

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)

^ \ Q 1 - @ @ D C D - 2 7 C F

2020

Open to Public Inspection

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.

A For the 2020 calendar year, or tax year beginning and ending

B Name of organization: POSITIVE FUTURES NETWORK
C Doing business as: YES! MEDIA
D Employer identification number: 91-1715916
E Telephone number: 206-842-0216
F Name and address of principal officer: CHRISTINE HANNA

I Tax-exempt status:
J Website: WWW.YESMAGAZINE.ORG
K X 1996 M WA

1 Briefly describe the organization's mission or most significant activities: YES! IS A NONPROFIT INDEPENDENT

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 3 Number of voting members (8), 4 Number of independent voting members (8), 5 Total number of individuals employed (27), 6 Total number of volunteers (0), 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue - add lines 8 through 11.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

pf.X bx} p.t.ft Q{-r z

Sign Here

Paid Preparer Use Only section with checkboxes and arrows.

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

pf. XXX b.p.t | t} :-u_f-vfp | 'bt fxt Prr ~| €{x w | t} ..

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

1 Briefly describe the organization's mission:

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 (R-stl _____) (t%t), t, 3 _____ x r(t s x v v fp) ...-u3 _____) (at t t) t t 3 _____)

4b (R-stl _____) (t%t), t, 3 _____ x r(t s x v v fp) ...-u3 _____) (at t t) t t 3 _____)

4c (R-stl _____) (t%t), t, 3 _____ x r(t s x v v fp) ...-u3 _____) (at t t) t t 3 _____)

4d Other program services (Describe on Schedule O.)
(t%t), t, 3 _____ x r(t s x v v fp) ...-u3 _____) (at t t) t t 3 _____)

4e Total program service expenses | _____

X
X

X

X

X

X

X

X

X

X

X

X

X

X
X
X

X

X

X

X

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X

X

X

X

X

X

X

X

X

X

X

X

X



70
1



X

		Yes	No
2a	27		
b		X	
Note:			
3a			X
b			
4a			X
b			
5a			X
b			X
c			
6a			X
b			
7 Organizations that may receive deductible contributions under section 170(c).			
a		X	
b		X	
c			X
d	7d		
e			X
f			X
g			
h			
8 Sponsoring organizations maintaining donor advised funds.			
9 Sponsoring organizations maintaining donor advised funds.			
a			
b			
10 Section 501(c)(7) organizations.			
a	10a		
b	10b		
11 Section 501(c)(12) organizations.			
a	11a		
b	11b		
12a Section 4947(a)(1) non-exempt charitable trusts.			
b	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a			
Note:			
b	13b		
c	13c		
14a			X
b			
15			X
16			X



X

		8				
		8				
						X
						X
						X
						X
						X
						X
						X
						X
					X	
					X	
						X

						X
					X	
					X	
					X	
					X	
					X	
					X	
					X	
						X
						X

NONE

X X X

AUDREY WATSON - 206-842-0216
284 MADRONA WAY NE, NO. 116, BAINBRI DGE, WA 98110

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

¥ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 line)	(C) Position						(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			
(1) MATT GRI SAFI SR. DIRECTOR OF PRODUCT & MKTNG	40.00					X		118,401.	0.	10,650.
(2) CHRISTINE HANNA EXECUTIVE DIRECTOR	40.00			X				105,382.	0.	25,987.
(3) AUDREY WATSON DIRECTOR OF FINANCE & OPERATIONS	22.00			X				51,327.	0.	2,072.
(4) JILL BANBURG EX-CHAIR	2.00	X	X					0.	0.	0.
(5) ELI FEGALI BOARD CO-CHAIR	2.00	X	X					0.	0.	0.
(6) TANYA DAVKINS BOARD CO-CHAIR	2.00	X	X					0.	0.	0.
(7) ALI SA GRAVITZ BOARD TREASURER	2.00	X	X					0.	0.	0.
(8) ELI ZABETH SANDERS BOARD SECRETARY	2.00	X	X					0.	0.	0.
(9) BERT ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(10) RICK INGRASCI DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID KORTEN DIRECTOR	1.00	X						0.	0.	0.
(12) GIDEON ROSENBLATT DIRECTOR	1.00	X						0.	0.	0.
(13) MANLI A CHARLOTIN DIRECTOR	1.00	X						0.	0.	0.

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

(A)	(B)	(C)						(D)	(E)	(F)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							275,110.	0.	38,709.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							275,110.	0.	38,709.	

		Yes	No
3	former		X
4			X
5			X

Section B. Independent Contractors

(A)	(B)	(C)
TRACY LOEFFELHOLZ DUNN, ARROW POINT DRIVE, BAINBRIDGE ISLAND, WA 98110	CREATIVE DIRECTOR	116,663.
2		



			(A)	(B)	(C)	(D)
1 a	1a					
b	1b					
c	1c					
d	1d					
e	1e					
f	1f	2, 632, 789.				
g	1g	21, 069.				
			2, 632, 789.			
PUBLICATIONS						
		511120	470, 524.	470, 524.		
			470, 524.			
			4, 945.			4, 945.
			1, 746.			1, 746.
		21, 069.				
		20, 954.				
		115.				
			115.			115.
MISCELLANEOUS INCOME						
		900099	516.			516.
			516.			
Total revenue.			3, 110, 635.	470, 524.	0.	7, 322.

^pnÉzy @ <314-4l yo @ <31474z)rlytlÉzy-x, -Énzx { w6l wz wx y-9L wz Sp} z)rlytlÉzy-x, -Énzx { w6l wz wx y 3.4

	(A)	(B)	(C)	(D)
1				
2				
3				
4				
5	184,768.			
6				
7	1,305,905.			
8	20,923.			
9	140,578.			
10	94,128.			
11				
a				
b	2,800.			
c				
d				
e				
f				
g	147,906.			
12				
13	22,891.			
14				
15				
16	68,116.			
17	2,908.			
18				
19	5,854.			
20				
21				
22	72,117.			
23	7,523.			
24				
a				
b				
c				
d				
e				
25 Total functional expenses.				
26 Joint costs.				

260,756.	520,018.
458,961.	1,045,521.
971,631.	1,020,229.

18,087.	27,439.
17,600.	

366,669.		
179,408.	239,378.	187,261.

1,966,413.	2,800,468.
90,381.	97,639.
363,669.	401,067.

319,700.

4,102.	4,346.
458,152.	822,752.

X

536,630.	957,659.
971,631.	1,020,057.

1,508,261.	1,977,716.
1,966,413.	2,800,468.

3,110,635.
2,641,180.
469,455.
1,508,261.

0.

1,977,716.

X

X

X

X

X

X

(Form 990 or 990-EZ)

^ \ Q] -- @ D C D - ? ? C F

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.

StEpfj. t} .:-u.wt'cAp, tfs X. tAp(atit) tt bt fxt

Open to Public Inspection

Name of the organization

POSITIVE FUTURES NETWORK

Employer identification number

91-1715916

(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 X 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 section 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 ab...
b Type II. ...
c Type III functionally integrated.
d Type III non-functionally integrated.
e ...
f ...
g ...

Table with 6 columns: Name of supported organization, EIN, Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), Amount of monetary support (see instructions), Amount of other support (see instructions). Includes a Total row at the bottom.



	2797052.	2135251.	1311432.	2535809.	2632789.	11412333.
	2797052.	2135251.	1311432.	2535809.	2632789.	11412333.
						1116358.
						10295975.

	2797052.	2135251.	1311432.	2535809.	2632789.	11412333.
	17,716.	6,946.	8,004.	8,470.	6,691.	47,827.
		1,175.	359.	3,827.	516.	5,877.
						11466037.
						2,268,457.

	89.80
	94.49

X

b t e e - f . b r w t s t { u - f ^ f v p } x p . x - } , " S t , r f q t s } b t r . x - } D ? H 7 8 A 8

(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.)

b t r . x - } P = t q { x b t e e - f . . .

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 p - t) . . } r { f t s t - } { t , A p } s B f r t x t s u f - - w f . v p } s x , t p { u t s { t f - } , . w p . . . t % o t t s . w t v f p . t f - u 3 D ? ? ? - f @ 4 - u . w t p - t) . . : } t @ B u - f . w t S t p f ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support. (Subtract line 7c from line 6)						

b t r . x - } Q = c - . p { b t e e - f . . .

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 ~ ~ ~ ~ ~						
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 P s s { t , H @ r ; @ e p } s @ A - B						

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

b t r . x - } R = R - | € t . p . x - } - u t q { x b t e e - f . . . t f t } . p v t

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	%

b t r . x - } S = R - | € t . p . x - } - u X t t . . t } . : X r - | t t f t } . p v t

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







Section D - "2	b b 2	g g	3 3	3	3 +

Part VII

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.

(Form 990, 990-EZ, or 990-PF) Step 1 of 1
X Attach to Form 990, 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

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

Name of the organization

POSITIVE FUTURES NETWORK

Employer identification number

91-1715916

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note:

General Rule

Special Rules

X

(1)

(2)

p.nw~fjpw

General Rule

p.nw~fjpw

yzyp.nw~fjpw

Caution:

must

Name of organization POSITIVE FUTURES NETWORK	Employer identification number 91-1715916
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Part I **Part II** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

POSITIVE FUTURES NETWORK

91-1715916

Part II (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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

POSITIVE FUTURES NETWORK

Employer identification number

91-1715916

Complete columns through the following line entry. For organizations

r-] E(t.s\ v_l_ p f : X t) . t f . w t l . e p (- u t % t , x t t (\$ f (w x - t , ; r v p / x p q (t : t . n e r -) . f x t . x) , ' - u ' u - f . w t ' S t p f - (E n t e r t h i s i n f o o n c e) _____

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

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.

Open to Public Inspection

Name of the organization

POSITIVE FUTURES NETWORK

Employer identification number 91-1715916

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of contributions, aggregate value of grants, and donor informed questions.

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

Table with 3 columns: Question, Held at the End of the Tax Year. Rows include purpose of conservation easements, total number of easements, and monitoring requirements.

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

Table with 3 columns: Question, Revenue, Assets. Rows include reporting requirements for works of art and historical treasures.



6,090.	6,090.	0.
360,579.	173,318.	187,261.
		187,261.

[Redacted]

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description	(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		

[Redacted]

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		

[Redacted]

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	

[Redacted]

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) PAYROLL LIABILITIES	2,492.
(3) SALES TAX PAYABLE	1,854.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total	4,346.

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	3,110,635.
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		0.
3	Subtract line 2e from line 1	3		3,110,635.
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		0.
5	Total revenue. Add lines 3 and 4c.	5		3,110,635.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,641,180.
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		0.
3	Subtract line 2e from line 1	3		2,641,180.
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		0.
5	Total expenses. Add lines 3 and 4c.	5		2,641,180.

f f anhts^a - otal expenses. Add lines

(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.

^ \ Q 1 -- @ C C - ? ? C F

Step 1. Attach to Form 990 or 990-EZ.

Open to Public Inspection

POSITIVE FUTURES NETWORK

Employer identification number
91-1715916

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND APPROXIMATELY 50 COUNTRIES. YES! RECEIVES NO BUSINESS OR GOVERNMENT SUPPORT AND TAKES NO PAID ADVERTISING.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF THIS 990 WERE PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. THEY THEN DISTRIBUTE COPIES TO THE FULL BOARD PRIOR TO IT BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

REVIEWED ANNUALLY AT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD PERSONNEL COMMITTEE REVIEWS COMPENSATION FOR EXECUTIVE DIRECTOR AND COMPARES TO SIMILAR ORGANIZATIONS IN KING COUNTY.

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATION PROVIDES 990 AND AN ANNUAL REPORT OF OPERATIONS ON ITS WEBSITE.