



(continued)

							Yes	No
2a	Enter the number	For	2	19	219	219		2
b	Note:				e-file			
3a								
b					If "No" to line 3b, provide an explanation on Schedule O			
4a								
b								
5a								
b								
c								
6a								
b								
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?							
b								
c								
d						7d		
e								
f								
g								
h								
8	Sponsoring organizations maintaining donor advised funds.							
9	Sponsoring organizations maintaining donor advised funds.							
a								
b								
10	Section 501(c)(7) organizations.					10a		
a						10b		
b								
11	Section 501(c)(12) organizations.					11a		
a						11b		
b								
12a	Section 4947(a)(1) non-exempt charitable trusts.					12a		
b						12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Note:							
b						13b		
c						13c		
14a								
b						If "No," provide an explanation on Schedule O		
15								
16								

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

former

former directors or trustees

(A)	(B)	(C) (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

		(A)		(B)
1			1	
2			2	
3			3	
4			4	
5				
			5	
6				
			6	
7			7	
8			8	
9			9	
10				
			10c	
11			11	
12			12	
13			13	
14			14	
15			15	
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

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	
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~ ~ ~ ~ ~	4	
5	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	
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 on Schedule O) ~ ~ ~ ~ ~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	

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? ~ ~ ~ ~ ~ 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		
2b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ 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		
2c	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? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	After the close of the tax year, did the organization disclose to the IRS the amount of the total revenue reported on line 1?		
3b	After the close of the tax year, did the organization disclose to the IRS the amount of the total expenses reported on line 2?		



Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11						

(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.)

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
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						
8 Public support. (Subtract line 7c from line 6)						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c						
11						
12						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years.						

stop here

15		15
16		16

17	2019	17
18	2018	18

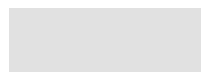
19a 33 1/3% support tests - 2019.

stop here.

b 33 1/3% support tests - 2018.

stop here.

20 Private foundation.



Section D - Distributions		Current Year
1		
2		
3		
4		
5		
6	Part VI	
7	Total annual distributions.	
8		
9	Part VI	
10		

Section E - Distribution Allocations	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1			
2			
3			
a			
b			
c			
d			
e			
f			
g			
h			
4			
5			
6			
7			
8			



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.)

Multiple horizontal lines for providing explanations.



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Name of organization POSITIVE FUTURES NETWORK	Employer identification number 91-1715916
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Complete columns through the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of for the year. (Enter this info once) | \$ _____
 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

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

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 (for example, recreation or education)	Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c N5 3 tSonn 2N5 iy	2c rB
d	2d
3	
4	
5	Yes No
6	
7	
8	Yes No
9	

1a

b	
(i)	
(ii)	
2	
a	
b	

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b)	(c)
(1)		
(2)		
(3)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

(a)	(b)	(c)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

(a)	(b)
1.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2.

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

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	2a + 2d				2e
3	2e - 1				3
4					
a		4a			
b		4b			
c	4a + 4b				4c
5	3 + 4c. (This must equal Form 990, Part I, line 18.)				5

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

[Redacted]

		Did fundraiser have custody or control of contributions?				

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts ~ ~ ~ ~ ~			
	2	Less: Contributions ~ ~ ~ ~ ~			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes ~ ~ ~ ~ ~	c	c /	
	5	Noncash prizes			
	6				
	7				
	8				
	9				
	10				
	11				

	(a)	(b) Pull tabs/instant bingo/progressive bingo	(c)	(d) (a) (c)
1				
2				
3				
4				
5				
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	
7				
8				

9 _____ Yes No

a _____

b _____

10a _____ Yes No

b _____

11

Yes

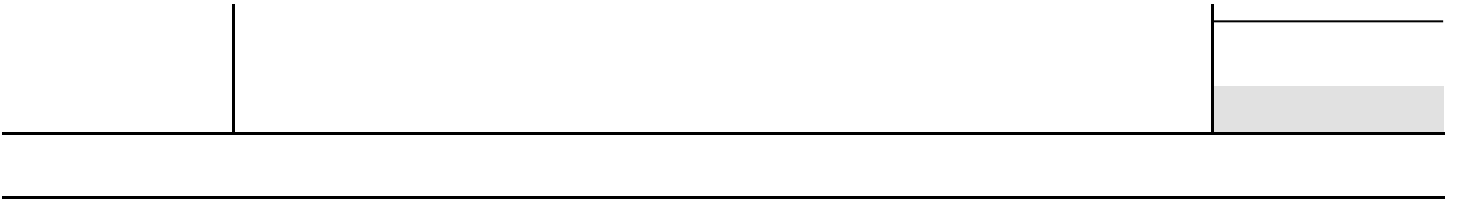
12

13

14

15





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