Young Lives - Teenage Moms Program

Hamilton County, Tennessee

Supported Agencies - Budget Year 2025

1015900 - YOUNG LIVES - TEENAGE MOMS PROGRAM	Prior Year Actuals					FY 2024 Budget			FY 2025 Budget			
DESCRIPTION	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Adopted	Amended	YTD Thru 3/31/2024	Requested	Cuts	Proposed	Change from PY Adopted
56003 APPROPRIATION	-	-	-	-	-	-	-	-	57,000		**57,000**	57,000
Operating Expenditures Subtotal:	-	-	-	-	-	-	-	-	*57,000*		***57,000***	*57,000*
1015900-YOUNG LIVES - TEENAGE MOMS PROGRAM Totals:	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	***57,000***		***57,000***	***57,000***

BUDGET REQUEST APPLICATION
FY 2024-2025

A. Cover Form

Organization Name: Young Life

Organization Legal Name: Young Life

Project Name(s): Young Lives

Federal Tax ID#: 84-0385934

Mailing Address: 420 N Cascade Avenue Colorado Springs, CO 80903

Hamilton County Address: 757 East MLK Blvd. Chattanooga, TN 37403

Year Established: 1941

Years organization has operated in Hamilton County or served Hamilton County residents: 45

Organization's authorizing official contact: David Haskins

Organization's application contact person: David Haskins

Fiscal year total operating budget: $1,365,000.00

Current fiscal year start/end date: 10/1/2023 - 9/30/2024

First time applicant: YES

Requested county funds: $ 57,000

The above and following schedules embodying a request for an allocation from Hamilton County, Tennessee for the fiscal year ending June 30, 2025 (fiscal year 2025) were considered and approved by our Board of Directors on 01/15/2024. In the judgment of our Board, it represents the minimum needs of our organization for this fiscal year.

Signature of President or Board Chair (committee Chair)

Signature of Executive Director

THIS ALLOCATION REQUEST IS DUE BY JANUARY 31,2024

B. Grant Application

STATEMENT OF NEED

1. What needs does your program address, and why is it important to the Hamilton County population?

Sections B and C attached in separate document.

2. Provide data and statistics that support your organization's needs.

OUTCOMES / OUTPUTS / INITIATIVES

3. How do you plan to utilize grant money awarded by Hamilton County?

4. What results are you committed to achieving during the grant period? What key performance measures will you use to evaluate and track those results? (750-word suggestion)

5. What entities do you collaborate with which could also benefit from monies awarded by Hamilton County?

6. What is your organization's long-term vision, as it relates to your philanthropy and operations?

C. Evaluation and Sustainability

7. If you utilize any evidence-based programs, please indicate which state and/or federal websites list the program and the rating given.

8. Describe how your organization plans to sustain services financially if Hamilton County funds do not extend past the awarded fiscal year

D. Budget, Supporting Financial Documents and Attachments

Submit each of the following and complete the schedules that follow. If a document is not attached to your submission, please select N/A in the appropriate dropdown box:

- Your most recent audit (and previous two audits for organizations with a budget of $750,000 or more)

  N/A
- The organization's current operating budget - Schedule I

  Document Attached
- A Form 990 from the previous three (3) years

  Document Attached
- IRS Letter of Determination

  Document Attached
- Current Certificate of Existence with the State of Tennessee

  N/A
- Demographic information for clients served - Schedule II

  Document Attached
- Board & Staff Information - Schedule III

  Document Attached
- Grants, Contracts, MOU Table - Schedule IV

  Document Attached
- Strategic Plan

  N/A
- Letters of Support

  N/A

PROGRAM BUDGET SUPPORT REVENUE

Schedule I

NAME OF AGENCY BUDGET BY SERVICES FOR	FY 2024 Approved Budget	FY 2025 Proposed Budget	REVENUES Support/ Revenues	EXPENSES/EXPENDITURES PROGRAM SERVICES Program 1	Program 2	Program 3	Total Prog. Servs.	SUPPORT SERVICES Mgmt & General	Fund Raising	Total Supp. Serv.
SUPPORT/REVENUE FOR CURRENT OPERATIONS:										
Contributions	1,200,000	1,250,000	1,250,000							
Net Proceeds Special Events	165,000	180,000	180,000							
Designations	0	0								
United Way	0	0								
Fees/Grants from Governmental Agencies	0	0								
Membership Dues	0	0								
Program Income	0	0								
Sales to Public	0	0								
Investment Income	0	0								
Transfers to Operating Budget	0	0								
Income from Previous Year	0	0								
Miscellaneous	0	0								
*Support Requested from Hamilton County	0	57,000	57,000							
TOTAL SUPPORT/REVENUES	1,365,000	1,487,000	1,487,000							
EXPENDITURES FOR CURRENT OPERATIONS:										
Salaries Only (No Benefits)	573,348	623,348		623,348			623,348			0
Employee Health & Retirement Benefits	159,623	168,623		168,623			168,623			0
Employment Taxes, etc.	80,268	81,268		81,268			81,268			0
Professional Fees/Contract Service Payments		0		0			0			0
Supplies	90,000	95,000		95,000			95,000			0
Telephone		0		0			0			0
Postage and Shipping		0		0			0			0
Occupancy	35,000	35,000		35,000			35,000			0
Equipment Rental and Maintenance		0		0	0		0			0
Outside printing, art work, etc.		0		0			0			0
Local Transportation	10,000	10,000		10,000			10,000			0
Conferences, Conventions, etc.	15,000	19,000		19,000			19,000			0
Special Assistance to Individuals		0		0			0			0
Organization Dues		0		0			0			0
Awards and Grants		0		0			0			0
Fund Raising/Self-Support Activities	165,000	170,000		170,000			170,000			0
Insurance		0		0			0			0
Miscellaneous	10,000	12,000		12,000			12,000			0
Depreciation		0		0			0			0
National Dues/Support Payments	232,050	234,050		234,050			234,050			0
Equipment Purchases		0		0			0			0
TOTAL EXPENSES/EXPENDITURES	1,370,289	1,448,289		1,448,289	0	0	1,448,289	0	0	0
REVENUES OVER (UNDER) EXPENDITURES	(5,289)	38,711								

Program Beneficiary Statistics

(This should reflect total program count. Copy as needed for each program.)

Young Lives

(Name of Program)

Program Beneficiary Characteristics Clients/Patients/Recipients/Other		Fiscal 2024 Budget	Fiscal 2024 Projected	Fiscal 2025 Proposed Budget
1. Unduplicated Count of Program Beneficiaries	TOTAL	25	25	32
a. Total Continuing from Previous Fiscal Year		18	25	25
b. Total New for the Year		7	0	7
c. Total Terminated During the Year				
2. Age Group	TOTAL	25	25	32
a. Infants-Under 5				
b. Between 5 and 12				
c. Between 13 and 17		24	22	28
d. Between 18 and 29		1	3	4
e. Between 30 and 64				
f. 65 and over				
g. Not Known				
3. Gender	TOTAL	25	25	32
a. Male				
b. Female		25	25	32
c. Not Known/Other				
4. Ethnic Background	TOTAL	25	25	32
a. White		1	1	2
b. Black		12	12	15
c. Hispanic		12	12	15
d. Oriental				
e. Other - Ethnic Minority				
f. Not Known				
5. Income Level	TOTAL	25	25	32
a. Below 4,999				
b. 5,000-7,499				
c. 7,500-9,999				
d. 10,000-14,999				
e. 15,000-19,999				
f. 20,000-29,999				
g. 30,000 and Over				
h. Not Known		25	25	32
6. Location of Residence	TOTAL	25	25	32
a. Hamilton County		25	25	32
b. Outside of Hamilton County				
c. Not Known				

HAMILTON COUNTY, TENNESSEE
FISCAL YEAR 2025

Agency Name: Young Lives

1. Are the dollars Hamilton County appropriates to your agency designated for the benefit of a specific geographical segment of the community? NO

2. If the answer to question number 1 above is yes, please explain.

3. Please estimate the percentage of your services provided to the geographic area listed below:

Unincorporated County	0.0%
City of Chattanooga	60.0%
City of East Ridge	30.0%
City of Signal Mountain	0.0%
City of Red Bank	10.0%
City of Soddy Daisy	0.0%
City of Lakesite	0.0%
City of Walden	0.0%
City of Collegedale	0.0%
City of Ridgeside	0.0%
City of Lookout Mountain	0.0%
All areas outside of Hamilton County	0.0%
Total	100.0%

Schedule of Positions, Salaries & Wages

Confidential (for Hamilton County internal use only)

Young Lives

(Name of Agency)

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

Board of Directors Title and/or Position	Name(s) Last Name, Initial	Part Time	#Years Emp	Emp. Covered by Retirement (a)	Current FY			Proposed FY		
					# Weeks Employed	Annual Salary	Budgeted Salary	# Weeks Employed	Annual Salary	Budgeted Salary
Committee Member	Watson, A	YES	2	NO	52	0	0			
Committee Member	Bonastia, M	YES	5	NO	52	0	0			
Committee Chairman	Henson, R	YES	4	NO	52	0	0			
Committee Member	Nichols, B	YES	10	NO	52	0	0			
Committee Member	Hartness, K	YES	5	NO	52	0	0			
Staff Member	Noles, E	NO	4	YES	52	39,600	0			
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* If a position is changed from a part-time to a full-time position, show each as a separate position unit.
List positions in order of responsibility and include all staff and employees of agency in this schedule.
Non-professional employees performing similar services may be reported as a group.
(a.) Check if person is covered by retirement benefits.

Schedule of Positions, Salaries & Wages

Confidential (for Hamilton County internal use only)

Young Lives

(Name of Agency)

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

Organization Staff Members Title and/or Position	Name(s) Last Name, Initial	Part Time	#Years Emp	Emp. Covered by Retirement (a)	Current FY			Proposed FY		
					# Weeks Employed	Annual Salary	Budgeted Salary	# Weeks Employed	Annual Salary	Budgeted Salary
Young Lives director	Noles, Emma	NO	5	YES	52	39,600	50,000	52	43,200	53,600
Staff Associate		NO		YES				52	37,300	47,700
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* If a position is changed from a part-time to a full-time position, show each as a separate position unit.
List positions in order of responsibility and include all staff and employees of agency in this schedule.
Non-professional employees performing similar services may be reported as a group.
(a.) Check if person is covered by retirement benefits.

AGENCY: Young Lives

AWARDS AND GRANTS FROM GOVERNMENTAL AGENCIES CITY/COUNTY/STATE/FEDERAL

PROGRAM/PROJECT TITLE	NAME OF SOURCE	FOR HOW LONG?	LAST YEAR	THIS YEAR	NEXT YEAR
1 None					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
Total Fees From Governmental Agencies			0	0	0

ALL FINANCIAL INFORMATION ROUNDED TO NEAREST DOLLAR

STATEMENT OF NEED

1. What needs does your program address, and why is it important to the Hamilton County population?

Young Lives exists to support parenting and pregnant teenagers through mentorship, adventure, and spiritual development. Young Lives Mentors develop relationships with teen moms by meeting them as they are, and believing in who they can become. Through regular gatherings, Young Lives moms build connections with resources and individuals in Hamilton County, cultivate essential parenting and life skills, and strategically plan a future for themselves and their babies.

Mentorship begins during the school day at Young Lives Parenting Group providing students with opportunities to grow as parents, share their challenges, and contemplate their future. School counselors serve as a bridge between Young Lives mentors and teen parents in various Hamilton County schools. The CDC acknowledges the considerable risk of high school dropout and the associated profound social and economic consequences that often accompany teen parenthood. Our curriculum, crafted by a former Hamilton County School Counselor, is specifically tailored to address these disparities by empowering adolescent parents. It focuses on fostering healthy relationships, understanding and enriching their baby's developmental milestones, and successfully completing high school. Simultaneously, it equips them with essential tools for their journey towards college and or a career.

This support and growth initiative goes beyond the confines of the school environment, including regular meetings in which teenage moms from all across Hamilton County come together. Monthly, these young mothers are welcomed to participate in a series known as "Real Life." During these sessions, various members of the Chattanooga community are invited to teach a skill or activity, along with sharing their personal stories of overcoming challenges and developing resilience. Since August 2023 alone, Young Lives moms have been exposed to expertise in budgeting and financial literacy, cake decorating, small business ownership (courtesy of a former teen mom), and fostering their baby's speech and language development.

Each summer, mentors join teenage mothers and their babies at a week-long camp designed to address the distinctive experience of being both a teenager and a parent. Here, they forge new friendships, concentrate on their future, and experience an array of surprises for both mother and child.

In Hamilton County, teen parents have access to numerous exceptional resources. However, *Young Lives stands out as the sole program exclusively dedicated to supporting teen parents.* As we establish a network of support and a sense of belonging for pregnant and parenting teens in Hamilton County, these young parents gradually realize their potential to flourish and uncover their ability to succeed, even amidst the distinctive challenges of early parenthood. Our gatherings serve as a space where mothers can contemplate their past, navigate their evolving identity as mothers, and strategize for the future by discovering their role in the Chattanooga community. Through collaborations and exposure to exceptional individuals and organizations, we anticipate that Young Lives moms will not only receive the support they require from our city but will also become a source of support and positive change in our community as they mature.

2. Provide data and statistics that support your organization's needs.

I. **"A Summary of Teen Pregnancy Risk."** ***Summary of Teen Pregnancy Risk*** **, Tennessee Department of Health , 2019, www.tn.gov/content/dam/tn/health/program-areas/rwh/2019-Teen-Risk-Summary-Score-FINAL-02-02-2022.pdf.**

In 2019, the Tennessee Department of Health recorded 227 births among girls 15-19 years old in Hamilton County. We see this data is limited, knowing many girls can and do get pregnant before the age of 15.

II. **"About Teen Pregnancy."** ***Centers for Disease Control and Prevention*****, Centers for Disease Control and Prevention, 15 Nov. 2021, www.cdc.gov/teenpregnancy/about/index.htm.**

According to the CDC, "Teen pregnancy and childbearing are associated with increased social and economic costs through immediate and long-term effects on teen parents and their children"

"Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school."[10]

"The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult."[11]

III. **"Report Teen Pregnancy Prevention."** ***National Conference of State Legislatures*****, National Conference of State Legislatures, 11 Oct. 2018, www.ncsl.org/health/teen-pregnancy-prevention.**

According the NCSL "Pregnancy among this age group can disrupt young people's educational and career goals, as older teens are often finishing high school and entering the job market, or pursuing postsecondary education. Sixty-one percent of students who have a child after enrolling in community college fail to complete their degree. This dropout rate is 65 percent higher than for those who do not have children during community college"

"Teen childbearing not only has the potential to affect the mother's education, but has implications for children as well. Research shows that children of teen mothers often not only start school at a disadvantage, but they also fare worse than those born to older parents throughout their education. Compared to their peers, children born to teens perform worse on many measures of school readiness and are 50 percent more likely to repeat a grade. Children born to teen moms also often have lower school achievement

and are more likely to drop out of high school, compared to children born to older parents."

"Teen pregnancy is strongly linked to poverty, with low income level associated with higher teen birth rates. In addition, 63 percent of teen mothers receive public assistance within the first year of a child's birth. Fifty-two percent of mothers on welfare had their first child in their teens. Teen pregnancy rates are much higher among teens in foster care than among the general population. Teen girls in foster care are about 2.5 times more likely to be pregnant at least once before they turn 19-years-old, compared to teens not in the system. Teens in foster care are also more likely to have a repeat pregnancy. Young men in foster care report having gotten someone pregnant at higher rates than young men not in the system: Fifty percent of men aging out of foster care at age 21 say that they have gotten someone pregnant, compared to 19 percent of young men not in foster care."

"Pregnancy among adolescents in foster care creates challenges and costs for the system, such as providing health care and housing for teen mothers and their children. Most youth in foster care are eligible for Medicaid, and states provide coverage through several pathways. Many teens "age out" of the system when they reach age 18 or 21, depending on the state. Teen parents transitioning out of foster care face significant challenges: Caring for their children, completing education and finding employment. And the cycle often continues. The children of teen mothers are more likely to be placed in foster care than their peers born to older parents."

3. How do you plan to utilize grant money awarded by Hamilton County?
Securing grant funding would catalyze the advancement of our initiative to support every single teen mom in Hamilton County, with a particular focus on those outside the traditional educational system. While our ongoing efforts have made a significant impact at Howard High School, Brainerd High School, Ooltewah High School, Red Bank High School, Central High School, and more it's crucial to recognize that numerous teen parents disengage from conventional schools for a myriad of reasons. As seen in the statistics above, the likelihood of a teen parent completing high school is significantly less than that of their non-parenting peers. The reasons for disengagement from traditional education can be varied and complex, ranging from childcare responsibilities and economic challenges to social pressures. Because 50% of teen parents drop out of high school, we see the need to expand our program into alternative settings, aiming to meet the diverse needs of this population in Hamilton County. Expanding our reach throughout the community is imperative to ensuring that no teen mom is left without the vital support she needs. While traditional school settings have provided invaluable opportunities to support teen parents, it's evident that not every teen parent is included within this framework. Arguably, the most vulnerable of teen parents are the least likely to be found in a conventional school setting. It is clear we must get strategic and creative in order to meet the diverse realities of teen parents. The grant money would serve as a crucial resource, enabling us to implement targeted strategies to connect with and assist adolescents who are not part of the regular school day.

Currently, we have a strong foundation for this initiative through our connections and partnerships with places such as Choices Chattanooga, The Omni Family of Services, Hamilton County Virtual School, and the Health Department's Car Seat Safety Program just to name a few. By receiving this grant, we would be able to build an infrastructure to not only accept referrals and refer to these agencies, but to build an all-encompassing infrastructure of support for the teen parents connected with these programs and schools atop the foundation we have already begun to lay.

In this initiative to trailblaze nontraditional settings, our first step would be hiring an associate whose primary responsibility is to bridge the gap between traditional schools and alternative learning environments and various community programs, ensuring that every teen mom in Hamilton County has support. Centered on teen parents within the foster care system, those attending alternative schools, and connecting with even more who are recipients of government aid and support, this campaign is designed to establish a robust safety net, actively addressing the vulnerabilities of individuals in our community who are predisposed to slipping through the cracks. By concentrating on these specific demographics, we aim to provide targeted and comprehensive support, recognizing the unique challenges they face. This safety net encompasses a range of services, including educational resources, mentorship programs, and community engagement initiatives, all strategically tailored to meet the distinctive needs of teen parents navigating foster care and alternative educational settings. Through this concerted effort, we empower and uplift these young moms who have found themselves on the fringes by fostering resilience and ensuring a brighter future.

What sets Young Lives apart is our unwavering dedication to accessibility, manifested through our proactive approach of reaching out to communities where individuals are already engaged, rather than expecting them to come to us. This distinctive commitment reflects our understanding of the importance of meeting people where they are, acknowledging and respecting the diverse contexts and challenges they face. By going into the community, we break down barriers and ensure that our programs and support services are not only available but easily accessible to those who need them most. This approach fosters trust, inclusivity, and a genuine connection with the people we aim to serve, creating a more impactful and meaningful impact on the lives of those we reach.

4. What results are you committed to achieving during the grant period? What key performance measures will you use to evaluate and track those results?

During the grant period, we are committed first and foremost to engaging alternative schools, organizations, and programs in the community that teen parents are already engaging with. Primarily, we will grow our staff by hiring an individual whose primary role is to connect with these places and the teen parents who happen to be a part of them.

Through this expansion of our staff, we will have the capacity to implement an accessible parenting group for individuals in these contexts, and strategies to support individuals reaching them through referrals from various programs and agencies, the foster care system, and alternative schools. Below we have laid out four of our goals and measurements along with the criteria for evaluation.

1. **Staff Growth:**
    - **Performance Measure:** Increase in staff dedicated to connecting with teen parents and partner organizations.
    - **Evaluation Criteria:** Measure the growth in the team, ensuring the new hire is actively engaging with target organizations and building meaningful connections with teen parents.
2. **Engagement and Outreach with Various Support Systems:**
    - **Performance Measure:** Number of alternative schools, organizations, and programs and agencies engaged.
    - **Evaluation Criteria:** Track the outreach efforts and successful collaborations. Monitor the increase in the number of partnerships established over time. Monitor the execution of outreach strategies, measure the reach and impact in each targeted area, and gather feedback from partners and participants.
3. **Parenting Group Implementation:**
    - **Performance Measure:** Successful establishment and participation in parenting groups.
    - **Evaluation Criteria:** Track the number of parenting groups initiated, attendance rates, and participant feedback to gauge the effectiveness of the program.
4. **Impact on Teen Parents:**
    - **Performance Measure:** Positive impact on the lives of teen parents.
    - **Evaluation Criteria:** Collect and analyze data on the well-being, skills development, and overall progress of teen parents involved in the program.

5. What entities do you collaborate with which could also benefit from monies awarded by Hamilton County?

Hamilton County Schools, Choices Chattanooga, Washington Alternative Learning Center, The Hamilton County Graduation Success Program, The Momentum Network, The Omni Family of Services

6. What is your organization's long-term vision, as it relates to your philanthropy and operations?

Our long-term vision at Young Lives is deeply rooted in our commitment to supporting parenting and pregnant teenagers through mentorship, adventure, and spiritual development. We envision a future where every teen parent in Chattanooga feels a sense of belonging, empowerment, and support.

To achieve this vision, we are dedicated to expanding our reach beyond the boundaries of the school system. While maintaining our strong relationships with Hamilton County Schools, we aim to extend our services to reach teen parents who may not be directly connected to the educational system.

Furthermore, our ultimate goal is to establish a mentor program specifically tailored for teen dads. By doing so, we aspire to fully encompass and serve all adolescent parents, not just teen moms. This expansion of our services will allow us to provide comprehensive support to both young mothers and fathers as they navigate the challenges of parenthood.

In summary, our long-term vision involves expanding our reach, enhancing our programs, and ensuring that every teen parent in Chattanooga receives the mentorship, guidance, and resources they need to thrive personally, emotionally, and spiritually.

7. If you utilize any evidence-based programs, please indicate which state and/or federal websites list the program and the rating given.

N/A

8. Describe how your organization plans to sustain services financially if Hamilton County funds do not extend past the awarded fiscal year.

If Hamilton County were not to renew these funds, we would refocus our efforts with the routine model of fundraising. This is entirely possible, however, the efforts required to plan and put on fundraising events decreases our time to be out in the community engaging with teen parents.

Cash Flow – TN33: Chattanooga (2023-2024)
Actuals / Projected: Full Fiscal Year — 2023-2024 (current FY)
Column Customization Applied (Listed in Footer)

Account Description	FY24 Approved Budget
OPERATING REVENUE	$1,132,950.00
Revenue	$1,365,000.00
Contributions	$1,365,000.00
Contributions - Monthly Donors	
Contributions - One-Time Gifts	
Contributions - Other Gifts	
Event - Banquet	
Event - Golf	
Credit Card Processing Fee	$0.00
Contributions From Foundation	$0.00
Noncash Contributions	$0.00
NonContribution Revenue	$0.00
Transf to Oper (Capital)	$0.00
Internal Collections	$0.00
MLSS Service Charge	($150,150.00)
Regional Service Charge	($81,900.00)
US Leadership Fund Transfers	$0.00
Transfers In/Internal Credits	$0.00
OPERATING EXPENSE	$1,136,226.60
COMPENSATION	$813,239.16
Compensation	$813,239.16
Salaries	$573,348.00
Other Compensation	$0.00
Social Security Taxes (FICA)	$43,861.08
Group Benefits	$134,204.04
Benefits Supplement	$27,807.36
Workers Compensation	$8,600.28
Retirement Contribution	$25,418.40
OPERATING EXPENSES	$322,987.44

Operating Expenses	$322,987.44
Training	$500.04
Personal Donor Develop Training	$0.00
Training Department	$3,300.00
Gifts and Awards	$999.96
Vehicle	$9,999.96
Office	$35,000.04
Program	$89,899.56
Fundraising	$99,999.96
Donor Care	$999.96
Operating Fundraisers Expense	$0.00
Banquet	$24,999.96
Golf Events	$35,000.04
Travel and Conference	$7,500.00
Conference Set Aside	$7,788.00
Moving	$0.00
Leadership Meetings	$6,999.96
Property Taxes	$0.00
Distributions to Similar Orgs	$0.00
Unsubmitted P Card Expense	$0.00
Miscellaneous Expense	$0.00
Internal Charges	$0.00
Urban Subsidy Credit	$0.00
Inactive - RTD Subsidy Credit	$0.00
Together Tithe-Transfer Out	$0.00
Interest (Earned)/Paid	$0.00
Transfers Out/Internal Charges	$0.00
Revenue Less Expense	**($3,276.60)**
Transfrs into/out of Operating	
Ending Cash Balance Prev FY (2023) Bal: $118,352.92	

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077550277
Aug. 03, 2016 LTR 4168C 0
84-0385934 000000 00
00032291
BODC: TE

YOUNG LIFE
420 N CASCADE AVE
COLORADO SPGS CO 80903-3325

044756

Employer ID Number: 84-0385934
Form 990 required: No

Dear Taxpayer:

This is in response to your request dated June 22, 2016, regarding your tax-exempt status.

We issued you a determination letter in November 2004, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

4077550277
Aug. 03, 2016 LTR 4168C 0
84-0385934 000000 00
00032292

YOUNG LIFE
420 N CASCADE AVE
COLORADO SPGS CO 80903-3325

Sincerely yours,

Jeffrey I. Cooper
Director, EO Rulings & Agreement

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493048010040

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Young Life

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
420 N Cascade Avenue

City or town, state or province, country, and ZIP or foreign postal code
Colorado Springs, CO 80903

D Employer identification number
84-0385934

E Telephone number
(719) 381-1800

G Gross receipts $ 425,458,033

F Name and address of principal officer
Newton Crenshaw
420 N Cascade Avenue
Colorado Springs, CO 80903

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www younglife org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1941

M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Young Life is a ministry to help adolescents world-wide become exposed to the person of Jesus Christ

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5,882
6	Total number of volunteers (estimate if necessary)	6	87,972
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	583,465
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	332,944,426	337,381,455
	9	Program service revenue (Part VIII, line 2g)	68,791,079	81,759,184
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	843,560	2,248,762
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,947,997	-18,317,908
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,631,068	403,071,493
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,518,585	8,835,208
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	215,158,446	229,877,083
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	172,418
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶21,576,116		
	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 IX, column (A), line 25)	358,047,855	370,926,245
	19	Revenue less expenses Subtract line 18 from line 12	41,583,213	32,145,248
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	381,119,135	403,582,515
	21	Total liabilities (Part X, line 26)	35,426,197	35,915,676
	22	Net assets or fund balances Subtract line 21 from line 20	345,692,938	367,666,839

Part II Signature Block

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

Sign Here

****
Signature of officer

2020-02-17
Date

Dave Briggs Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00721951
Firm's name ▶ Capin Crouse LLP			Firm's EIN ▶ 36-3990892	
Firm's address ▶ 2435 Research Parkway STE 200 Colorado Springs, CO 80920			Phone no (719) 528-6225	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 230,160,070 including grants of $) (Revenue $ 9,195,647)

See Additional Data

4b (Code) (Expenses $ 82,887,505 including grants of $) (Revenue $ 71,973,694)

See Additional Data

4c (Code) (Expenses $ 8,835,208 including grants of $ 8,835,208) (Revenue $)

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 321,882,783

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	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	Yes	
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*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,531		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 5,882			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CA , CJ , BD , CS , DR , NU , PO , GM , CO , PA , ET , MI , TZ , EZ , LI , SP , PL , KE , UG , ZI , CI , GT , AM , MZ , HA , MX , HK , SW , SL , PE , ML , CG , FS , WZ , SF , IS , RW , BG , BH , EC , SZ , PM , AR , NO , BU				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Dave Briggs Treasurer 420 N Cascade Avenue Colorado Springs, CO 80903 (719) 381-1800

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, **Section A** . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,276,880	0	380,067

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 127

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
William D Tibbitt dba WD Consulting, 1504 W Cucharras St Colorado Springs, CO 80904	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 Excavati, 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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	410,798				
b Membership dues	1b					
c Fundraising events	1c	30,555,585				
d Related organizations	1d	38,023,032				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	268,392,040				
g Noncash contributions included in lines 1a - 1f $ 6,281,608						
h **Total.** Add lines 1a-1f ▶			337,381,455			
Program Service Revenue	Business Code					
2a Camping	900099		66,486,448	66,486,448		
b Field Ministry	900099		8,837,557	8,837,557		
c Other Revenue	531110		5,487,246	4,897,403	589,843	
d Employee Camp Rent	900099		947,933	947,933		
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶			81,759,184			
3 Investment income (including dividends, interest, and other similar amounts) ▶			2,248,762			2,248,762
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	55,611					
b Less rental expenses	52,028					
c Rental income or (loss)	3,583					
d Net rental income or (loss) ▶			3,583		-6,378	9,961
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	5,806,702					
b Less cost or other basis and sales expenses	5,806,702					
c Gain or (loss)	0					
d Net gain or (loss) ▶			0			
8a Gross income from fundraising events (not including $ 30,555,585 of contributions reported on line 1c) See Part IV, line 18 a		1,649,629				
b Less direct expenses b		12,712,007				
c Net income or (loss) from fundraising events ▶			-11,062,378			-11,062,378
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a		8,266,798				
b Less cost of goods sold b		3,815,803				
c Net income or (loss) from sales of inventory ▶			4,450,995			4,450,995
Miscellaneous Revenue	Business Code					
11a Impairment on asset	900099		-11,710,108			-11,710,108
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			-11,710,108			
12 **Total revenue.** See Instructions ▶			403,071,493	81,169,341	583,465	-16,062,768

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,841,535	4,841,535		
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 individuals See Part IV, line 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)				
a Management				
b Legal	827,426	564,363	204,199	58,864
c 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 Schedule O)	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 O)				
a 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
c				
d				
e 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 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		43,225	1	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 former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		272,014	7	260,078
	8	Inventories for sale or use		1,461,279	8	1,680,144
	9	Prepaid expenses and deferred charges		2,573,075	9	4,749,359
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 537,727,068			
	b	Less accumulated depreciation	10b 240,995,336	283,443,619	10c	296,731,732
	11	Investments—publicly traded securities		20,651,047	11	20,558,832
	12	Investments—other securities See Part IV, line 11		9,291,033	12	10,160,053
	13	Investments—program-related See Part IV, line 11		782,515	13	18,197,481
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15,559	15	212,158
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		381,119,135	16	403,582,515
Liabilities	17	Accounts payable and accrued expenses		27,911,237	17	34,419,824
	18	Grants payable			18	
	19	Deferred revenue		19,383	19	15,667
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,655,135	23	1,439,145
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		5,840,442	25	41,040
	26	**Total liabilities.** Add lines 17 through 25		35,426,197	26	35,915,676
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		317,457,355	27	345,848,199
	28	Temporarily restricted net assets		28,235,583	28	21,818,640
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		345,692,938	33	367,666,839
	34	Total liabilities and net assets/fund balances		381,119,135	34	403,582,515

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

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)	2	370,926,245
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	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,773,754
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

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ 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, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 84-0385934

Name: Young Life

Form 990 (2018)

Form 990, Part III, Line 4a:

Field ministry provides weekly club meetings and small group Bible 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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

Grants and allocations to similar 501(c)(3) organizations and foreign charitable organizations with programs in line with Young Life's exempt purpose

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Newton Crenshaw President/CEO	40 00 1 00	X		X				399,765	0	58,553
Bill Haslam Board Chair	1 00	X		X				0	0	0
Susan Peterson Vice Chair	1 00	X		X				0	0	0
Nanette Ballbach Director	1 00	X						0	0	0
Sue Bere Director	1 00	X						0	0	0
John Brandon Director	1 00	X						0	0	0
Malcolm Mac Briggs Director	1 00	X						0	0	0
Jody Dreyer part year Director	1 00	X						0	0	0
Doug Eaton Director	1 00	X						0	0	0
Brooks Entwistle Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Heriberto Guerra Director	1 00	X						0	0	0
Bruce Hosford part year Director	1 00 1 00	X						0	0	0
John Hummel Director	1 00	X						0	0	0
Susan Hutchison Director	1 00 1 00	X						0	0	0
Regg Jones Director	1 00	X						0	0	0
Moyo Kamgaing Director	1 00	X						0	0	0
Clyde Lear part year Director	1 00	X						0	0	0
Kevin McVaney Director	1 00	X						0	0	0
Curtis B McWilliams Director	1 00 1 00	X						0	0	0
Harold Melton Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chris Roberts Director	1 00	X						0	0	0
Mark Rodriguez Director	1 00	X						0	0	0
Robert B Rowling Director	1 00	X						0	0	0
Michael Stain Director	1 00	X						0	0	0
Tom Thomas Director	1 00	X						0	0	0
Phyllis Washington Director	1 00	X						0	0	0
Mark Zoradi Director	1 00	X						0	0	0
Scott Brill CFO	40 00			X				152,515	0	14,810
Steve Thompson COO	40 00			X				170,335	0	42,764
Paul Sherrill Vice President/Secretary	40 00			X				150,127	0	40,562

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dave Briggs Treasurer	40 00			X				131,995	0	39,312
Janis Morton Asst Secretary	40 00			X				78,663	0	28,012
John Wagner SVP Global Cities Initiati	40 00					X		300,228	0	35,617
Brent Cunningham Senior Vice President	40 00					X		218,049	0	35,718
Wiley Scott Senior Vice President	40 00					X		219,041	0	34,329
Joshua Powell Metro Director I	40 00					X		241,597	0	16,256
John M Caldwell EVP Intl Ministries	40 00					X		214,565	0	34,134

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☑ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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 organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	243,258,135	278,137,366	282,754,773	332,944,426	337,381,455	1,474,476,155
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	243,258,135	278,137,366	282,754,773	332,944,426	337,381,455	1,474,476,155
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,474,476,155

Section B. Total Support

Calendar 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	1,474,476,155
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						1,504,441,055

12 Gross receipts from related activities, etc (see instructions) **12** 364,427,678

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14** 98 010 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15** 97 700 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			Yes	No
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*	1		
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)*	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*	3a		
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*	3b		
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*	3c		
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*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)*	7		
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)*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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 line 10b below*	10a		
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)*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
b	A family member of a person described in (a) above?	**11b**		
c	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**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or 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**		

Section 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 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**		

Section 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 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 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 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	**3**		

Section 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 year **(see instructions)**

a ☐ 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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	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, 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 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.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	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 instructions)	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
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 greater amount, 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, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the 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	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II	The organization is a church as described under 170(b)(1)(A)(i) and is not required to com plete 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 fir st listed special rule for Schedule B reporting

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(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 writing that the assets held in donor advised funds 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	28,235,583	16,126,939	10,399,153	14,390,795	15,318,143
b Contributions . . .	60,674,799	66,050,468	42,492,881	55,174,430	33,432,114
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	67,081,742	53,941,824	36,765,095	59,166,072	34,359,462
f Administrative expenses					
g End of year balance	21,828,640	28,235,583	16,126,939	10,399,153	14,390,795

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶ 100 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations		No
(ii) related organizations	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,342,411		57,342,411
b Buildings		313,533,811	139,790,738	173,743,073
c Leasehold improvements		3,162,704	1,755,261	1,407,443
d Equipment		51,181,697	37,150,895	14,030,802
e Other		112,506,445	62,298,442	50,208,003
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				296,731,732

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Custodial funds	41,040
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	41,040

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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			
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)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	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	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII **Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-0385934
Name: Young Life

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The endowment funds are intended to be used for the camping and club activities of Young L ife This Schedule is provided to give the reader an understanding of Young Life temporari ly restricted funds Campership and Capital funds are given by donors and are temporarily restricted in purpose Most of the funds are usually spent within the same year they are g iven Campership funds are given to help fund kids going to camp and Capital funds are giv en to purchase property, plant and equipment

Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part V, Lines 2a-2c	In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has impl emented required changes to its audited financial statements for the period ended 9/30/201 9 To date, Schedule D has not been updated to reflect changes made by this standard Thus , we have reported the revised net asset categories from the audited financial statements as follows on Form 990, Schedule D, Part V, Lines 2a-2c Line 2a - Without donor restricti ons Line 2c - With donor restrictions Form 990, Schedule D, Part V, Line 3a(ii) Young Lif e Foundation holds an endowment which is exclusively to further the exempt purpose of Youn g Life The balance of the endowment at 9/30/2019 is $2,163,236

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Employer identification number
84-0385934

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			3,108,310
b Total from continuation sheets to Part I					21,065,289
c **Totals** (add lines 3a and 3b)	0	1,055			24,173,599

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 44

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)*

☑ Yes ☐ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*

☐ Yes ☑ No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part IV, Lines 1 and 2	The organization qualifies to answer yes to Schedule F, Part IV, Lines 1 and 2 However, they do not meet the requirements for filing Form 926 or Form 3520

Additional Data

Software ID:

Software Version:

EIN: 84-0385934

Name: Young Life

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Grants to recipients located in region		47,691
Central America and the Caribbean	0	0	Grants to recipients located in region		395,846

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Grants to recipients located in region		129,304
Europe	0	0	Grants to recipients located in region		881,344

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Grants to recipients located in region		56,309
Sub-Saharan Africa	0	0	Grants to recipients located in region		755,030

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Grants to recipients located in region		556,304
South Asia	0	0	Grants to recipients located in region		286,482

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures 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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	164	Program services	Field ministry	1,283,463
South America	0	82	Program services	Field ministry	388,652

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	141	Program services	Field ministry	452,254
Middle East and North Africa	0	11	Program services	Field ministry	156,815

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	49	Program services	Field ministry	234,563
Russia & the Newly Independent States	0	80	Program services	Field ministry	883,052

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		10,160,053
North America	0	0	Investments		782,511

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Central America and the Carribean	Youth Ministry	118,817	Wire transfer			
		Central America and the Carribean	Youth Ministry	129,597	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Central America and the Carribean	Youth Ministry	16,876	Wire transfer			
		Central America and the Carribean	Youth Ministry	16,967	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 America	Youth Ministry	87,946	Wire transfer			
		South America	Youth Ministry	9,711	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	11,220	Wire transfer			
		Europe	Youth Ministry	119,955	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	86,958	Wire transfer			
		Europe	Youth Ministry	66,379	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	139,758	Wire transfer			
		Europe	Youth Ministry	91,693	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	5,349	Wire transfer			
		Europe	Youth Ministry	19,051	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	89,556	Wire transfer			
		Europe	Youth Ministry	108,489	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	18,068	Wire transfer			
		Europe	Youth Ministry	13,440	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Middle East and North Africa	Youth Ministry	26,500	Wire transfer			
		Middle East and North Africa	Youth Ministry	11,329	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Youth Ministry	47,291	Wire transfer			
		Sub-Saharan Africa	Youth Ministry	23,108	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Sub-Saharan Africa	Youth Ministry	298,373	Wire transfer			
		Sub-Saharan Africa	Youth Ministry	39,800	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Sub-Saharan Africa	Youth Ministry	5,720	Wire transfer			
		Sub-Saharan Africa	Youth Ministry	5,129	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Sub-Saharan Africa	Youth Ministry	7,248	Wire transfer			
		East Asia and the Pacific	Youth Ministry	183,163	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		East Asia and the Pacific	Youth Ministry	112,263	Wire transfer			
		East Asia and the Pacific	Youth Ministry	39,272	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		East Asia and the Pacific	Youth Ministry	141,230	Wire transfer			
		East Asia and the Pacific	Youth Ministry	15,700	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		East Asia and the Pacific	Youth Ministry	12,699	Wire transfer			
		South Asia	Youth Ministry	50,959	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	191,485	Wire transfer			
		South Asia	Youth Ministry	31,966	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Russia and the Newly Independent States	Youth Ministry	52,996	Wire transfer			
		Russia and the Newly Independent States	Youth Ministry	72,869	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Russia and the Newly Independent States	Youth Ministry	34,691	Wire transfer			
		Russia and the Newly Independent States	Youth Ministry	12,053	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Russia and the Newly Independent States	Youth Ministry	9,657	Wire transfer			
		Russia and the Newly Independent States	Youth Ministry	32,345	Wire transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Russia and the Newly Independent States	Youth Ministry	181,764	Wire transfer			
		Russia and the Newly Independent States	Youth Ministry	361,503	Wire transfer			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Tuition, room, and board	Central America and the Caribbean	92	107,199	Wire Transfer			
Tuition, room, and board	South America	12	23,540	Wire Transfer			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Tuition, room, and board	Europe	43	99,827	Wire Transfer			
Tuition, room, and board	Middle East and North Africa	10	18,480	Wire Transfer			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Tuition, room, and board	Sub-Saharan Africa	171	371,046	Wire Transfer			
Tuition, room, and board	East Asia and the Pacific	26	44,538	Wire Transfer			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Tuition, room, and board	South Asia	21	8,742	Wire Transfer			
Tuition, room, and board	Russia & the Newly Independent States	63	126,171	Wire Transfer			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

▶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
Young Life

Employer identification number
84-0385934

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
One Accord LLC 1018 Market St Kirkland, WA 98033	Campaign consulting		No	30,675,829	172,418	30,503,411
Total			▶	30,675,829	172,418	30,503,411

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Banquets (event type)	(b) Event #2 Golf Events (event type)	(c) Other events 22 (total number)	(d) Total events (add col (a) through col (c))
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
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,583,092	3,184,609	3,944,306	12,712,007
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				12,712,007
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-11,062,378

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Schedule G, Part I, Line 3	Young Life is recognized as a church and is exempt from applying to register to solicit contributions in all states that require registration

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**
Part I, Line 2	Money is transferred to a wholly owned supporting organization (Young Life Foundation) for investment purposes Investment returns are transferred back to Young Life for program purposes Young Life may provide other very small grants on a case by case basis These grants are made to organizations that Young Life has contact with through the ministry to youth around the country Young Life verifies each organization's tax exempt status and prints select financial statements from its Form 990 (if available)

Additional Data

Software ID:
Software Version:
EIN: 84-0385934
Name: Young Life

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Young Life Foundation 420 N Cascade Ave Colorado Springs, CO 80903	84-6041371	501(c)(3)	4,434,457				Invest with support organization
In Faith PO Box 370 Villanova, PA 19085	23-1381400	501(c)(3)	33,250				Support for organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Partners in Dev Worldwide PO Box 65303 Lubbock, TX 79464	83-0445824	501(c)(3)	24,203				Support for organization
Matrix Ministries 6521 11th Ave NW Seattle, WA 98117	84-1578900	501(c)(3)	12,000				Support for organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Helping Hand Ministries 135 Main St PO Box 337 Tallulah Falls, GA 30573	58-2266139	501(c)(3)	8,864				Support for organization
MCYM 540 N Cascade Ste 300 Colorado Springs, CO 80903	74-2238462	501(c)(3)	144,974				Support for organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Overflow Community Church PO Box 732 Benton Harbor, MI 49022	26-0229915	501(c)(3)	21,000				Support for organization
Church of the Redeemer Greensboro 5572 Garden Village Way 17 Greensboro, NC 27410		501(c)(3)	8,250				Support for organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St James Episcopal Church 6927 8th Ave Cannon Ball, ND 58528		501(c)(3)	11,421				Support for organization
Haiti Child Sponsorship 320 Town Center Ave Ste C-11 285 Suwanee, GA 30024	59-2714867	501(c)(3)	52,000				Support for organization

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Episcopal Diocese of N Dakota 3600 25th Street South Fargo, ND 58104	45-0232404	501(c)(3)	7,614				Support for organization

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, 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 idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	Travel for spouse (companion) is available to all Young Life staff when needed for ministry or fundraising purposes They assist with ministry needs by providing pastoral care - leading others in discussion, prayer, and worship For fundraising purposes, the spouse's presence is often expected by donors Travel for ministry or fundraising purposes is not treated as taxable compensation Ministerial housing allowances are available to all ordained staff performing sacerdotal functions The CEO, among other qualifying officers and highest compensated employees received a housing allowance during the year These allowances are treated as a non-taxable benefit The health club benefit is offered as a taxable benefit to all full-time Young Life staff This benefit is available for up to $250 a year

Return Reference	Explanation
Part I, Line 7	The CEO's salary agreement provides for a performance bonus adjustment The board can adjust the bonus based on the percentage of annual goals achieved by the CEO The bonus percentage adjustment ranges from 0 to 15% The board encourages the CEO to set annual goals that are, where prudent, specific, measurable, and that include a completion date

Additional Data

Software ID:
Software Version:
EIN: 84-0385934
Name: Young Life

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	19	183,742	FMV-Similar Asset Sales
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1,001	5,806,702	Published Trade Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Equipment)	X	6	262,566	FMV-Similar Asset Sa
26 Other ▶ (Miscellaneous)	X	5	13,899	FMV-Similar Asset Sa
27 Other ▶ (Furniture)	X	3	9,100	FMV-Similar Asset Sa
28 Other ▶ (Computers)	X	1	5,600	FMV-Similar Asset Sa

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 3

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	The number of contributions is the individual number of contributions received

SCHEDULE O
(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

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990	Young Life is a church and is therefore exempt from filing the Form 990, but does so voluntarily

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, natio nwide camping programs, short-term missions and student exchange programs

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	The Executive Committee is composed of the acting chair and vice chair of the board, the P resident, Chair of the Trustee Governance Committee, the Chair of the Finance Committee, t he Chair of the Human Resources Committee, and the Chair of any other duly designated comm ittees The Chair and Vice-Chair of the board of trustees shall serve as Chair and Vice-Ch air of the Executive Committee The Executive Committee may exercise all of the authority of the board of trustees between meetings of the board of trustees

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared by a third party preparer The CFO and treasurer review the 990 After their review, the Form 990 is electronically provided to the Young Life board of tru stees for their review prior to filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	A copy of the conflict of interest policy and a form is sent out each year to all officers and directors They must return a signed copy of the form indicating any conflict of inte rest Any conflict is reviewed by the legal department Any decisions regarding a conflict are made by the board Board members are restricted from voting on issues where a conflic t of interest exists

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	In July of each year, Young Life's Chief Human Resources Officer provides the CEO's compen sation history and CEO comparative data to the chair of the 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 assessme nt 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 CE O'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 fi led and documented in the human resources chair notebook Each year officers and key emplo yees receive an employee performance evaluation from their supervisors Human resources pr ovides market comparisons as part of the determination of compensation The finance commit tee and executive committee review and approve the total compensation increase for the mis sion The decisions are contemporaneously recorded in the committee minutes

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII Officers	The officers that can purchase, sell, or transfer Young Life assets has been limited to th e President, CFO, COO, Secretary, Treasurer, Assistant Secretary, and Assistant Treasurer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Lines 27-29	In accordance with the principles of FASB ASU 2016-14 (ASC 958), the organization has impl emented required changes to its audited financial statements for the period ended 9/30/201 9 The 2018 Form 990 and its associated schedules have not been updated to reflect changes made by this standard Thus, we have reported the revised net asset categories from the a udited financial statements as follows on Form 990, Part X, Lines 27-29 Line 27 - Net as sets without donor restrictions $345,848,199 Line 28 - Net assets with donor restrictions 21,818,640 Total net assets $367,666,839

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Intercompany Eliminations -11,773,754

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

(a) Name, address, and EIN (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
(1) 3E Geothermal LLC 420 N Cascade Ave Colorado Springs, CO 80903 27-3872878	Holding Company	CO	0	35,000	Young Life
(2) Creative Camping Services LLC 540 N Cascade Ave Colorado Springs, CO 80903 83-3701634	Youth Camps	CO	2,940,941	754,733	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Young Life Foundation 420 N Cascade Ave Colorado Springs, CO 80903 84-6041371	Support Organization	CO	501(c)(3)	Line 12b, II	Young Life		No
(2)YL Malibu Club Ministry Affiliates 6545 Maple Rd Egmont, British Columbia V0N 1N0 CA	Support Organization	CA	N/A		Young Life		No
(3) Dominican Republic Foreign Association Pico Escondido Ruta Mogote Pinar Quermado Arriba, Jarrabacoa DR	Missionary	DR	N/A		Young Life		No
(4) The Young Life Property Charitable Trust 420 N Cascade Ave Colorado Springs, CO 80903 20-7203983	Contributions	CO	501(c)(3)	Line 12b, II	Young Life		No
(5) Young Life Costa Rica YLCR Anonymous INGEAA Alvasa Building 1st Floor Touron San Jose CS	Missionary	CS	N/A		Young Life		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)3E Ministries 420 N Cascade Ave Colorado Springs, CO 80903 84-1556504	Sale of YL Merchandise	CO	Young Life	C	191,749	62,585	100 000 %	Yes	
(2) Malibu Yacht Charters 6545 Maple Rd Egmont, British Columbia V0N 1N0 CA	Transportation	CA	Young Life		477,403	353,534	100 000 %	Yes	
(3) Irrevocable Charitable Trusts (3)	Hold assets and remit income to Young Life	CO	Young Life						No

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)3E Ministries	E	40,020	Book Value
(2) Young Life Foundation	B		
(3) Young Life Foundation	C		
(4) Young Life Foundation	M		
(5) Young Life Foundation	N		

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Young Life

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
420 N Cascade Avenue

City or town, state or province, country, and ZIP or foreign postal code
Colorado Springs, CO 80903

D Employer identification number
84-0385934

E Telephone number
(719) 381-1800

G Gross receipts $ 421,814,028

F Name and address of principal officer:
Newton Crenshaw
420 N Cascade Avenue
Colorado Springs, C O 80903

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.younglife.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1941

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Young Life is a ministry to expose adolescents around the world to the person of Jesus Christ.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	5,534
6	Total number of volunteers (estimate if necessary)	**6**	47,383
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	770,706
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	318,999,920	366,368,337
	9	Program service revenue (Part VIII, line 2g)	30,697,269	39,011,816
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,307,535	503,260
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,178,405	-2,676,717
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,826,319	403,206,696
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,363,140	23,197,755
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	238,437,459	242,389,747
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	21,000	18,900
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶21,285,076		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	100,436,798	95,446,368
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	352,258,397	361,052,770
	19	Revenue less expenses. Subtract line 18 from line 12	-9,432,078	42,153,926
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	380,663,912	406,009,865
	21	Total liabilities (Part X, line 26)	18,668,386	22,119,297
	22	Net assets or fund balances. Subtract line 21 from line 20	361,995,526	383,890,568

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2022-02-10

▶ Dave Briggs Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00721951
Firm's name ▶ Capin Crouse LLP			Firm's EIN ▶ 36-3990892	
Firm's address ▶ 2435 Research Parkway STE 200 Colorado Springs, CO 80920			Phone no. (505) 502-2746	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 221,429,005 including grants of $) (Revenue $ 6,471,025)

Field minstry provides weekly club meetings and small group Bible studies around the world with the assistance of 47,383 active volunteer leaders and community advisors. Young Life ministers to middle school, high school, and college students each year.

4b (Code:) (Expenses $ 62,630,480 including grants of $) (Revenue $ 31,770,085)

Week-long summer camps and school season weekend camps and activities are offered to students each year. Young Life owns and operates 25 world class camping facilites and runs 3 more seasonal camping opportunites through affiliate camping relationships. A total of 120,468 campers and guests were served.

4c (Code:) (Expenses $ 23,197,755 including grants of $ 23,197,755) (Revenue $)

Grants and allocations to similar 501(c)(3) organizations and foreign charitable organizations with programs in line with Young Life's exempt purpose.

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

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

4e **Total program service expenses** ▶ 307,257,240

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	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	Yes	

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*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	974		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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, filed for the calendar year ending with or within the year covered by this return	**2a** 5,534			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		**4a**	Yes	
b	account)? CA,CJ,BD,CS,DR,NU,PO,GM,CO,PA,ET,MI ,TZ,EZ,LI,SP,PL,KE,UG,ZI,CI,GT,AM,MZ, HA,MX,HK,SW,SI,PE,MU,CG,ES,SE,WZ,RW, BG,BH,EC,SZ,PM,AR,NO,BU If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d** 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Dave Briggs Treasurer 420 N Cascade Avenue Colorado Springs, CO 80903 (719) 381-1800

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Newton Crenshaw President/CEO	40.00 1.00	X		X				466,258	0	60,978
(2) John Wagner SVP Global Cities Initiatives	40.00					X		307,492	0	39,611
(3) Wiley Scott Senior Vice President	40.00				X			249,424	0	43,338
(4) Brent Cunningham Senior Vice President	40.00					X		251,854	0	39,293
(5) Michael J Gaffney Senior Vice President	40.00					X		233,339	0	29,141
(6) John M Caldwell Chief Foundation Officer	40.00					X		222,754	0	37,717
(7) Paul Coty Vice President	40.00					X		203,633	0	39,989
(8) Chad Edwards Group Senior Vice President	40.00				X			193,046	0	45,834
(9) Steve Thompson COO	40.00			X				193,106	0	45,107
(10) Scott Brill CFO	40.00			X				190,865	0	41,296
(11) Paul Sherrill Vice President/Secretary	40.00			X				154,973	0	45,081
(12) Dave Briggs Treasurer	40.00			X				138,807	0	40,918
(13) Janis Morton Asst. Secretary	40.00			X				83,839	0	28,236
(14) Michael Stain Chair	1.00	X		X				0	0	0
(15) Nanette Ballbach Vice Chair	1.00	X		X				0	0	0
(16) Sue Bere Director	1.00	X						0	0	0
(17) John Brandon Director	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) Malcolm Mac Briggs Director	1.00	X						0	0	0
(19) Andrew Code Director	1.00	X						0	0	0
(20) Doug Eaton Director	1.00	X						0	0	0
(21) Brooks Entwistle Director	1.00	X						0	0	0
(22) Heriberto Guerra Director	1.00	X						0	0	0
(23) Promod Haque Director	1.00	X						0	0	0
(24) Bill Haslam Director	1.00	X						0	0	0
(25) Jacquie Holland Director	1.00	X						0	0	0
(26) John Hummel Director	1.00	X						0	0	0
(27) Susan Hutchison Director	1.00 1.00	X						0	0	0
(28) Regg Jones Director	1.00	X						0	0	0
(29) Moyo Kamgaing Director	1.00	X						0	0	0
(30) Clyde Lear Director	1.00	X						0	0	0
(31) Terry Looper Director	1.00	X						0	0	0
(32) Kevin McVaney Director	1.00	X						0	0	0
(33) Curtis B McWilliams Director	1.00 1.00	X						0	0	0
(34) Harold Melton Director	1.00	X						0	0	0
(35) Susan Peterson Director	1.00	X						0	0	0
(36) Chris Roberts Director	1.00	X						0	0	0
(37) Mark Rodriguez Director	1.00	X						0	0	0
(38) Kathleen Stevens Director	1.00	X						0	0	0
(39) Tom Thomas Director	1.00	X						0	0	0
(40) Franklin Tseng Director	1.00	X						0	0	0
(41) Phyllis Washington Director	1.00	X						0	0	0
(42) Mark Zoradi Director	1.00	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,889,390	0	536,539

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 176

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
James Herndon, 3631 Gentian Boulevard Columbus, GA 31907	Camp Construction	876,637
Tyler A York, 1881 SW 1st St Redmond, OR 977567123	Excavating	294,380
Timber Tech Framing LLC 38686 SE Rude Rd Sandy, OR 97055	Camp Construction	292,455
Earl Arnold dba Kingdom Tour & Travel PO Box 782008 San Antonio, TX 78278	Bus Charter	230,045
TM Acquisitions LLC 215 W Bandera Rd Suite 114-612 Boerne, TX 780062820	Camp Construction	198,134

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 ▶ 10

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	279,261				
b Membership dues	1b					
c Fundraising events	1c	46,195,744				
d Related organizations	1d	62,191,807				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	257,701,525				
g Noncash contributions included in lines 1a - 1f: $	1g	9,030,884				
h **Total.** Add lines 1a-1f ▶			366,368,337			
Program Service Revenue	Business Code					
2a Camping	900099		29,792,709	29,792,709		
b Field Ministry	900099		6,471,025	6,471,025		
c Other Revenue	531110		1,997,704	1,226,998	770,706	
d Employee Camp Rent	900099		750,378	750,378		
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f ▶	39,011,816					
3 Investment income (including dividends, interest, and other similar amounts) ▶			138,343			138,343
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						

		(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
6a Gross rents	6a	32,385					
b Less: rental expenses	6b	27,219					
c Rental income or (loss)	6c	5,166					
d Net rental income or (loss) ▶				5,166			5,166

		(i) Securities	(ii) Other	(A)	(B)	(C)	(D)
7a Gross amount from sales of assets other than inventory	7a	6,980,381	1,047,798				
b Less: cost or other basis and sales expenses	7b	6,980,381	682,881				
c Gain or (loss)	7c	0	364,917				
d Net gain or (loss) ▶				364,917			364,917

			(A)	(B)	(C)	(D)
Other Revenue						
8a Gross income from fundraising events (not including $ 46,195,744 of contributions reported on line 1c). See Part IV, line 18	8a	3,905,756				
b Less: direct expenses	8b	9,082,216				
c Net income or (loss) from fundraising events ▶			-5,176,460			-5,176,460
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less						

	returns and allowances . .	10a	4,329,212			
	b Less: cost of goods sold . .	10b	1,834,635			
	c Net income or (loss) from sales of inventory . . ▶			2,494,577		2,494,577
	Miscellaneous Revenue		Business Code			
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See instructions . . . . . ▶			403,206,696	38,241,110	770,706	-2,173,457

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,133,880	18,133,880		
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 individuals. See Part IV, lines 15 and 16.	5,063,875	5,063,875		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,080,338	1,741,568	188,439	150,331
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	164,604,195	137,799,427	14,910,008	11,894,760
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,691,371	13,136,129	1,421,340	1,133,902
9 Other employee benefits	47,470,475	39,740,203	4,299,923	3,430,349
10 Payroll taxes	12,543,368	10,500,759	1,136,190	906,419
11 Fees for services (non-employees):				
a Management				
b Legal	48,694	30,951	12,363	5,380
c Accounting	540,592	343,607	137,253	59,732
d Lobbying				
e Professional fundraising services. See Part IV, line 17	18,900			18,900
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,309,353	4,657,931	1,860,595	790,827
12 Advertising and promotion	1,131,593	117,347	234,618	779,628
13 Office expenses	5,774,640	5,750,046	20,687	3,907
14 Information technology	4,245,426	3,253,406	693,269	298,751
15 Royalties				
16 Occupancy	14,874,840	11,419,925	2,406,255	1,048,660
17 Travel	5,892,635	5,749,496	114,722	28,417
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,349,946	1,623,675	1,133,330	592,941
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,577,386	19,025,874	447,113	104,399
23 Insurance	13,201,784	11,525,727	1,672,337	3,720
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Club and camping	11,492,211	11,476,123	7,440	8,648
b Foreign Program	6,181,562	6,167,291	9,514	4,757
c				
d				
e All other expenses	1,825,706		1,805,058	20,648
25 **Total functional expenses.** Add lines 1 through 24e	361,052,770	307,257,240	32,510,454	21,285,076
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☑ if following SOP 98-2 (ASC 958-720).	1,131,593	117,347	234,618	779,628

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		42,293	1	39,858
	2	Savings and temporary cash investments		20,978,157	2	92,291,111
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		323,655	4	774,809
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		112,512	7	152,713
	8	Inventories for sale or use		2,431,714	8	1,394,885
	9	Prepaid expenses and deferred charges		4,345,877	9	4,077,191
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 555,794,917			
	b	Less: accumulated depreciation	10b 268,604,579	282,657,777	10c	287,190,338
	11	Investments—publicly traded securities		38,480,411	11	403,279
	12	Investments—other securities. See Part IV, line 11		8,825,603	12	12,398,461
	13	Investments—program-related. See Part IV, line 11		22,450,354	13	7,271,661
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15,559	15	15,559
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		380,663,912	16	406,009,865
Liabilities	17	Accounts payable and accrued expenses		17,380,753	17	21,053,378
	18	Grants payable			18	
	19	Deferred revenue		14,671	19	11,289
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,235,857	23	1,019,680
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		37,105	25	34,950
	26	**Total liabilities.** Add lines 17 through 25		18,668,386	26	22,119,297
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		345,863,919	27	344,316,500
	28	Net assets with donor restrictions		16,131,607	28	39,574,068
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		361,995,526	32	383,890,568
	33	Total liabilities and net assets/fund balances		380,663,912	33	406,009,865

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	403,206,696
2	Total expenses (must equal Part IX, column (A), line 25)	2	361,052,770
3	Revenue less expenses. Subtract line 2 from line 1	3	42,153,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	361,995,526
5	Net unrealized gains (losses) on investments	5	3,656,473
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,915,357
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	383,890,568

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ 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, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☑ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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 organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	282,754,773	332,944,426	337,381,455	318,999,920	366,368,337	1,638,448,911
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	282,754,773	332,944,426	337,381,455	318,999,920	366,368,337	1,638,448,911
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						1,638,448,911

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	282,754,773	332,944,426	337,381,455	318,999,920	366,368,337	1,638,448,911
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	852,641	1,209,232	2,270,612	1,333,849	170,728	5,837,062
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.). .	5,880,117	5,869,255	1,649,629	-627,895	3,905,756	16,676,862
11 **Total support.** Add lines 7 through 10						1,660,962,835

12 Gross receipts from related activities, etc. (see instructions) **12** 307,499,971

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 98.640 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 98.450 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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 line 10b below.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or 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**		

Section 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 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**		

Section 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 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 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 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section 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 year **(see instructions)**:

- **a** ☐ 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 lines 2a and 2b below.**

			Yes	No
a	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, 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 line 2a constitute activities that, but for the organization's involvement, one or more 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 lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	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 instructions)	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	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, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income:	Fundraising events - 2016 Amount: $ 5,880,117. 2017 Amount: $ 5,869,255. 2018 Amount: $ 1,649,629. 2019 Amount: $ 1,612,806. 2020 Amount: $ 3,905,756. Impairment on asset - 2019 Amount: $ -2,240,701.
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.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For 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, II, and III.

☐ 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, 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 . . . . . ▶ $ _____

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

Name of organization
Young Life

Employer identification number
84-0385934

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
Young Life

Employer identification number
84-0385934

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(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
-		$	

(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 organization
Young Life

Employer identification number
84-0385934

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

		(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 writing that the assets held in donor advised funds 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,158,469	2,163,236	2,207,128	2,190,265	2,124,029
b Contributions	452,184	123,293	47,056	215,330	216,946
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	308,608	128,060	90,948	198,467	150,710
f Administrative expenses					
g End of year balance	2,302,045	2,158,469	2,163,236	2,207,128	2,190,265

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶
- **b** Permanent endowment ▶
- **c** Term endowment ▶ 100.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,599,109		49,599,109
b Buildings		330,961,971	157,802,353	173,159,618
c Leasehold improvements		3,516,448	2,040,060	1,476,388
d Equipment		49,724,026	37,770,685	11,953,341
e Other		121,993,363	70,991,481	51,001,882
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				287,190,338

Part VII **Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	34,950

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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			
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.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part V, Line 4:	The endowment funds are intended to be used for the camping and club activities of Young Life.
Form 990, Schedule D, Part V, Line 3a(ii):	Young Life Foundation holds an endowment which is exclusively to further the exempt purpose of Young Life. The balance of the endowment at 9/30/2021 is $2,302,045.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1) Central America and the Caribbean	0	0	Grants to recipients located in region		454,762
(2) South America	0	0	Grants to recipients located in region		164,737
(3) Europe	0	0	Grants to recipients located in region		1,503,764
(4) Middle East and North Africa	0	0	Grants to recipients located in region		144,406
(5) Sub-Saharan Africa	0	0	Grants to recipients located in region		725,331
(6) East Asia and the Pacific	0	0	Grants to recipients located in region		665,508
(7) South Asia	0	0	Grants to recipients located in region		259,214
(8) Russia & the Newly Independent States	0	0	Grants to recipients located in region		1,146,153
(9) North America	0	139	Program services	Field ministry	144,394
(10) Central America and the Caribbean	7	180	Program services	Field ministry	1,395,844
(11) South America	3	71	Program services	Field ministry	348,699
(12) Europe	0	154	Program services	Field ministry	571,685
(13) Middle East and North Africa	0	12	Program services	Field ministry	223,153
(14) Sub-Saharan Africa	6	291	Program services	Field ministry	5,212,922
(15) East Asia and the Pacific	0	155	Program services	Field ministry	165,975
(16) South Asia	0	55	Program services	Field ministry	356,240
(17) Russia & the Newly Independent States	1	116	Program services	Field ministry	1,291,320
(18) Central America and the Caribbean	0	0	Investments		12,398,461
(19) North America	0	0	Investments		1,681,657
3a Sub-total	0	0			5,063,875
b Total from continuation sheets to Part I . . .	17	1,173			23,790,350
c Totals (add lines 3a and 3b)	17	1,173			28,854,225

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.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Caribbean	Youth Ministry	230,331	Wire transfer			
(2)		Central America and the Caribbean	Youth Ministry	18,095	Wire transfer			
(3)		Central America and the Caribbean	Youth Ministry	67,349	Wire transfer			
(4)		Central America and the Caribbean	Youth Ministry	36,000	Wire transfer			
(5)		South America	Youth Ministry	7,802	Wire transfer			
(6)		South America	Youth Ministry	41,156	Wire transfer			
(7)		South America	Youth Ministry	6,694	Wire transfer			
(8)		South America	Youth Ministry	56,231	Wire transfer			
(9)		South America	Youth Ministry	8,352	Wire transfer			
(10)		Europe	Youth Ministry	12,634	Wire transfer			
(11)		Europe	Youth Ministry	32,187	Wire transfer			
(12)		Europe	Youth Ministry	152,595	Wire transfer			
(13)		Europe	Youth Ministry	416,923	Wire transfer			
(14)		Europe	Youth Ministry	297,490	Wire transfer			
(15)		Europe	Youth Ministry	278,074	Wire transfer			
(16)		Europe	Youth Ministry	11,379	Wire transfer			
(17)		Europe	Youth Ministry	159,692	Wire transfer			
(18)		Europe	Youth Ministry	45,556	Wire transfer			
(19)		Europe	Youth Ministry	6,000	Wire transfer			
(20)		Middle East and North Africa	Youth Ministry	104,339	Wire transfer			
(21)		Sub-Saharan Africa	Youth Ministry	22,861	Wire transfer			
(22)		Sub-Saharan Africa	Youth Ministry	256,142	Wire transfer			
(23)		Sub-Saharan Africa	Youth Ministry	27,759	Wire transfer			
(24)		East Asia and the Pacific	Youth Ministry	20,000	Wire transfer			
(25)		East Asia and the Pacific	Youth Ministry	268,608	Wire transfer			
(26)		East Asia and the Pacific	Youth Ministry	91,800	Wire transfer			
(27)		East Asia and the Pacific	Youth Ministry	24,802	Wire transfer			
(28)		East Asia and the Pacific	Youth Ministry	180,042	Wire transfer			
(29)		East Asia and the Pacific	Youth Ministry	14,200	Wire transfer			
(30)		East Asia and the Pacific	Youth Ministry	22,817	Wire transfer			
(31)		South Asia	Youth Ministry	196,155	Wire transfer			
(32)		South Asia	Youth Ministry	31,276	Wire transfer			
(33)		Russia and the Newly Independent States	Youth Ministry	24,300	Wire transfer			
(34)		Russia and the Newly Independent States	Youth Ministry	14,000	Wire transfer			
(35)		Russia and the Newly Independent States	Youth Ministry	117,572	Wire transfer			
(36)		Russia and the Newly Independent States	Youth Ministry	54,608	Wire transfer			
(37)		Russia and the Newly Independent States	Youth Ministry	55,766	Wire transfer			
(38)		Russia and the Newly Independent States	Youth Ministry	23,018	Wire transfer			
(39)		Russia and the Newly Independent States	Youth Ministry	93,113	Wire transfer			
(40)		Russia and the Newly Independent States	Youth Ministry	195,657	Wire transfer			
(41)		Russia and the Newly Independent States	Youth Ministry	446,292	Wire transfer			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 41

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Tuition, room, and board	Central America and the Caribbean	102	100,042	Wire Transfer			
(2) Tuition, room, and board	South America	17	44,502	Wire Transfer			
(3) Tuition, room, and board	Europe	49	84,816	Wire Transfer			
(4) Tuition, room, and board	Middle East and North Africa	10	35,178	Wire Transfer			
(5) Tuition, room, and board	Sub-Saharan Africa	185	412,654	Wire Transfer			
(6) Tuition, room, and board	East Asia and the Pacific	23	41,696	Wire Transfer			
(7) Tuition, room, and board	South Asia	32	31,783	Wire Transfer			
(8) Tuition, room, and board	Russia & the Newly Independent States	65	120,330	Wire Transfer			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* . . . . . ☑ Yes ☐ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☑ No

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.

ReturnReference	Explanation
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, senior vice presidents, and group 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.
Part III Accounting Method:	
Schedule F, Part IV, Lines 1 and 2	The organization qualifies to answer yes to Schedule F, Part IV, Lines 1 and 2. However, they do not meet the filing thresholds for Form 926 or Form 3520.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1 One Accord LLC 1018 Market Street Kirkland, WA 98033	Campaign Consulting		No	0	18,900	-18,900
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					18,900	-18,900

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Banquets (event type)	(b) Event #2 Golf Events (event type)	(c) Other events 22 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,340,705	7,882,082	26,878,713	50,101,500
	2 Less: Contributions	15,253,751	6,625,479	24,316,514	46,195,744
	3 Gross income (line 1 minus line 2)	86,954	1,256,603	2,562,199	3,905,756
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,861,100	3,655,750	3,565,366	9,082,216
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9,082,216
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,176,460

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	The services provided by One Accord LLC were consulting in nature and therefore there were no direct receipts associated with these services.
Schedule G, Part I, Line 3:	Young Life is recognized as a church and is exempt from applying to register to solicit contributions in all states that require registration.

Schedule G (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Young Life Foundation 420 N Cascade Ave Colorado Springs, C O 80903	84-6041371	501(c)(3)	17,436,346				Invest with support organization
(2) The Dale House Project 7 W Dale Street Colorado Springs, C O 80903	74-2343399	501(c)(3)	200,000				Support for organization
(3) Youth with a Mission 15750 W 63rd Ave Arvada, C O 80004	74-2587748	501(c)(3)	49,200				Support for organization
(4) Trinity Grace Church 157 Argyle Rd 305 Brooklyn, N Y 112183401	20-4547012	501(c)(3)	28,252				Support for organization
(5) Ark Angels Inc PO Box 11344 South Bend, I N 46634	03-0481729	501(c)(3)	21,000				Support for organization
(6) Church of the Redeemer Greensboro 5572 Garden Village Way 17 Greensboro, N C 27410	90-0784331	501(c)(3)	10,334				Support for organization
(7) YMCA of the Suncoast 1801 119th St N Largo, FL 33778	59-0810731	501(c)(3)	9,824				Support for organization
(8) M C Y M 540 N Cascade Ave Ste 300 Colorado Springs, C O 80903	74-2238462	501(c)(3)	6,700				Support for organization
(9) Matrix Ministries 6521 11th Ave NW Seattle, W A 98117	84-1578900	501(c)(3)	5,500				Support for organization
(10) Central Detroit Christian Comm Dev Corp 1550 Taylor Street Detroit, M I 482062081	38-3128822	501(c)(3)	17,000				Support for organization

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **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.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	Money is transferred to a wholly owned supporting organization (Young Life Foundation) for investment purposes. Investment returns are transferred back to Young Life for program purposes. Young Life may provide other very small grants on a case by case basis. These grants are made to organizations that Young Life has contact with through the ministry to youth around the country.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Newton Crenshaw President/CEO	(i)	331,092	59,168	75,998	37,500	23,478	527,236	0
	(ii)	0	0	0	0	0	0	0
2 John Wagner SVP Global Cities Initiatives	(i)	86,952	0	220,540	17,736	21,875	347,103	0
	(ii)	0	0	0	0	0	0	0
3 Wiley Scott Senior Vice President	(i)	130,056	0	119,368	20,610	22,728	292,762	0
	(ii)	0	0	0	0	0	0	0
4 Brent Cunningham Senior Vice President	(i)	73,532	0	178,322	16,565	22,728	291,147	0
	(ii)	0	0	0	0	0	0	0
5 Michael J Gaffney Senior Vice President	(i)	104,484	0	128,855	15,703	13,438	262,480	0
	(ii)	0	0	0	0	0	0	0
6 John M Caldwell Chief Foundation Officer	(i)	144,744	0	78,010	21,433	16,284	260,471	0
	(ii)	0	0	0	0	0	0	0
7 Paul Coty Vice President	(i)	60,484	0	143,149	16,462	23,527	243,622	0
	(ii)	0	0	0	0	0	0	0
8 Chad Edwards Group Senior Vice President	(i)	142,332	0	50,714	20,217	25,617	238,880	0
	(ii)	0	0	0	0	0	0	0
9 Steve Thompson COO	(i)	175,368	0	17,738	20,255	24,852	238,213	0
	(ii)	0	0	0	0	0	0	0
10 Scott Brill CFO	(i)	185,676	0	5,189	18,568	22,728	232,161	0
	(ii)	0	0	0	0	0	0	0
11 Paul Sherrill Vice President/Secretary	(i)	150,936	0	4,037	17,433	27,648	200,054	0
	(ii)	0	0	0	0	0	0	0
12 Dave Briggs Treasurer	(i)	134,112	0	4,695	15,490	25,428	179,725	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	Travel for spouse (companion) is available to all Young Life staff when needed for ministry or fundraising purposes. They assist with ministry needs by providing pastoral care - leading others in discussion, prayer, and worship. For fundraising purposes, the spouse's presence is often expected by donors. Travel for ministry or fundraising purposes is for a bona fide business purpose, and it not treated as taxable compensation. Ministerial housing allowances are available to all commissioned or ordained staff who are authorized to perform sacerdotal functions. The CEO, among other qualifying officers and highest compensated employees, received a housing allowance during the year. These allowances are treated as a non-taxable benefit. The health club benefit is offered as a taxable benefit to all full-time Young Life staff. This benefit is available for up to $250 a year.
Part I, Line 7	The CEO's salary agreement provides for a performance bonus adjustment. The board can adjust the bonus based on the percentage of annual goals achieved by the CEO. The bonus percentage adjustment ranges from 0 to 15%. The board encourages the CEO to set annual goals that are, where prudent, specific, measurable, and that include a completion date.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	13	81,879	FMV-Similar Asset Sales
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	599	6,980,381	Published Trade Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	120,272	FMV-Similar Properties
16 Real estate—Commercial	X	2	1,081,000	FMV-Similar Properties
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)	X	8	465,662	FMV-Similar Asset Sa
26 Other ▶ (Miscellaneous)	X	553	247,340	FMV-Similar Asset Sa
27 Other ▶ (Computers)	X	2	35,380	FMV-Similar Asset Sa
28 Other ▶ (Furniture)	X	3	18,970	FMV-Similar Asset Sa

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 2

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b):	The number of contributions represent the number of contributions received, not the number of items donated.
Part I, Line 32b:	A real estate agent was used to process the real estate contributions.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(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

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Return Reference	Explanation
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 VI, Section A, line 1	The Executive Committee is composed of the acting Chair and Vice-Chair of the board, the President, Chair of the Trustee Governance Committee, the Chair of the Finance Committee, the Chair of the Human Resources Committee, and the Chair of any other duly designated committees. The Chair and Vice-Chair of the board of trustees shall serve as Chair and Vice-Chair of the Executive Committee. The Executive Committee may exercise all of the authority of the board of trustees between meetings of the board of trustees.
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared by a third party preparer. The CFO and Treasurer review the 990 in detail. After their review, the Form 990 is electronically provided to the Young Life board of trustees for their review prior to filing.
Form 990, Part VI, Section B, line 12c	A copy of the conflict of interest policy and a form is sent out each year to all officers, directors, and key employees. They must return a signed copy of the form indicating any conflict of interest. Any conflict is reviewed by the legal department. Any decisions regarding a conflict are made by the board. Board members are restricted from voting on issues where a conflict of interest exists.
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 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, 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, and Assistant Secretary.
Form 990, Part XI, line 9:	Intercompany Eliminations -22,282,398. Net Asset Transfer -1,632,959.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

(a) Name, address, and EIN (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
(1) 3E Geothermal LLC 420 N Cascade Ave Colorado Springs, CO 80903 27-3872878	Holding Company	CO	0	35,000	Young Life
(2) YLX Travel LLC 420 N Cascade Ave Colorado Springs, CO 80903 47-3254415	Provide travel support Young Life mission trips	CO	0	0	Young Life

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Young Life Foundation 420 N Cascade Ave Colorado Springs, CO 80903 84-6041371	Support Organization	CO	501(c)(3)	Line 12b, II	Young Life	Yes	
(2) YL Malibu Club Ministry Affiliates 6545 Maple Rd Egmont, British Columbia V0N 1N0 CA	Support Organization	CA	N/A		Young Life	Yes	
(3) Crossroads Church House 104 Road 18 Sector 14 Utta Dhaka BG	Youth ministry	BG	N/A		Young Life	Yes	
(4) Young Life International Kestin House 45 Crescent Road Luton LU2 0AH UK	Youth ministry	UK	N/A		Young Life	Yes	
(5) The Young Life Property Charitable Trust 420 N Cascade Ave Colorado Springs, CO 80903 20-7203983	Contributions	CO	501(c)(3)	Line 12b, II	Young Life	Yes	
(6) Creative Camping Services LLC 420 N Cascade Ave Colorado Springs, CO 80903 83-3701634	Camping Ministry	CO	501(c)(3)	Line 10	Young Life	Yes	
(7) Young Life AME 420 N Cascade Ave Colorado Springs, CO 80903 84-2305235	Facilitate ministry in geographic regions of Africa and Middle East	CO	501(c)(3)	Line 1	Young Life	Yes	
(8) Young Life EURO 420 N Cascade Ave Colorado Springs, CO 80903 84-2345573	Facilitate ministry in geographic regions of Europe	CO	501(c)(3)	Line 1	Young Life	Yes	
(9) Young Life FSU 420 N Cascade Ave Colorado Springs, CO 80903 84-2330797	Facilitate ministry in geographic regions of Former Soviet Union	CO	501(c)(3)	Line 1	Young Life	Yes	
(10) Young Life Asia Pacific 420 N Cascade Ave Colorado Springs, CO 80903 84-2310675	Facilitate ministry in geographic regions of Asia Pacific	CO	501(c)(3)	Line 1	Young Life	Yes	
(11) Young Life LAC 420 N Cascade Ave Colorado Springs, CO 80903 84-2360682	Facilitate ministry in geographic regions of Latin American and Caribbean	CO	501(c)(3)	Line 1	Young Life	Yes	
(12) Youth Ministry Association 420 N Cascade Ave Colorado Springs, CO 80903 47-4666743	Association of churches and ministry leaders	CO	501(c)(3)	Line 1	Young Life	Yes	
(13) Crossroads International Charity Foundation 18 Baghramyan Ave Yerevan 0019 AM	Camping ministry	AM	N/A		Young Life	Yes	
(14) Young Life Belize 6066 University Blvd City of Belmopan Cayo BH	Youth ministry	BH	N/A		Young Life	Yes	
(15) Young Life Bulgaria Republic of Bulgaria 2300 Pernik BU	Youth ministry	BU	N/A		Young Life	Yes	
(16) Fundacin Young Life Colombia Calle 70A No 4-41 Bogota DC CO	Youth ministry	CO	N/A		Young Life	Yes	
(17) Young Life Ceska zu V Zalomu 2948/1 Zabreh 700 30 Ost EZ	Youth ministry	EZ	N/A		Young Life	Yes	
(18) Youth Ministries RDC A No 26 Ave Colonel Ebeya Ville Pr CG	Youth ministry	CG	N/A		Young Life	Yes	
(19) Young Life Deutschland GmbH Kandern GM	Youth ministry	GM	N/A		Young Life	Yes	
(20) Young Life Limited Sheung Wan HK	Youth ministry	HK	N/A		Young Life	Yes	
(21) Vida Joven AC Calle 16 de Septiembre 92 Colonia Queretaro 76000 MX	Youth ministry	MX	N/A		Young Life	Yes	
(22) Young Life Lindebergasen 36A Oslo 1068 NO	Youth ministry	NO	N/A		Young Life	Yes	
(23) Young Life Polska ul Polwiejska nr 25 lok 3 miej Poznan PL	Youth ministry	PL	N/A		Young Life	Yes	
(24) YL International Bahamas 86 Jobson Avenue PO Box F43736 Freeport BF	Youth ministry	BF	N/A		Young Life	Yes	
(25) Young Life South Africa NPC Limpopo SF	Youth ministry	SF	N/A		Young Life	Yes	
(26) Fundacin Young Life 17820 Banyoles Girona SP	Youth ministry	SP	N/A		Young Life	Yes	
(27) Fondation Young Life No 6 Rue Frederique Babiole PortauPrince HA	Youth ministry	HA	N/A		Young Life	Yes	
(28) Vida Joven Peru Jr ancash 3851 Urb Peru - SMP Lima PE	Youth ministry	PE	N/A		Young Life	Yes	
(29) The Registered Trustees of Young Life Trust PO Box 11454 Dar es Salaam TZ	Youth ministry	TZ	N/A		Young Life	Yes	
(30) Young Life Plot 3 Parliament Ave Raja Chambe UG	Youth ministry	UG	N/A		Young Life AME		No
(31) Young Life Bulawayo ZI	Youth ministry	ZI	N/A		Young Life	Yes	
(32)						Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 3E Ministries 420 N Cascade Ave Colorado Springs, CO 80903 84-1556504	Sale of YL Merchandise	CO	Young Life	C	150,680	34,018	100.000 %	Yes	
(2) Malibu Yacht Charters 6545 Maple Rd Egmont, British Columbia V0N 1N0 CA	Transportation	CA	Young Life		2,093	831,272	100.000 %	Yes	
(3) Irrevocable Charitable Trusts (8)	Hold assets and remit income to Young Life	CO	Young Life					Yes	

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) Young Life Foundation	B	17,436,346	Payment Accounts
(2) Young Life Foundation	C	47,941,620	Contribution accounts
(3) Int'l Div - Africa	C	7,339,000	Contribution accounts
(4) Int'l Div - FSU	C	1,210,000	Contribution accounts
(5) Int'l Div - Asia	C	1,236,000	Contribution accounts
(6) Int'l Div - LAC	C	2,300,000	Contribution accounts
(7) Int'l Div - Euro	C	2,165,187	Contribution accounts
(8) Young Life Foundation	M	401,548	National Funding/Revenue account
(9) Young Life Foundation	N	401,548	National Funding/Revenue account
(10) 3E Ministries	E	21,842	Book value

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Schedule R (Form 990) 2020

Additional Data

Return to Form

Software ID:

Software Version:

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10-01-2021 , and ending 09-30-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Young Life

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
420 N Cascade Avenue

City or town, state or province, country, and ZIP or foreign postal code
Colorado Springs, CO 80903

D Employer identification number
84-0385934

E Telephone number
(719) 381-1800

G Gross receipts $ 500,045,424

F Name and address of principal officer:
Newton Crenshaw
420 N Cascade Avenue
Colorado Springs, CO 80903

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.younglife.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1941

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Young Life is a ministry to expose adolescents around the world to the person of Jesus Christ.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	5,707
6	Total number of volunteers (estimate if necessary)	**6**	49,289
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	926,482
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	366,368,337	412,717,767
	9	Program service revenue (Part VIII, line 2g)	39,011,816	62,187,028
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	503,260	-246,084
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,676,717	-3,792,705
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	403,206,696	470,866,006
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,197,755	68,833,664
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	242,389,747	257,097,131
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	18,900	58,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶25,572,122		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	95,446,368	132,153,433
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	361,052,770	458,142,228
	19	Revenue less expenses. Subtract line 18 from line 12	42,153,926	12,723,778

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	406,009,865	395,126,187
	21	Total liabilities (Part X, line 26)	22,119,297	28,952,959
	22	Net assets or fund balances. Subtract line 21 from line 20	383,890,568	366,173,228

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2023-02-14

▶ Dave Briggs Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00721951
Firm's name ▶ Capin Crouse LLP			Firm's EIN ▶ 36-3990892	
Firm's address ▶ 2435 Research Parkway STE 200 Colorado Springs, CO 80920			Phone no. (505) 502-2746	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 254,344,293 including grants of $) (Revenue $ 6,197,098)

Field minstry provides weekly club meetings and small group Bible studies around the world with the assistance of 49,289 active volunteer leaders and community advisors. Young Life ministers to approximately 1.7 million midddle school, high school and college students each year.

4b (Code:) (Expenses $ 72,597,527 including grants of $) (Revenue $ 55,063,448)

Week-long summer camps and school season weekend camps and activities are offered to students each year. Young Life owns and operates 25 world class camping facilites and runs 8 more seasonal camping opportunites through affiliate camping relationships. A total of 122,291 campers and guests were served.

4c (Code:) (Expenses $ 68,833,664 including grants of $ 68,833,664) (Revenue $)

Grants and allocations to similar 501(c)(3) organizations and foreign charitable organizations with programs in line with Young Life's exempt purpose.

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

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

4e **Total program service expenses** ▶ 395,775,484

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	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	Yes	

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*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1,104		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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, filed for the calendar year ending with or within the year covered by this return **2a** 5,707			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	**4a**	Yes	
b	account)? AR, AM, BG, BH, BD, BU, CA, CJ, CI, CO, CS, EZ, DR, CF, EC, ES, WZ, ET, GM, GT, HA, HK, KE, LI, MI, MU, MX, MZ, NU, NO, PM, PA, PE, PL, PO, RW, SL, SF, SP, SW, TZ, UG, ZI			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	**15**		No
16	Is the organization subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule N.	**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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		No
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ _____

18 Section 6104 requires an organization to make its Form 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 ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Dave Briggs Treasurer 420 N Cascade Avenue Colorado Springs, C O 80903 (719) 381-1800

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Newton Crenshaw President/CEO	40.00 1.00	X		X				475,267	0	64,817
(2) John Wagner SVP Global Cities Initiati	40.00					X		311,332	0	42,013
(3) Wiley Scott Senior Vice President	40.00				X			281,967	0	46,665
(4) Brent Cunningham Senior Vice President	40.00					X		275,342	0	37,421
(5) John M Caldwell Chief Foundation Officer	40.00					X		236,038	0	38,582
(6) Michael J Gaffney Senior Vice President	40.00					X		229,843	0	25,718
(7) Paul Coty Vice President	40.00					X		210,126	0	41,016
(8) Chad Edwards Group Senior Vice Presiden	40.00				X			202,188	0	46,014
(9) Steve Thompson COO	40.00			X				198,995	0	47,687
(10) Scott Brill CFO	40.00			X				200,106	0	42,201
(11) Paul Sherrill Vice President/Secretary	40.00			X				158,740	0	46,646
(12) Dave Briggs Treasurer	40.00			X				142,166	0	41,500
(13) Janis Morton Asst. Secretary (part year)	40.00			X				81,666	0	28,484
(14) Michael Stain Chair	1.00	X		X				0	0	0
(15) Nanette Ballbach Vice Chair	1.00	X		X				0	0	0
(16) Sue Bere Director	1.00	X						0	0	0
(17) John Brandon Director	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) Malcolm Mac Briggs Director	1.00	X						0	0	0
(19) Andy Code Director	1.00	X						0	0	0
(20) Doug Eaton Director	1.00	X						0	0	0
(21) Brooks Entwistle Director	1.00	X						0	0	0
(22) Heriberto Guerra Director	1.00	X						0	0	0
(23) Promod Haque Director	1.00	X						0	0	0
(24) Bill Haslam Director	1.00	X						0	0	0
(25) Jacquie Holland Director	1.00	X						0	0	0
(26) John Hummel Director	1.00	X						0	0	0
(27) Susan Hutchison Director	1.00 1.00	X						0	0	0
(28) Regg Jones Director	1.00	X						0	0	0
(29) Moyo Kamgaing Director	1.00	X						0	0	0
(30) Clyde Lear Director	1.00	X						0	0	0
(31) Terry Looper Director	1.00	X						0	0	0
(32) Kevin McVaney Director	1.00	X						0	0	0
(33) Curtis B McWilliams Director	1.00 1.00	X						0	0	0
(34) Harold Melton Director	1.00	X						0	0	0
(35) Susan Peterson Director	1.00	X						0	0	0
(36) Chris Roberts Director	1.00	X						0	0	0
(37) Mark Rodriguez Director	1.00	X						0	0	0
(38) Kathleen Stevens Director	1.00	X						0	0	0
(39) Tom Thomas Director	1.00	X						0	0	0
(40) Franklin Tseng Director	1.00	X						0	0	0
(41) Phyllis Washington Director	1.00	X						0	0	0
(42) Mark Zoradi Director	1.00	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,003,776	0	548,764

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 187

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Earl Arnold dba Kingdom Tour & Travel PO Box 782008 San Antonio, TX 78278	Bus Charter	891,239
Tyler A York, 1881 SW 1st St Redmond, OR 977567123	Excavating	692,463
Cultured Enuf LLC 6132 W Columbia Ave Philadelphia, PA 19152	Consultants	422,629
TM Acquisitions LLC 215 W Bandera Rd Boerne, TX 78006	Construction	341,565
My Backyard Sports LLC 25 Kinkaid Ave Closter, NJ 07624	Construction	248,521

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 ▶ 17

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a 234,772				
	b Membership dues . .	1b				
	c Fundraising events . .	1c 54,601,941				
	d Related organizations	1d 44,640,555				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 313,240,499				
	g Noncash contributions included in lines 1a - 1f:$	1g 13,132,514				
	h **Total.** Add lines 1a-1f . . . . . ▶		412,717,767			
Program Service Revenue		Business Code				
	2a Camping	900099	52,367,808	52,367,808		
	b Field Ministry	900099	6,197,098	6,197,098		
	c Other Revenue	531110	2,632,810	1,706,328	926,482	
	d Employee Camp Rent	900099	989,312	989,312		
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶	62,187,028				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		244,074			244,074
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a Gross rents	6a	32,088					
b Less: rental expenses	6b	19,707					
c Rental income or (loss)	6c	12,381					
d Net rental income or (loss) . . . . . ▶				12,381			12,381

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	11,003,036	1,336,288				
b Less: cost or other basis and sales expenses	7b	11,003,036	1,826,446				
c Gain or (loss)	7c	0	-490,158				
d Net gain or (loss) . . . . . ▶				-490,158			-490,158

8a Gross income from fundraising events (not including $ 54,601,941 of contributions reported on line 1c). See Part IV, line 18	8a	5,433,313				
b Less: direct expenses	8b	13,264,656				
c Net income or (loss) from fundraising events . . ▶			-7,831,343			-7,831,343
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a	7,091,830				
b Less: cost of goods sold . .	10b	3,065,573				
c Net income or (loss) from sales of inventory . . ▶			4,026,257			4,026,257

Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶		470,866,006	61,260,546	926,482	-4,038,789

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,993,351	61,993,351		
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 individuals. See Part IV, lines 15 and 16.	6,840,313	6,840,313		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,096,814	1,756,360	188,087	152,367
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	173,061,495	144,961,982	15,523,805	12,575,708
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,943,977	13,355,198	1,430,192	1,158,587
9 Other employee benefits	52,281,150	43,792,404	4,689,677	3,799,069
10 Payroll taxes	13,713,695	11,487,041	1,230,133	996,521
11 Fees for services (non-employees):				
a Management				
b Legal	521,100	251,216	133,280	136,604
c Accounting	251,197	121,099	64,248	65,850
d Lobbying				
e Professional fundraising services. See Part IV, line 17	58,000			58,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,241,041	4,482,961	2,378,381	2,379,699
12 Advertising and promotion	1,546,041	177,548	313,709	1,054,784
13 Office expenses	12,402,283	12,134,159	127,250	140,874
14 Information technology	4,081,002	3,210,844	626,525	243,633
15 Royalties				
16 Occupancy	19,128,915	15,071,633	2,913,674	1,143,608
17 Travel	11,032,353	8,545,307	1,567,458	919,588
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,268,071	5,683,028	471,782	113,261
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,322,726	18,719,771	493,853	109,102
23 Insurance	14,508,642	12,681,402	1,827,240	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Club and camping	22,241,830	22,170,811	45,807	25,212
b Foreign Program	7,953,004	6,887,302	628,287	437,415
c				
d				
e All other expenses	3,655,228	1,451,754	2,141,234	62,240
25 **Total functional expenses.** Add lines 1 through 24e	458,142,228	395,775,484	36,794,622	25,572,122
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☑ if following SOP 98-2 (ASC 958-720).	1,546,041	177,548	313,709	1,054,784

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		39,858	1	41,680
	2	Savings and temporary cash investments		92,291,111	2	71,235,888
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		774,809	4	1,137,801
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		152,713	7	32,353
	8	Inventories for sale or use		1,394,885	8	1,660,565
	9	Prepaid expenses and deferred charges		4,077,191	9	3,391,490
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 590,919,347			
	b	Less: accumulated depreciation	10b 285,997,125	287,190,338	10c	304,922,222
	11	Investments—publicly traded securities		403,279	11	346,073
	12	Investments—other securities. See Part IV, line 11		12,398,461	12	10,570,895
	13	Investments—program-related. See Part IV, line 11		7,271,661	13	1,771,661
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15,559	15	15,559
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		406,009,865	16	395,126,187
Liabilities	17	Accounts payable and accrued expenses		21,053,378	17	28,144,702
	18	Grants payable			18	
	19	Deferred revenue		11,289	19	10,717
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,019,680	23	761,220
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		34,950	25	36,320
	26	**Total liabilities.** Add lines 17 through 25		22,119,297	26	28,952,959
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		344,316,500	27	322,576,431
	28	Net assets with donor restrictions		39,574,068	28	43,596,797
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		383,890,568	32	366,173,228
	33	Total liabilities and net assets/fund balances		406,009,865	33	395,126,187

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	470,866,006
2	Total expenses (must equal Part IX, column (A), line 25)	2	458,142,228
3	Revenue less expenses. Subtract line 2 from line 1	3	12,723,778
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	383,890,568
5	Net unrealized gains (losses) on investments	5	-1,106,955
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,334,163
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	366,173,228

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ 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, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☑ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	332,944,426	337,381,455	318,999,920	366,368,337	412,717,767	1,768,411,905
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	332,944,426	337,381,455	318,999,920	366,368,337	412,717,767	1,768,411,905
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						1,768,411,905

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	332,944,426	337,381,455	318,999,920	366,368,337	412,717,767	1,768,411,905
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,209,232	2,270,612	1,333,849	170,728	276,162	5,260,583
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.). .			-2,240,701			-2,240,701
11 **Total support.** Add lines 7 through 10						1,771,431,787

12 Gross receipts from related activities, etc. (see instructions) **12** 309,068,382

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.830 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 98.640 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2020 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on 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.***	9c		
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 line 10b below.*	10a		
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).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or 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		

Section 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 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		

Section 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 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 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 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section 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 year **(see instructions)**:

a ☐ 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 lines 2a and 2b below.**

			Yes	No
a	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, 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 on line 2a, above constitute activities that, but for the organization's involvement, one or more 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 lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	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 instructions)	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	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, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income:	Impairment on asset - 2019 Amount: $ -2,240,701.
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.

Additional Data

Return to Form

Software ID:

Software Version:

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

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

		(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 writing that the assets held in donor advised funds 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,302,045	2,158,469	2,163,236	2,207,128	2,190,265
b Contributions					
c Net investment earnings, gains, and losses	-306,355	452,184	123,293	47,056	215,330
d Grants or scholarships					
e Other expenditures for facilities and programs	77,803	308,608	128,060	90,948	198,467
f Administrative expenses					
g End of year balance	1,917,887	2,302,045	2,158,469	2,163,236	2,207,128

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶
- **b** Permanent endowment ▶
- **c** Term endowment ▶ 100.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,954,761		50,954,761
b Buildings		347,950,958	167,558,727	180,392,231
c Leasehold improvements		3,614,163	2,186,767	1,427,396
d Equipment		50,821,096	40,656,947	10,164,149
e Other		137,578,369	75,594,684	61,983,685
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				304,922,222

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	36,320

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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			
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.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part V, Line 4:	The endowment funds are intended to be used for the camping and club activities of Young Life.
Form 990, Schedule D, Part V, Line 3a(ii):	Young Life Foundation holds an endowment which is exclusively to further the exempt purpose of Young Life. The balance of the endowment at 9/30/2022 is $1,917,887.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean	0	0	Grant Making		287,806
(2) South America	0	0	Grant Making		225,400
(3) Europe	0	0	Grant Making		1,846,812
(4) Middle East	0	0	Grant Making		185,590
(5) Sub-Saharan Africa	0	0	Grant Making		930,741
(6) East Asia and the Pacific	0	0	Grant Making		945,103
(7) South Asia	0	0	Grant Making		589,276
(8) Russia and the Newly Independent States	0	0	Grant Making		1,829,585
(9) North America	0	156	Program Services	Field ministry	343,687
(10) Central America and the Caribbean	7	182	Program Services	Field ministry	2,776,033
(11) South America	3	71	Program Services	Field ministry	517,149
(12) Europe	0	165	Program Services	Field ministry	862,333
(13) Middle East	0	12	Program Services	Field ministry	254,240
(14) Sub-Saharan Africa	3	324	Program Services	Field ministry	7,385,520
(15) East Asia and the Pacific	0	163	Program Services	Field ministry	187,663
(16) South Asia	0	58	Program Services	Field ministry	706,947
(17) Russia and the Newly Independent States	1	114	Program Services	Field ministry	1,189,015
(18) Central America and the Caribbean	0	0	Investments		10,570,895
(19) North America	0	0	Investments		1,681,657
3a Sub-total	0	0			6,840,313
b Total from continuation sheets to Part I . . .	14	1,245			26,475,139
c **Totals** (add lines 3a and 3b)	14	1,245			33,315,452

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.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Caribbean	Youth Ministry	29,686	Wire transfer	0		
(2)		Central America and the Caribbean	Youth Ministry	19,400	Wire transfer	0		
(3)		Central America and the Caribbean	Youth Ministry	155,604	Wire transfer	0		
(4)		Central America and the Caribbean	Youth Ministry	6,247	Wire transfer	0		
(5)		Central America and the Caribbean	Youth Ministry	19,839	Wire transfer	0		
(6)		Central America and the Caribbean	Youth Ministry	46,470	Wire transfer	0		
(7)		South America	Youth Ministry	6,423	Wire transfer	0		
(8)		South America	Youth Ministry	12,492	Wire transfer	0		
(9)		South America	Youth Ministry	31,100	Wire transfer	0		
(10)		South America	Youth Ministry	111,655	Wire transfer	0		
(11)		South America	Youth Ministry	11,770	Wire transfer	0		
(12)		South America	Youth Ministry	49,320	Wire transfer	0		
(13)		Europe	Youth Ministry	16,256	Wire transfer	0		
(14)		Europe	Youth Ministry	33,015	Wire transfer	0		
(15)		Europe	Youth Ministry	35,127	Wire transfer	0		
(16)		Europe	Youth Ministry	230,801	Wire transfer	0		
(17)		Europe	Youth Ministry	755,088	Wire transfer	0		
(18)		Europe	Youth Ministry	103,361	Wire transfer	0		
(19)		Europe	Youth Ministry	30,500	Wire transfer	0		
(20)		Europe	Youth Ministry	274,376	Wire transfer	0		
(21)		Europe	Youth Ministry	10,436	Wire transfer	0		
(22)		Europe	Youth Ministry	38,003	Wire transfer	0		
(23)		Europe	Youth Ministry	149,533	Wire transfer	0		
(24)		Europe	Youth Ministry	62,624	Wire transfer	0		
(25)		Europe	Youth Ministry	14,102	Wire transfer	0		
(26)		Europe	Youth Ministry	8,998	Wire transfer	0		
(27)		Middle East and North Africa	Youth Ministry	24,242	Wire transfer	0		
(28)		Middle East and North Africa	Youth Ministry	117,945	Wire transfer	0		
(29)		Middle East and North Africa	Youth Ministry	33,783	Wire transfer	0		
(30)		Sub-Saharan Africa	Youth Ministry	74,714	Wire transfer	0		
(31)		Sub-Saharan Africa	Youth Ministry	5,279	Wire transfer	0		
(32)		Sub-Saharan Africa	Youth Ministry	303,860	Wire transfer	0		
(33)		Sub-Saharan Africa	Youth Ministry	44,740	Wire transfer	0		
(34)		Sub-Saharan Africa	Youth Ministry	6,652	Wire transfer	0		
(35)		East Asia and the Pacific	Youth Ministry	68,677	Wire transfer	0		
(36)		East Asia and the Pacific	Youth Ministry	257,980	Wire transfer	0		
(37)		East Asia and the Pacific	Youth Ministry	58,240	Wire transfer	0		
(38)		East Asia and the Pacific	Youth Ministry	177,203	Wire transfer	0		
(39)		East Asia and the Pacific	Youth Ministry	37,021	Wire transfer	0		
(40)		East Asia and the Pacific	Youth Ministry	227,877	Wire transfer	0		
(41)		East Asia and the Pacific	Youth Ministry	79,753	Wire transfer	0		
(42)		East Asia and the Pacific	Youth Ministry	34,906	Wire transfer	0		
(43)		South Asia	Youth Ministry	11,976	Wire transfer	0		
(44)		South Asia	Youth Ministry	526,102	Wire transfer	0		
(45)		South Asia	Youth Ministry	51,198	Wire transfer	0		
(46)		Russia and the Newly Independent States	Youth Ministry	64,967	Wire transfer	0		
(47)		Russia and the Newly Independent States	Youth Ministry	187,704	Wire transfer	0		
(48)		Russia and the Newly Independent States	Youth Ministry	77,421	Wire transfer	0		
(49)		Russia and the Newly Independent States	Youth Ministry	56,402	Wire transfer	0		
(50)		Russia and the Newly Independent States	Youth Ministry	31,858	Wire transfer	0		
(51)		Russia and the Newly Independent States	Youth Ministry	96,713	Wire transfer	0		
(52)		Russia and the Newly Independent States	Youth Ministry	166,220	Wire transfer	0		
(53)		Russia and the Newly Independent States	Youth Ministry	1,001,699	Wire transfer	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 53

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Tuition, room, and board	Central America and the Caribbean	104	10,560	Wire Transfer			
(2) Tuition, room, and board	South America	28	2,640	Wire Transfer			
(3) Tuition, room, and board	Europe	62	68,019	Wire Transfer			
(4) Tuition, room, and board	Middle East and North Africa	10	9,620	Wire Transfer			
(5) Tuition, room, and board	Sub-Saharan Africa	198	487,983	Wire Transfer			
(6) Tuition, room, and board	Russia & the Newly Independent States	63	146,601	Wire Transfer			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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.

ReturnReference	Explanation
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, senior vice presidents, and group 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.
Part III Accounting Method:	
Schedule F, Part IV, Lines 1 and 2	The organization qualifies to answer yes to Schedule F, Part IV, Lines 1 and 2. However, they do not meet the filing thresholds for Form 926 or Form 3520.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1 One Accord LLC 1018 Market Street Kirkland, WA 98033	Campaign Consulting		No	0	10,000	-10,000
2 Launchpad Event Architects LLC 7415 SW Parkway Building 6-500-745 Austin, TX 78735	Consulting		No	0	48,000	-48,000
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					58,000	-58,000

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Banquets (967) (event type)	(b) Event #2 Golf Events (445) (event type)	(c) Other events 22 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	20,172,450	9,109,451	30,753,353	60,035,254
	2 Less: Contributions	20,055,880	7,647,496	26,898,565	54,601,941
	3 Gross income (line 1 minus line 2)	116,570	1,461,955	3,854,788	5,433,313
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,397,380	4,283,075	4,584,201	13,264,656
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				13,264,656
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-7,831,343

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	The services provided by both One Accord LLC and Launchpad Event Architects, LLC were consulting in nature so actual fundraised results cannot be quantified.
Schedule G, Part I, Line 3:	Young Life is recognized as a church and is exempt from applying to register to solicit contributions in all states that require registration.

Schedule G (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Young Life Foundation 420 N Cascade Ave Colorado Springs, C O 80903	84-6041371	501(c)(3)	61,586,369	0			Invest with support organization
(2) Princeton Institute of Youth 6247 Oliver Creek Pkwy Holly Springs, N C 27540	74-2343399	501(c)(3)	13,000	0			Support for organization
(3) Greater Ridgecrest YMCA 1801 119th St Largo, FL 33778	74-2587748	501(c)(3)	15,000	0			Support for organization
(4) Shiloh Ministries Inc 13255 118th St N Largo, FL 33778	20-4547012	501(c)(3)	45,000	0			Support for organization
(5) InFaith 145 John Robert Thomas Dr Elton, P A 19341	03-0481729	501(c)(3)	42,126	0			Support for organization
(6) Youth with a Mission 12750 W 63rd Ave Arvada, C O 80004	90-0784331	501(c)(3)	8,673	0			Support for organization
(7) Trinity Grace Church 157 Argyle Rd 305 Brooklyn, N Y 112183401	59-0810731	501(c)(3)	45,910	0			Support for organization
(8) Fellowship of Christian Athletes 8701 Leeds Rd Kansas City, M O 64129	74-2238462	501(c)(3)	27,971	0			Support for organization
(9) National Christian Foundation 15 N Eola Dr Orlando, FL 32801	84-1578900	501(c)(3)	25,000	0			Support for organization
(10) Ark Angels Inc PO Box 11344 South Bend, I N 46634	38-3128822	501(c)(3)	21,000	0			Support for organization

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **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.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	Money is transferred to a wholly owned supporting organization (Young Life Foundation) for investment purposes. Investment returns are transferred back to Young Life for program purposes. Young Life may provide other very small grants on a case by case basis. These grants are made to organizations that Young Life has contact with through the ministry to youth around the country.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☑ First-class or charter travel ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Newton Crenshaw President/CEO	(i)	342,033	60,350	72,884	40,769	24,048	540,084	0
	(ii)	0	0	0	0	0	0	0
2 John Wagner SVP Global Cities Initiati	(i)	88,872	0	222,460	17,957	24,056	353,345	0
	(ii)	0	0	0	0	0	0	0
3 Wiley Scott Senior Vice President	(i)	135,270	0	146,697	23,367	23,298	328,632	0
	(ii)	0	0	0	0	0	0	0
4 Brent Cunningham Senior Vice President	(i)	73,947	0	201,395	16,982	20,439	312,763	0
	(ii)	0	0	0	0	0	0	0
5 John M Caldwell Chief Foundation Officer	(i)	148,633	0	87,405	21,918	16,664	274,620	0
	(ii)	0	0	0	0	0	0	0
6 Michael J Gaffney Senior Vice President	(i)	105,555	0	124,288	15,821	9,897	255,561	0
	(ii)	0	0	0	0	0	0	0
7 Paul Coty Vice President	(i)	30,444	0	179,682	16,919	24,097	251,142	0
	(ii)	0	0	0	0	0	0	0
8 Chad Edwards Group Senior Vice Presiden	(i)	146,745	0	55,443	20,727	25,287	248,202	0
	(ii)	0	0	0	0	0	0	0
9 Steve Thompson COO	(i)	179,784	0	19,211	20,765	26,922	246,682	0
	(ii)	0	0	0	0	0	0	0
10 Scott Brill CFO	(i)	189,405	6,352	4,349	18,903	23,298	242,307	0
	(ii)	0	0	0	0	0	0	0
11 Paul Sherrill Vice President/Secretary	(i)	154,359	1,275	3,106	17,828	28,818	205,386	0
	(ii)	0	0	0	0	0	0	0
12 Dave Briggs Treasurer	(i)	136,812	0	5,354	15,802	25,698	183,666	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	The President and two Global SVP's have flown first-class for international travel and for a bona fide business purpose. This is not included in taxable compensation. Travel for spouse (companion) is available to all Young Life staff when needed for ministry or fundraising purposes. They assist with ministry needs by providing pastoral care - leading others in discussion, prayer, and worship. For fundraising purposes, the spouse's presence is often expected by donors. Travel for ministry or fundraising purposes is for a bona fide business purpose, and it not treated as taxable compensation. Ministerial housing allowances are available to all commissioned or ordained staff who are authorized to perform sacerdotal functions. The CEO, among other qualifying officers and highest compensated employees, received a housing allowance during the year. These allowances are treated as a non-taxable benefit pursuant to IRC section 107. The health club benefit is offered as a taxable benefit to all full-time Young Life staff. This benefit is available for up to $250 a year.
Part I, Line 7	The CEO's salary agreement provides for a performance bonus adjustment. The board can adjust the bonus based on the percentage of annual goals achieved by the CEO. The bonus percentage adjustment ranges from 0 to 15%. The board encourages the CEO to set annual goals that are, where prudent, specific, measurable, and that include a completion date. The board also approved nonfixed payments made in the form of discretionary bonuses for the CFO and VP/Secretary.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	10	133,390	FMV-Similar Asset Sales
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	450	11,003,036	Published Trade Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	3	1,550,000	FMV-Similar Properties
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 ▶ (Miscellaneous)	X	644	346,040	FMV-Similar Asset Sa
26 Other ▶ (Equipment)	X	18	50,095	FMV-Similar Asset Sa
27 Other ▶ (Furniture)	X	44	47,363	FMV-Similar Asset Sa
28 Other ▶ (Computers)	X	4	2,590	FMV-Similar Asset Sa

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — **29** 2

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**	Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b):	The number of contributions represents the number of contributions received, not the number of items donated.
Part I, Line 32b:	A real estate agent was used to process the real estate contributions.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

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

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

Return Reference	Explanation
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 VI, Section A, line 1a	The Executive Committee is composed of the acting Chair and Vice-Chair of the board, the President, Chair of the Trustee Governance Committee, the Chair of the Finance Committee, the Chair of the Human Resources Committee, and the Chair of any other duly designated committees. The Chair and Vice-Chair of the board of trustees shall serve as Chair and Vice-Chair of the Executive Committee. The Executive Committee may exercise all of the authority of the board of trustees between meetings of the board of trustees.
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared by a third party preparer. The CFO and Treasurer review the 990 in detail. After their review, the Form 990 is electronically provided to the Young Life board of trustees for their review prior to filing.
Form 990, Part VI, Section B, line 12c	A copy of the conflict of interest policy and a form is sent out each year to all officers, directors, and key employees. They must return a signed copy of the form indicating any conflict of interest. Any conflict is reviewed by the legal department. Any decisions regarding a conflict are made by the board. Board members are restricted from voting on issues where a conflict of interest exists.
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 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, 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, and Assistant Secretary.
Form 990, Part XI, line 9:	Intercompany Eliminations -29,329,659. Net Asset Transfer -4,504.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Young Life

Employer identification number
84-0385934

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

(a) Name, address, and EIN (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
(1) 3E Geothermal LLC 420 N Cascade Ave Colorado Springs, CO 80903 27-3872878	Holding Company	CO	0	35,000	Young Life
(2) YLX Travel LLC 420 N Cascade Ave Colorado Springs, CO 80903 47-3254415	Provide travel support Young Life mission trips	CO	0	0	Young Life

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Young Life Foundation 420 N Cascade Ave Colorado Springs, CO 80903 84-6041371	Support Organization	CO	501(c)(3)	Line 12b, II	Young Life	Yes	
(2)YL Malibu Club Ministry Affiliates 6545 Maple Rd Egmont, British Columbia V0N 1N0 CA	Support Organization	CA	N/A		Young Life	Yes	
(3) Young Life International Kestin House 45 Crescent Road Luton LU2 0AH UK	Youth ministry	UK	N/A		Young Life	Yes	
(4) The Young Life Property Charitable Trust 420 N Cascade Ave Colorado Springs, CO 80903 20-7203983	Contributions	CO	501(c)(3)	Line 12b, II	Young Life	Yes	
(5) Creative Camping Services LLC 420 N Cascade Ave Colorado Springs, CO 80903 83-3701634	Camping Ministry	CO	501(c)(3)	Line 10	Young Life	Yes	
(6) Young Life AME 420 N Cascade Ave Colorado Springs, CO 80903 84-2305235	Facilitate ministry in geographic regions of Africa and Middle East	CO	501(c)(3)	Line 1	Young Life	Yes	
(7) Young Life EURO 420 N Cascade Ave Colorado Springs, CO 80903 84-2345573	Facilitate ministry in geographic regions of Europe	CO	501(c)(3)	Line 1	Young Life	Yes	
(8) Young Life Eurasia 420 N Cascade Ave Colorado Springs, CO 80903 84-2330797	Facilitate ministry in geographic regions of Former Soviet Union	CO	501(c)(3)	Line 1	Young Life	Yes	
(9) Young Life Asia Pacific 420 N Cascade Ave Colorado Springs, CO 80903 84-2310675	Facilitate ministry in geographic regions of Asia Pacific	CO	501(c)(3)	Line 1	Young Life	Yes	
(10) Young Life LAC 420 N Cascade Ave Colorado Springs, CO 80903 84-2360682	Facilitate ministry in geographic regions of Latin American and Caribbean	CO	501(c)(3)	Line 1	Young Life	Yes	
(11) Youth Ministry Association 420 N Cascade Ave Colorado Springs, CO 80903 47-4666743	Association of churches and ministry leaders	CO	501(c)(3)	Line 1	Young Life	Yes	
(12) Crossroads International Charity Foundation 18 Baghramyan Ave Yerevan 0019 AM	Camping ministry	AM	N/A		Young Life	Yes	
(13) Young Life Belize 6066 University Blvd City of Belmopan Cayo BH	Youth ministry	BH	N/A		Young Life	Yes	
(14) Fundacin Young Life Colombia Calle 70A No 4-41 Bogota DC CO	Youth ministry	CO	N/A		Young Life	Yes	
(15) Young Life Ceska zu V Zalomu 2948/1 Zabreh 700 30 Ost EZ	Youth ministry	EZ	N/A		Young Life	Yes	
(16) Youth Ministries RDC A No 26 Ave Colonel Ebeya Ville Pr CG	Youth ministry	CG	N/A		Young Life	Yes	
(17) Young Life Limited Sheung Wan HK	Youth ministry	HK	N/A		Young Life	Yes	
(18) Vida Joven AC Calle 16 de Septiembre 92 Colonia Queretaro 76000 MX	Youth ministry	MX	N/A		Young Life	Yes	
(19) Young Life Lindebergasen 36A Oslo 1068 NO	Youth ministry	NO	N/A		Young Life	Yes	
(20) Young Life Polska ul Polwiejska nr 25 lok 3 miej Poznan PL	Youth ministry	PL	N/A		Young Life	Yes	
(21)YL International Bahamas 86 Jobson Avenue PO Box F43736 Freeport BF	Youth ministry	BF	N/A		Young Life	Yes	
(22) Young Life South Africa NPC Limpopo SF	Youth ministry	SF	N/A		Young Life	Yes	
(23) Fundacin Young Life 17820 Banyoles Girona SP	Youth ministry	SP	N/A		Young Life	Yes	
(24) Fondation Young Life No 6 Rue Frederique Babiole PortauPrince HA	Youth ministry	HA	N/A		Young Life	Yes	
(25) Vida Joven Peru Jr ancash 3851 Urb Peru - SMP Lima PE	Youth ministry	PE	N/A		Young Life	Yes	
(26) The Registered Trustees of Young Life Trust PO Box 11454 Dar es Salaam TZ	Youth ministry	TZ	N/A		Young Life	Yes	
(27) Young Life Bulawayo ZI	Youth ministry	ZI	N/A		Young Life	Yes	
(28) Young Life Misso Para Jovens Rua Dom Luis Ataide n 106 278-589 Domingos de Rana Cascais PO	Youth ministry	PO	N/A		Young Life	Yes	
(29) Young Life Sverige Vastanbergahjden 10 186 37 Vallent Stockholm SW	Youth ministry	SW	N/A		Young Life	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 3E Ministries 420 N Cascade Ave Colorado Springs, CO 80903 84-1556504	Sale of YL Merchandise	CO	Young Life	C	150,696	13,793	100.000 %	Yes	
(2) Malibu Yacht Charters 6545 Maple Rd Egmont, British Columbia V0N 1N0 CA	Transportation	CA	Young Life		194,048	1,235,631	100.000 %	Yes	
(3) Irrevocable Charitable Trusts (8)	Hold assets and remit income to Young Life	CO	Young Life					Yes	

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) Young Life Foundation	B	61,586,369	Payment Accounts
(2) Young Life Foundation	C	44,640,555	Contribution accounts
(3) Young Life AME	B	9,116,000	Contribution accounts
(4) Young Life Eurasia	B	1,620,000	Contribution accounts
(5) Young Life Asia Pacific	B	1,510,000	Contribution accounts
(6) Young Life LAC	B	4,000,000	Contribution accounts
(7) Young Life EURO	B	2,950,000	Contribution accounts
(8) Young Life Foundation	M	554,801	National Funding/Revenue account
(9) Young Life Foundation	N		National Funding/Revenue account
(10) 3E Ministries	E	2,335	Book value

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Schedule R (Form 990) 2021

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