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.

St€pf.|.t}...~u.wt cftp, †fŠ Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Rwtrz`xu p€€{xrpq{tl C Name of organization D Employer identification number POSITIVE FUTURES NETWORK]p|t rwp}vt YES! MEDIA 91-1715916 Doing business as X xxp{ ft.t.f} Number and street E Telephone number Ux} p{ ft .1.f} > .t.f| x} < p.t.s 284 MADRONA WAY NE 206-842-0216 116 131 589 City or town, state or province, country, and ZIP or foreign postal code G V*f*~,, ftrtx€.,.3 P| t}sts ft.t.f} BÅI NBRI DGE, WA 98110 H(a) Is this a group return F Name and address of principal officer. CHRI STI NE HANNA P€€{xrp< Χ for subordinates? ~ ~ Yes Νo .x-} €t}sx\v $H(b) P_f t^p((', tq \sim f s)) p.t., 's) r\{tstsN'$ Yes No Tax-exempt status If "No," attach a list. See instructions WWW. YESMAGAZINE. ORG J Website: | H(c) Group exemption number 1996_M W/A Part I Summary YES! NONPROFI T INDEPENDENT I S Briefly describe the organization's mission or most significant activities: Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) ~~~ 8 Number of independent voting members of the governing body (Part VI, line 1b) ~ ~ ~ 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) ~~ 5 Total number of volunteers (estimate if necessary) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T. Part I. line 11 Prior Year Current Year 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) ~ ~ ~ ~ ~ b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~~ 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) ~~ Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature BI~rz Sign Here Check Paid Preparer Use Only

Form HH? (2020)

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Section 4947(a)(1) non-exempt charitable trusts. b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

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Form 990 (2020)

Note:

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Form 990 (2020)

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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.

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

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

(A) Name and title	(B) Average hours per	q~%	'} ~ir\ io†} {t , rtfp}	Pos wtrz ,€t	f,, ~} `x	.wp} .αγ.ν	vip)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	steeor director	Institutional frustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MATT ORISAFI SR. DIRECTOR OF PRODUCT & NICTING	40. 00					X		118, 401.	0.	10, 650.
(2) CHRI STI NE HANNA	40. 00									
EXECUTI VE DI RECTOR				Χ				105, 382.	0.	25, 987.
(3) AUDREY WATSON	22. 00									
DI RECTOR OF FI NANCE & OPERATIONS				Χ				51, 327.	0.	2, 072.
(4) JILL BANBURG	2. 00	.,								
EX-CHAIR	2 00	Χ		Χ				0.	0.	0.
(5) ELI FEGALI BOARD CO-CHAIR	2. 00	Х		Χ				0.	О.	0.
(6) TANYA DAVKINS	2. 00	^		^				0.	0.	<u> </u>
BOARD CO-CHAIR	2.00	Х		Χ				0.	0.	О.
(7) ALI SA CRAVI TZ	2. 00							0.	<u> </u>	0.
BOARD TREASURER		Χ		Χ				0.	0.	О.
(8) ELI ZABETH SANDERS	2. 00									
BOARD SECRETARY		Χ		Χ				0.	0.	0.
(9) BERLT ANDERSON	1. 00									
DI RECTOR		Χ						0.	0.	0.
(10) RICK I NORASCI DI RECTOR	1. 00	X						0.	0.	O.
(11) DAVI D KORTEN	1.00							-		
DI RECTOR		Χ						0.	0.	0.
(12) GI DEON ROSENBLATT	1. 00									
DI RECTOR		Χ						0.	0.	0.
(13) MANOLIA CHARLOTIN	1. 00	1								
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Section A. Officers, Directors, Trus	tees, Key Emi	aloy	ees,	and	LHiç	ghes	st C	ompensated Employee	s 3nzy€ty,po4			
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		ual trus	Institutional trustee		adopte	tamp (# @ #)						
		Individ	Institut	Officer	Key employee	Highest compensated employee	Former					
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c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.0	0.
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Total functional expenses.				
Joint costs.				

	260, 756. 458, 961. 971, 631.	520, 018. 1, 045, 521. 1, 020, 229.
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179, 408.	239, 378.	187, 261.
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	363, 669.	401, 067.
		319, 700.
X	4, 102. 458, 152.	4, 346. 822, 752.
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	1, 508, 261. 1, 966, 413.	1, 977, 716. 2, 800, 468.

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(Form 990 or 990-EZ)

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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.

(All organizations must complete this part.) See instructions.

Open to Public Inspection

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Name of the organization

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Employer identification number

91 - 1715916

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l)). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(li). A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(li). A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(li). A modical research organization operated in conjunction with a hospital described by a governmental unit described in section 170(b)(1)(A)(li). A laderal state, or local government or governmental unit described in section 170(b)(1)(A)(li). A laderal state, or local government organization described in section 170(b)(1)(A)(li). A community trust described in section 170(b)(1)(A)(liv). A community trust described in section 170(b)(1)(A)(liv). A conjunctivities related to the community receives. (1) more than 33.1/3% of life support from contributions, membership fies, and gross receipts from activities related to the exempt functions, subject to certain exceptions and (2) no more than 33.1/3% of life support from contributions. membership fies, and gross receipts from activities related to the exempt functions, subject to certain exceptions and (2) no more than 33.1/3% of life support from contributions. A comparation organized and operated exclusively to test for public safety. See section 509(a)(1). An organization organized and operated exclusively to the boreflot for perform the functions of or to carry out the purposes of one or more publicly supported organized and operated exclusively to the boreflot of the performance of the comparation of the purpose of one organization operated and performance of	The	orgar	nization is not	a private found	ation because it is: (I	or lines 1 through 12	2, check only	one box.)				
A hospital or a coperative hospital sende organization described in section 170(b)(1/k)/(ii). 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/k)/(ii). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1/k)/(iv). Complete Part III.) 7 X A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1/k)/(iv). Complete Part III.) 8 A community that slosecibled in section 170(b)(1/k)/(iv). (complete Part III.) 9 An agricultural research organization described in section 170(b)(1/k)/(iv). 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 or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or an on-land grant college of agriculture for support the support from contributions, membership fees, and gross receipts from activities reliable to the complete describes in section 170(b)(1/k)(iv)(iv)(iv)(iv)(iv)(iv)(iv)(iv)(iv)(iv	1		A church, co	nvention of ch	urches, or associatio	n of churches describ	oed in section	on 170(b)(´	1)(A)(i).			
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city, and stake. 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)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local governmental unit of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives of in 170(b)(1)(A)(v). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part III.) An organization state normally receives (1) more than 33 1/3% of fits 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 fits support from gross investment income and unrelated business laxable income (less section 501) for its support from gross investment income and unrelated business laxable income (less section 511 tax) from businesses acquired by the organization after June 20, 1975. See section 509(c)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(c)(4). 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(c)(1) or section 509(c)(3). See section 509(c)(3). Check the box in lines 12 attrough 12st that describes the type of supporting organization and complete lines 12a, 12f, and 12g. You must complete Part IV. Sections A and B. You must complete Part IV. Sections A and B. You must complete Part IV. Sections A and D, and Part V. 2 2 y You must complete Part IV. Sections A and D, and Part V. 2 1	3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
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)(v). (Complete Part II). A lederal, Stale, or local government or governmental unit described in section 170(b)(1)(A)(v). A neganization that normality receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(A)(A)(v). (Complete Part III.) An organization that section in Section 170(b)(1)(A)(v). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(v). operated in conjunction with a land grant college or university: ———————————————————————————————————	4		A medical re	search organiz	ation operated in cor	njunction with a hosp	ital described	d in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
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)(v). (Complete Part II). A lederal, Stale, or local government or governmental unit described in section 170(b)(1)(A)(v). A neganization that normality receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(A)(A)(v). (Complete Part III.) An organization that section in Section 170(b)(1)(A)(v). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(v). operated in conjunction with a land grant college or university: ———————————————————————————————————					•					•		
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A norganization 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 III.) A community rust described in section 170(b)(1)(A)(vi). 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 (ses section 5011 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)(7) 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 of section 509(a)(7) 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 operated. supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly ab 2 You must complete Part IV, Sections A and B. 1 Type III functionally integrated. 2 2 2 3 You must complete Part IV, Sections A and D, and Part V. 2 2 2 4 Type III functionally integrated. 1 Type III functionally integrated. 2 3 You must complete Part IV, Sections A and D, and Part V. 2 4 You must complete Part IV, Sections A and D, and Part V. 2 5 No Section 500(a) See instructions)	,						:	70/h\/1\/A\	. (.)			
section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 9 An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunction with a land-grant 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 stable income (ease 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 12a; 12f, and 12g. 1 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the support organization operated, supervised, or controlled by its supported organization(s), typically by giving the support organization operated, supporting organization and complete lines 12a; 12f, and 12g. 1 You must complete Part IV, Sections A and B. 1 You must complete Part IV, Sections A and B. 2 You must complete Part IV, Sections A		Υ		· ·	· ·							
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Total			Organization	''		above (see instructions	s)) Yes	No	support (see motivations)	support (see metractions)		
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Schedule A (Form 990 or 990 F7) 2020 POSITIVE FUTURES NETWORK

Part III Su€€~rt Sr wesule u-r ^rganik ati~n, Se, rriqes in Ser ti~n D?Ha8A8

(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.)

Serti~n P=Puglir Su€€~rt	<u> </u>	71C1C 1 OI C 11: 7				
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 per-						
formed, 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 bus- iness under section 513 ~ ~ ~ ~ ~						
4 Tax revenues levied for the organ-						
ization'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			1		-	
D P ~†}'x}r{tsts'~}'(%\t, A'p)s'B'ftrtxtts Uf~ '~.wtf.wp}'sx, †p(xuts'€tf,~}, .wp						
t%itts:.wt:v/tp.t/r~u3D;???'~/r@4'~u.wt						
p ~†}~} { $\$ t "@B"u- f .wit "Št p f ~ ~ ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~~~~~~						
8 Public support. (Subtract line 7c from line 6.)						
Ser ti~n B=c~tal Su€€~rt	т —	1	T	Т		
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.) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section F	501 (c)(3) organizatio	nn
check this box and stop here	ic organization 3 ii	rst, second, tilia,	ioditii, oi iiitii tax	year as a section c	or (c)(o) organization)
<u>Ser ti~n R=R~m€utati~n ~uPuqli</u>	ir Su€€~rt Per	rentage				-
15 Public support percentage for 2020 (•	column (f)) ~ ~ ~	~~~~~~	15	%
16 Public support percentage from 2019			001011111 (1))		16	%
Ser ti~n S =R ~m€utati~n ~uIn‡e,						
17 Investment income percentage for 20			ine 13 column (f)	~~~~~~	17	%.
18 Investment income percentage from		=			18	%
19a 33 1/3% support tests - 2020. If the						•
more than 33 1/3%, check this box at	=					~ ~ ~ ~
b 33 1/3% support tests - 2019. If the	•	=	·			nd
line 18 is not more than 33 1/3%, che	=					
20 Private foundation. If the organization		-	•		=	· I
~~ 	<u> ин ни инсика</u>	~~~ ~~ III	VI 1 /W. WIITUN II	MAN OUR SEE 1113		

POSI TI VE	FUTURES	NETWORK	91 - 1715916

OMB No. 1545-0047

(Form 990, 990-EZ, or 990-PF) St€pf. .t}.:-u.wt`cftp,†\$ ½.t.f.p(at‡t}†t`bt.ftxt				orm 990, Form rs.gov/Form990					
Name of the organization	า						Employ	er identification n	umber
	POSIT	TIVE FUTU	RES NE	TWORK			91-	1715916	
Organization type (chec	ck one):								
Filers of:	Sec	ction:							
Form 990 or 990-EZ	Х	501(c)(3)(e	enter numbe	r) organization					
		4947(a)(1) non	exempt chai	itable trust not	treated as a p	private foundation			
		527 political or	rganization						
Form 990-PF		501 (c)(3) exem	pt private fo	undation					
4947(a)(1) nonexempt charitable trust treated as a private foundation									
		501 (c)(3) taxab	le private fo	undation					
Check if your organization	on is cove	ered by the Gene	eral Rule or	a Special Rule.					
General Rule									
Special Rules									
Χ									
					(1)	(2)			
	pnv	v~t/pvtv				pn.w~t/pvtv			
				General Rule			y	zypnw~t/pvtv	
Caution: must									

Name of organization

Employer identification number

POSITIVE FUTURES NETWORK

91 - 1715916

Part I	R~ntriqut~r,, (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>250, 000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$ 75, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$\$000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$600, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$225, 000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

POSITIVE FUTURES NETWORK

91-1715916

VE FUTURES NETWORK	7	- 1/15916
] ~nra, wPr~€erty (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	One a, wPr~Eerty (see instructions). Use duplicate copies of Part II	-nra, wPr-Eerty (see instructions). Use duplicate copies of Part II if additional space is needed. (c)

2031 11	Complete columns	through the follow	ing line entry. For c	organizations
(2) No	r~ €(t.x) v'_pf.XXX't).tf.wt'p(~ut%s(t, xtt(\$'ft(wx-t,;))	rwp/xpq{t; 't.r.+'r~}./xqt.x-} , '~u'	'U-f.	wt 'St p/=(Enter this info. once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			Т	
				_

(Form 990)

St€pf.|.t}...~u.wt cftp,†fŠ X.tf\p{at‡t}†t btfxrt

| 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

^\ Q'] ~=@DCD<??CF

Name of the organization

Employer identification number

	POSITI VE FUTURES NETWORK	91 - 1715916
Par	<u>tll</u> ^rgani <ati~n, \="" ^="" aintaining="" es="" prr~<="" ps‡i,="" similar="" s~n~r="" td="" twer="" uuns,="" ~r=""><td>unt, = Complete if the</td></ati~n,>	unt, = Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	-	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	
5	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	
U	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_
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	<u> </u>
'		ally important land area
	Preservation of land for public use (for example, recreation or education) Preservation of a historical protection of natural habitat Preservation of a certified	• •
		d Historic structure
2	Preservation of open space Complete lines 2s through 3d if the exceptation hold a qualified concentration contribution in the form of a concentration.	on ation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the townser.	
	day of the tax year. Total number of conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Held at the End of the Tax Year
a		2a
a		<u>Pb</u>
С	(,	<u> </u>
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
0	including the Maderial Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizations	ion during the tax
4	year	
4 5	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
4	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	
6	Start and volunteer flours devoted to morntoffing, inspecting, flanding of violations, and emorcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	nents during the year
,	\$	nerts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
U	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	
,	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	
	organization's accounting for conservation easements.	resembes the
Par	t III ^rganikati~n, \ aintaining R~ller ti~n, ~uPrt; W, t~rir al crea, ure,; ~r ^ twer Sim	ilar P., ,, et., =
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance	e sheet works
-	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	o. paoo
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sh	neet works of
۵	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	provide the following amounts relating to these items:	pablic service,
	(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$
	(i) 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, pro-	· ·
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	VIGO
а	Revenue included on Form 990, Part VIII, line 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	l \$
	Assets included in Form 990. Part X	,
		•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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360, 579. 173, 318. 187, 261. 187, 261.

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 (c) (3) (4) (5) (6) (7) (8) (9) (101al Nzwx y 3mix€p . I w@z lx DD 7[I]€c7nz y 3MH by p <@91 (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (9) (101al Nzwx y 3mix€p . I w@z lx DD 7[I]€c7nz y 3MH by p <@91 (9) (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (9) PAYROLL LI ABILITIES (1) Federal income taxes (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) Federal income taxes (9) PAYROLL LI ABILITIES (1) Federal income taxes (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) Federal income taxes (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) Federal income taxes (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) Federal income taxes (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) Federal income taxes (1) Federal income taxes (2) PAYROLL LI ABILITIES (3) SALES TAX PAYABLE (4) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (7) Federal income taxes (8) Federal income taxes (9) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5)				
1) Financial derivatives				
22 Closely held equity interests		(b) Book value	(c) Method of Valuation: Cost or end	-or-year market value
30 Oher			<u> </u>	
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Schedule D (Form 990) 2020

Sche	edule D. (Form 990) 2020 PUSITIVE FUTURES NETWORK		91-	1715916 _{Page}
				_
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Τ. Ι	3, 110, 635.
1	Total revenue, gains, and other support per address infancial statements		1	3, 110, 033.
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		
С.	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d	-	0.
е	Add lines 2a through 2d		2e	3, 110, 635.
3	Subtract line 2e from line 1	~~~~~~~~~~~~	3	3, 110, 033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~	4a	_	
b		4b		0.
_C		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4c	3, 110, 635.
5	Total revenue. Add lines 3 and 4c. 3 st-x€p , v0z }x DD: 7[}€T/wyp <=94		5	3, 110, 033.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	•		1	2, 641, 180.
1	Total expenses and losses per audited financial statements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2,011,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
a		2a		
b	Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		
С.	Other (Describe in Part XIII.)	2c		
d	Add lines 2a through 2d	2d	- 0-	0.
е			2e	2, 641, 180.
3	Subtract line 2e from line 1	~~~~~~~~~~~	3	2, 041, 100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~	4a		
b	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4b	١, ١	0.
С		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4c 5	2, 641, 180.
5_	Total expenses. Add lines 3 and 4c, 3 st-x, -€p , I v0z lx DD: 7[I]€T/wyp <c94< td=""><td></td><td>1 5 1</td><td>2,011,100.</td></c94<>		1 5 1	2,011,100.
f	anhts ^a ~ otal expenses. Add lines			
'	allitis ~ 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

Open to Public Inspection

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Employer identification number POSITIVE FUTURES NETWORK 91-1715916 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COUNTRIES. YES! RECEIVES NO BUSINESS OR AND APPROXIMATELY 50 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. PART VI, SECTION B, LINE 15A: FORM 990. BOARD PERSONNEL COMMITTEE REVIEWS COMPENSATION FOR EXECUTIVE DIRECTOR AND COMPARES TO SIM LAR ORGANIZATIONS IN KING COUNTY. PART VI, SECTION C, LINE 19: FORM 990, ORGANIZATION PROVIDES 990 AND AN ANNUAL REPORT OF OPERATIONS ON ITS WEBSITE.

For Paperwork

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