**Form 990**

**Return of Organization Exempt From Income Tax**

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/Form990](http://www.irs.gov/Form990)

**2014**

Open to Public Inspection

**A**

For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

**B**

Check if applicable:

- Address change
- Name change
- Initial formation
- Final return
- Amended return
- Loss of tax-exempt status
- Information return pending

C

Name of organization

FRIENDS OF YOUTH

**D**

Employer identification number

91-0672501

**E**

Telephone number

(425) 869-6490

**G**

Gross receipts

10,957,824

**H(a)**

Is this a group return

[ ] Yes [ ] No

**H(b)**

Are all subordinates included?

[ ] Yes [ ] No

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

**J**

Website: [WWW.FRIENDSOFYOUTH.ORG](http://WWW.FRIENDSOFYOUTH.ORG)

**K**

Form of organization:

[ ] Corporation

[ ] Trust

[ ] Association

[ ] Other

Year of formation: **1951**

State of legal domicile: **WA**

**Part I**

**Summary**

1. Briefly describe the organization's mission or most significant activities: FRIENDS OF YOUTH DELIVERS A BROAD RANGE OF SERVICES TO YOUTH AND THEIR FAMILIES TO IMPROVE THEIR

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)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2014 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

17a. Total fundraising expenses (Part IX, column (D), line 28)

17b. Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)

18. Revenue less expenses. Subtract line 18 from line 12

19. Revenue from activities & governance

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

**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

[ ] Signature of preparer

**Print/Type preparer's name**

RAY HOLMDahl

**Preparer's signature**

**Type of print name and title**

PETErsOEn SULLIVAN LLP, CPA'S

**Date**

12/11/15

**Paid**

**Check** [ ] Extensive

[ ] Extensive

**PTIN**

00120599

**Use Only**

**Firm's address**

601 UNION ST, STE 2300

SEATTLE, WA 98101-2345

**Phone no.**

2063827777

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

[ ] Yes [ ] No

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION