

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

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**The Young Living Foundation**

Doing business as

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

1538 West Sandalwood Drive

City or town, state or province, country, and ZIP or foreign postal code

Lehi, UT 84043**F** Name and address of principal officer: **Melissa Bishop**
same as C above**D** Employer identification number**43-2007854****E** Telephone number**801-418-8888****G** Gross receipts \$**4,741,990.****H(a)** Is this a group returnfor 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.younglivingfoundation.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2003****M** State of legal domicile: **UT****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The organization works to protect and empower the world's young through championing education,
	2	Check this box <input type="checkbox"/> 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
	4	Number of independent voting members of the governing body (Part VI, line 1b) 8
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,410,482.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 77,421.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,410,482.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,623,450.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 713,357.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 82,316.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 484,156.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,034,814.
	19	Revenue less expenses. Subtract line 18 from line 12 2,375,668.
	20	Total assets (Part X, line 16) 7,919,218.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 156,088.
	22	Net assets or fund balances. Subtract line 21 from line 20 7,763,130.

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 11/15/2024
	Melissa Bishop, Executive Director	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name M. Paul Winward	Preparer's signature M. Paul Winward
	Firm's name Squire & Company, PC	Firm's EIN 87-0343246
	Firm's address 1329 S 800 E	Phone no. 8012256900
	Orem, UT 84097	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

See Schedule O for Organization Mission Statement Continuation