5 806 702	Published Trade	Drice	_	_
10	Securities - Closely held stock		-,	5,000,702.	tabilibled fidde	FIICE	_	
11	Securities - Partnership, LLC, or					_		_
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							_
14	Qualified conservation contribution - Other							
15	Real estate - Residential						_	
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 (Equipment)	х	6	262 566	FMV-Similar Asse	L 0-		
26	Other (Miscellaneous)	x	5		FMV-Similar Asse			
27	Other (Furniture)	X	3		FMV-Similar Asse			
28	Other Computers	X	1		FMV-Similar Asse FMV-Similar Asse			
29	Number of Forms 8283 received by the organiz				FMV-SIMILAR ASSE	t sa		
	for which the organization completed Form 828						,	
	To which the organization completed form 626	oo, Pailiv, L	onee Acknowledg	ement29			3	_
30a	During the year, did the organization receive by	, contribution		and and in David I live and discussed	1 00 d		Yes	No
	must hold for at least three years from the date							
	evernt purposes for the entire holding period?	or the mitial	contribution, and	wnich isn't required to be u	sed for			-
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	***************************************	••••••	•••••••••••••••••••••••••••••••••••••••		30a		X
31		valiav that ==	auiros the review -	of anu namataw day d = 1 *1	4i0			-
	Does the organization have a gift acceptance p				tion\$?	31	Х	-
JEQ	Does the organization hire or use third parties of contributions?					L. I		
h	contributions? If "Yes," describe in Part II.	••••••			***************************************	32a		X
33	-	alı manı /-\ e		Annual Control of the Control		4.6		
	If the organization didn't report an amount in codescribe in Part II.	Diumn (c) for	a type of property	for which column (a) is che	cked,	.55		1
	UCOUNDE III FAIR II.							

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

Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** Young Life 84-0385934 Form 990 Young Life is a church and is therefore exempt from filing the Form 990, but does so voluntarily. Form 990 Part III, Line 1 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. Form 990, Part V, Line 4b, List of Foreign Countries: Canada, Cayman Islands, Bermuda, Costa Rica, Dominican Republic, Nicaragua, Portugal, Germany, Colombia, Paraguay, Ethiopia, Malawi Tanzania, Czech Republic, Liberia, Spain, Poland, Kenya, Uganda, Zimbabwe Chile, Guatemala, Armenia, Mozambique Haiti, Mexico, Hong Kong, Sweden, Sierra Leone, Peru, Mali, Congo, Dem Rep, El Salvador, Swaziland, South Africa, Israel, Rwanda, Bangladesh, Belize, Ecuador

Form 990, Part VI, Section B, Line 15:

In July of each year, Young Life's Chief Human Resources Officer provides

the CEO's compensation history and CEO comparative data to the chair of the

Name of the organization Young Life	Employer identification number 84-0385934
Young Life board of trustees. 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.	
Each year officers and key employees receive an employee performance	
evaluation from their supervisors. Human resources provides market	
comparisons as part of the determination of compensation. The finance	
committee and executive committee review and approve the total compensation	
increase for the mission. The decisions are contemporaneously recorded in	
the committee minutes.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL,AK,AZ,AR,CA,CT,DC,FL,GA,HI,IL,KS,KY,LA,MD,ME,MA,MI,MN,MS,MO,NH,NJ,NM,NY	
NC,ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WV,WI	
Form 990, Part VI, Section C, Line 19:	
Governing documents and the conflict of interest policy are available upon	
request. Financial statements are available on the Young Life website.	
Form 990, Part VII Officers:	
The officers that can purchase, sell, or transfer Young Life assets has	
been limited to the President, CFO, COO, Secretary, Treasurer,	

Young Life's finance committee assumes responsibility for oversight of

the audit of its financial statements and selection of an independent

accountant. This process has not changed since the prior year.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB Nó. 1545-0047

Open to Public Inspection

Employer identification number 84-0385934 Young Life Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
3E Geothermal LLC - 27-3872878 420 N Cascade Ave					
	Holding Company	Colorado	0	35 000	35 000 Young Life
Creative Camping Services, LLC - 83-3701634 540 N Cascade Ave					D 1117
Colorado Springs, CO 80903	Youth Camps	Colorado	2,940,941.	754_733	

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

anization Colorado 501(c)(3) Line 12b, II Young Lianization Canada N/A Young Libration Republic N/A Young Libration Republic N/A Young Libration Colorado 501(c)(3) Line 12b, II Young Libration Colorado 501(c)(3) Line 12b, II Young Libration Colorado 501(c)(3)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
anization Colorado 501(c)(3) Line 12b, II Young Lianization Canada N/A Young Liboninican Republic N/A Young Liboninican Republic N/A Young Liboninican Colorado 501(c)(3) Line 12b, II Young Liboninican Colorado 501(c)(5) Liboninican Colorado 501(c)(5) Liboninican Colorado 501(c)(5) Liboninican Co	Volum Tife Boundation 84 5041221				((c)(3))		Yes
anization Colorado 501(c)(3) Line 12b, II Young Lianization Canada N/A Young Liboninican Republic N/A Young Liboninican Republic N/A Toung Liboninican Repu	TORMS TITE LORMANION - 04-00413/1						
anization Colorado 501(c)(3) Line 12b, II Young Lianization Canada N/A Young Liboninican Republic N/A Young Liboninican Republic N/A Toung Liboninican Repu	420 N Cascade Ave						
anization Canada N/A Young Li Dominican Republic N/A Young Li Young Li		Support Organization	Colorado	501(c)(3)	Line 12h TT	Vouna 1460	,
anization Canada N/A Young Li Dominican Republic N/A Young Li	YL Malibu Club Ministry Affiliates				11 / 201	DITT SHOOT	4
anization Canada N/A Young Li Dominican Republic N/A Young Li	6545 Maple Rd	20 ==					
Dominican Republic N/A Young Li Solorado 501(c)(3) Line 12b, II Young Li		Support Organization	Canada	M/A			
Dominican Republic N/A Young Li Colorado 501(c)(3) Line 12b, II Young Li						round nile	×
Dominican Republic N/A Young Li Colorado 501(c)(3) Line 12b, II Young Li	Pico Escondido, Ruta Mogote						
Colorado 501(c)(3) Line 12b, II Young Li	Pinar Quermado Arriba, Jarrabacoa, DOMINICAN	Missionary	Dominican Republic	W/W		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:
18 Colorado 501(c)(3) Line 12b, II koung Li	The Young Life Property Charitable Trust -					arra funci	×
Colorado 501(c)(3) Line 12b, II roung Li	20-7203983, 420 N Cascade Ave, Colorado						
		Contributions	Colorado		Line 12b, II	Young Life	-
	For Paperwork Reduction Act Notice, see the Instructions for Form 990	s for Form 990.				Saltadal B	

Schedule R (Form 990) 2018

Young Life Schedule R (Form 990)

84-0385934

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	(b)(13) ed ion?
				501(c)(3))		Yes	No
Young Life Costa Rica YLCR Anonymous						⊬	
INGEAA, Alvasa Building, 1st Floor							
San Jose, COSTA RICA	Missionary	Costa Rica	N/A	24	Young Life		×
							ĺ
							ľ
							1
							Ì
832222 04-01-18							Ĩ

Page 2

84-0385934

Schedule R (Form 990) 2018 Young Life

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

(j) (k) General or Percentage managing ownership		
General or managing partner?		
Gen		
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
ritionate ions?		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

(a)	(q)	(c)	(p)	(e)	(£)	(6)	3	€	Î
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	of ear	Percentage ownership	Section 512(b)(13) controlled entity?	7.73)
		country)		6				Yes	N _o
3E Ministries - 84-1556504									Î
420 N Cascade Ave	Sale of YL								
Colorado Springs, CO 80903	Merchandise	8	Young Life	C CORP	191,749.	62,585,	100,008	×	
Malibu Yacht Charters								t	
6545 Maple Rd									
Egmont, British Columbia, CANADA VON 1N0	Transportation	Canada	Young Life		477,403.	353,534.	100.00\$	×	
									1
	Hold assets and remit								
Irrevocable Charitable Trusts (3)	income to Young Life	00	Young Life						×
								T	l
								t	ľ

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				ľ	Į,	
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more	lowing transactions with one or more relationstransianisms and transactions with the second s	9 = 1		Yes	2
a Beceint of (i) interest (ii) annuities (iii) was the control of	500000000000000000000000000000000000000	cated organizations hate	d ii raits ii-lv?			
				1a		×
				4	×	
 Giff, grant, or capital contribution from related organization(s) 				٤		
d Loans or loan quarantees to or for related organization(s)				2	1	1
				14		×
e Loans or loan guarantees by related organization(s)				- <u>1</u>	×	
f Dividends from related organization(s)				7	T	Þ
g Sale of assets to related organization(s)				=	†	ا
				19	1	×
				÷		×
 Exchange of assets with related organization(s) 				÷	T	×
 Lease of facilities, equipment, or other assets to related organization(s) 				-	T	
K Lease of facilities, equipment, or other assets from related organization(s)				*	Г	×
	anization(s)			=	T	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			H	×	
	tion(s)			⊢	×	
 Sharing of paid employees with related organization(s) 				╀	t	,
				0	+	4
p Reimbursement paid to related organization(s) for expenses				8	Ì	;
				<u>a</u>	7	×
				19		×
Other transfer of cash of property to related organization(s)				1-		×
				5		×
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.	who must complete t	his line, including covered	d relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		1
(1) 3E Ministries	M	40,020	40,020.Book Value			
(2) Young Life Foundation	щ	0				ĺ
(3) Young Life Foundation	υ	.0				1
(4) Young Life Foundation	×	• 0				Ĭ
(5) Young Life Foundation	ĸ	0				Ï
(9)						
832163 10-02-18			Schedule R (Form 990) 2018	(Form 9	390) 2	185

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

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

	- I	All Indicate and India	Schille in in						
(a) Name address and EIN	(b)	(c)	(b)	£		Ξ	(1)	9	(k)
of entity	rinary activity	(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under ons.? sections 512-514)	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	Disproporation of the Code V-UBI General or Percentage fundal amount in box 20 managing ownership dispracy ovnership form 1055)	General or Panaging	ercentage ownership
						9		02 89	

Schedule R (Form 990) 2018

Schedule F	(Form 990) 2018 Young Life	84-0385934	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		