Form 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. Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning and ending D Employer identification number В Check if applicable: C Name of organization Positive Futures Network Doing business as Address change 91-1715916 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 116 Initial return 284 Madrona Way NE (206) 842-0216 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Bainbridge Island, WA 98110 G Gross receipts \$ 2,305,729. F Name and address of principal officer: David Korton H(a) Is this a group return for subordinates? Yes X No Application pending H(b) Are all subordinates included? Yes No 284 Madrona Way Ste. 116 Bainbridge Island, **X** 501(c)(3) 501(c)(If "No," attach a list. (see instructions) Tax-exempt status: Website: ▶www.vesmagazine.org **H(c)** Group exemption number ▶ L Year of formation: 1996 M State of legal domicile: WA Part Summary 1 Briefly describe the organization's mission or most significant activities: We are a nonprofit, independent media organization that showcases Activities & Governance powerful ideas & practical actions to inspire people (Con't on Sch. 2 Check this box \(\bigcup \) if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 28 0 7a 0. 0. 7b **Prior Year Current Year** 1,806,862. 1,612,247 Revenue 546,827. 467,259. 4,078. 7,541. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,222. 14,034 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,177,186. 2,291,884. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 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) 924,760 1,036,105. 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) ▶ 1,078,518. 1,032,999. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,957,759. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). 2,114,623. 219,427. 177,261. **Beginning of Current Year End of Year** Assets or d Balances 1,007,811 959,303. Total assets (Part X, line 16) 15,622 12,161. 992,189. 947,142. 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 consplaint end of preparer (other than officer) is based on all information of which preparer has any knowledge. 10/31/2017 4:45 PM PDT Sign Here Christine Hanna **Executive Director** Type or print name and title Print/Type preparer's name Prepacasing neignsyture 1²1⁴2017 9CH4e2k AM IPD PTIN Paid Fileen Moran self-employed P01728629 Preparer Eileen M Moran ► Firm's name 501 Commons Firm's EIN **>94-3089631 Use Only** -8F25888A422B46D. 1200 12th Ave S Suite 1101 Firm's address Phone no. Seattle, WA 98144-2712 (206)682-6704X Yes No

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OMB No. 1545-0047

Pai	t III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		ly describe the organization's mission:
		rough YES! Magazine and YES! Online, we feature ideas & actions for
		lving the most critical environmental, social, & economic issues of
	ou	r time. We reach out to teachers, journalists, (con't on Sch. O)
	Did t	he organization undertake any significant program services during the year which were not listed on the
_		Form 990 or 990-EZ?
		es," describe these new services on Schedule O.
3		he organization cease conducting, or make significant changes in how it conducts, any program
		ces?
	lf "Ye	es," describe these changes on Schedule O.
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by
	-	nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the to	otal expenses, and revenue, if any, for each program service reported.
	(0-4	le:) (Expenses \$ 828,555. including grants of \$) (Revenue \$ 467,259.)
4a	(Cod	le:) (Expenses \$_828,555. including grants of \$)(Revenue \$\$ 467,259.) olications: In 2016, the four quarterly print additions of YES!
	Wel	re: 1) "After Oil," which made it clear that if we want a habitable
		rld, we must leave the fossil fuels in the ground., and showed many
	mod	dels for low-carbon living all around us. 2) "Gender Justice," which
	ext	plored the interdependence of women's rights, racial & social
		stice, & gender liberation. 3) "The Vanishing 9 to 5: Welcome to the
		g Economy." which highlighted the dynamic transforming our economy,
	wi	th 40% of American workers now part of the "gig economy" - working
		rt-time or on contract without benefits or job security. We featured
		ys to protect workers' paychecks & well-being. 4)"50 Solutions: A
	Sta	ate by State Celebration of Community Strength," (Con't on Sch. O)
	<u> </u>) (F
46	(Cod	le:) (Expenses \$ 385,230. including grants of \$) (Revenue \$) D, E-mail Newsletters, and Social Media: During 2016, we published
		re than 500 solution-oriented news and commentary articles on the
		S! Magazine website, including all articles published in the print
		gazine. As the Water Protectors' movement at Standing Rock in North
		kota gained momentum, we provided nearly daily coverage, providing
		-depth context, setting stories in the action. Many of our writers
	wei	re Native American journalists. Additionally, we published stories
	on	building a fair and sustainable economy, acheiving racial and
		cial justice, and building democracy. During 2016, our website
		ceived more than 6 million visits. At year end, we had 72,000
	su	ocscribers to (Con't on Sch. O)
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		ots organizations, faith groups, and policy makers to enhance the
		pact of our communications. Through a regular free e-newsletter, our
		ucation Program provided 16,000 educators with classroom-ready ideas
		r teaching about justice and sustainability. During 2016, we gave
		re than 1,000 teachers and school librarians a free 1-year
		oscription to YES!. We also reach young people through our National
	Sti	udent Writing Competition. Currently, more than 6,000 students
		year write essays linking YES! articles on justice and
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	we	encouraged other media to (Con't on Sch. O)
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments–program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?			X
14a	Did the organization maintain an office, employees, or agents outside or the officed States?	14a		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			-2
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is this organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		Λ
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		254		Х
	If "Yes," complete Schedule L, Part I	25b		Λ
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3,5
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Y
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		JJa		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
		JOD		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		٦,
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

	Check if Schedule O contains a response or note to any line in this Part V			. 🔲
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	_		37
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3,7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Λ
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
·	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44		v
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 10 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 14 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official................ 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶WA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply, X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: > (206) 842-0216

Audrey Watson 284 Madrona Way NE Ste. 116 Bainbridge Island, WA 98110

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

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 definintion of "key employees."
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization in	nor any rela	ted o	rgar	niza [.]	tion	comp	pen	sated any curre	ent officer, direc	tor, or trustee.
				(C	;)					
(A)	(B)			Posi	tion			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck i	more	than o	ne	Reportable	Reportable	Estimated
	hours per	box,	unles	s pe	rson	is both	an	compensation	compensation from	amount of
	week (list any	office	er and	d a di	irecto	or/truste	ee)	from	related	other
	hours for related							the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	stitu	Officer	Key employee	ghe 1plo	Former	(W-2/1099-MISC)	(VV-271099-IVIIOC)	organization
	below dotted	cto	tion		mpl	st c	4	(VV=2/1099-WIISC)		and related
	line)	i trus	al tr		уе) mp				organizations
		tee	Institutional trustee			ens				
			ď			Highest compensated employee				
(4) Till Domboon	01 00									
(1) Jill Bamburg	01.00	٠,,								
Director	01 00	X	-	_						
(2) Puanani Burgess	01.00									
Director	04 00	X								
(3) Andrew DeVigal	01.00									
Director		X								
(4) Danny Glover	01.00									
Director		X								
(5) Rick Ingrasci	01.00									
Director		X								
(6) Sarah van Gelder	01.00									
Editor at Large		X						51,481.		
(7) David Korten	04.00									
Board Chair		X		X						
(8) Gideon Rosenblatt	02.00									
Vice-Chair		X		X						
(9) Tanya Dawkins	03.00									
Secretary		X		X						
(10) Alisa Gravitz	02.00									
Treasurer		X		X						
(11) Fran Korten	40.00									
Executive Director		1			Х			57,779.		
(12)								,		
(13)										
(14)										
· ·		1								

Form 990 (2016) 🗜	ositive	Futures	Networl	k
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Part VII Section A. Officers, Directors, Tr	ustees, Key	y Em	ploy	yee:	s, a	nd Hi	ghe	est Compensa	ted Employe	es (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box, u	unles er and	s pe	rition more rson irecto	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensations fror related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							. ▶	109,260. 109,260.		
2 Total number of individuals (including reportable compensation from the organization)			tho	se l	iste	d abc	ve)	who received	more than \$1	00,000 of
 3 Did the organization list any former office employee on line 1a? If "Yes," comple 4 For any individual listed on line 1a, is the organization and related organizations gindividual 5 Did any person listed on line 1a receive 	te Schedule e sum of rep reater than or accrue co	o <i>J for</i> portab \$150 ompe	suc ole c ,000 nsa	ch ii com)? tion	ndiv pen If fro	idual isatio "Yes, m any	 n ar <i>" co</i> y ur	nd other compe mplete Schedu	ensation from le J for such sation or indiv	the X idual
for services rendered to the organization Section B. Independent Contractors	? If "Yes,"	comp	lete	Sci	hed	ule J	for s	such person .		5 X
Complete this table for your five highest compensation from the organization. Re tax year.	compensate port compe	ed ind	depe	endor th	ent ne c	contra alend	acto ar y	ors that receive rear ending wit	d more than \$ h or within the	6100,000 of e organization's
(A) Name and business address								(B) Description of	services	(C) Compensation
2 Total number of independent contractors received more than \$100,000 of comper							se li	sted above) wh	סר	

Form 990 (2016) Positive Futures Network

Part VIII Statement of Revenue

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		Check if Schedule O contain	s a response or no	ote to any line in this	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, G	С	Fundraising events	1c					
3ift ar./	d	Related organizations	1d					
imil	е	Government grants (contribut	ions) 1e					
tion	f	All other contributions, gifts, g	grants,					
the		and similar amounts not inclu	ded above 1f	1,806,862.				
d C	g	Noncash contributions includ	ed in lines 1a-1f:\$	13,845.				
Co an	h	Total. Add lines 1a-1f		<u> </u>	1,806,862.			
e				Business Code				
Program Service Revenue	2a	Publications		511120	467,259.	467,259.		
Re	b							
Ş.	С							
Ser	d							
ram	е							
rog	f	All other program service reve						
	g	Total. Add lines 2a-2f			467,259.			
	3	Investment income (including						
		and other similar amounts)			7,494.			7,494.
	4	Income from investment of ta	x-exempt bond pro	ceeds				
	5	Royalties			7,522.			7,522.
			(i) Real	(ii) Personal	-			
					-			
		•			-			
		Rental income or (loss)						
		` '						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	4			
		assets other than inventory	13,892.		-			
	b	Less: cost or other basis	10 045					
		and sales expenses	13,845.					
		Gain or (loss)	47.		4.5			4.0
	d	Net gain or (loss)		>	47.			48.
e								
Other Revenue	8a	Gross income from fundraisir	ng					
Rev		events (not including \$						
er		of contributions reported on li	•					
5		See Part IV, line 18			-			
		` '	=					
	Эa	Gross income from gaming a						
	L	See Part IV, line 19			-			
		Less: direct expenses Net income or (loss) from gar		.				
		Gross sales of inventory, less						
	iva	returns and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
	·	Miscellaneous Revenue		Business Code				
	11 a	Rebate		900099	2,700.			2,700.
	b	NCDa CC						
	C							
	d	All other revenue						
		Total. Add lines 11a-11d			2,700.			
	12	Total revenue See instructi		_	2.291.884	467.259.		17.764.

Check if Schedule O contains a response o	r note to any line in this Part IX	<u> </u>	<u> </u>	<u> </u>
Oo not include amounts reported on lines 6b, 7b, 8b		(B) Program service	(C) Management and	(D) Fundraising
and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1 Grants and other assistance to domestic organization	ions			
and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organization	ns,			
foreign governments, and foreign individuals. See I	Part IV,			
lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustee	es,			
and key employees	109,260.	65,926.	17,334.	26,000
6 Compensation not included above, to disqualified p	•	,	,	•
(as defined under section 4958(f)(1)) and persons				
described in section 4958(c)(3)(B)				
7 Other salaries and wages		553,275.	49,680.	102,17
8 Pension plan accruals and contributions (include s		000,=:01	30 / 500 1	
401(k) and 403(b) employer contributions)		10,070.	1,045.	1.72
9 Other employee benefits		107,510.	11,416.	1,72 18,11
Payroll taxes		54,617.	5,910.	11,30
1 Fees for services (non-employees):	71,031.	34,017.	3,310.	11,50
a Management	157,415.	140,866.	16,549.	
b Legal		140,000.	10,349.	
-		19,671.	1,992.	3,23
C Accounting	· · · · · · · · · · · · · · · · · · ·	19,671.	1,992.	3,23
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
(A) amount, list line 11g expenses on Schedule O.				22 52
2 Advertising and promotion		0.044	1 100	33,534
3 Office expenses		8,944.	1,132.	1,420
4 Information technology		5,247.	536.	82
5 Royalties		44 4 4 4		
6 Occupancy		41,165.	4,205.	6,482
7 Travel		12,922.	4,580.	5,67
8 Payments of travel or entertainment expenses for a	ıny			
federal, state, or local public officials				
9 Conferences, conventions, and meetings	1,747.	1,183.	122.	442
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
3 Insurance		4,267.	435.	67:
4 Other expenses. Itemize expenses not covered abo				
(List miscellaneous expenses in line 24e. If line 24e	e amount			
exceeds 10% of line 25, column (A) amount, list lin	e 24e			
expenses on Schedule O.)				
a Publcations	320,562.	320,562.		
b Web & Social Media Outle		100,295.		
c Outreach	111,136.	111,136.		
d Editorials	82,226.	82,226.		
e All other expenses	148,185.	55,278.	11,243.	81,66
5 Total functional expenses. Add lines 1 through		1,695,160.	126,179.	293,28
6 Joint costs. Complete this line only if the organize		2,000,100.	<u> </u>	233,20-
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
here ► if following SOP 98-2 (ASC 958-720)				
11016 ► 11 10110WITIN 30F 30-2 (A3C 300-720)				- 000

Form 990 (2016) Positive Futures Network

Part X Balance Sheet

91-1715916 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
		· · · · · · · · · · · · · · · · · · ·	(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing	644,777.	1	630,047
	2	Savings and temporary cash investments	274,576.	2	278,169
	3	Pledges and grants receivable, net		3	•
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees,			
		and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
		beneficiary organizations (see instructions).			
)		Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
!	8	Inventories for sale or use		8	51,087
	-			9	31,007
	9	Prepaid expenses and deferred charges	3,830.	9	
	TU a				
				40-	
	l			10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	959,303
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
)	20	Tax-exempt bond liabilities		20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
		not included on lines 17-24). Complete Part X of Schedule D	15,622.	25	12,161
	26	Total liabilities. Add lines 17 through 25	15,622.	26	12,161
?		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27			
		through 29, and lines 33 and 34.			
	27	Unrestricted net assets	346,477.	27	360,988
l	28	Temporarily restricted net assets		28	586,154
	29	Permanently restricted net assets		29	
;		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete			
		lines 30 through 34.			
)	30	Capital stock or trust principal, or current funds		30	
,	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
)	32	Retained earnings, endowment, accumulated income, or other funds		32	
(33	Total net assets or fund balances		33	947,142
,					

Part	X Reconciliation of Net Assets			
	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)	2,291	1,8	<u>84.</u>
2		2,114		
3	Revenue less expenses. Subtract line 2 from line 1	17	7,2	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	992	2,1	89.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	-222	2,3	08.
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	94	7,1	42.
art	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
UYA		Form	990	(2016)

UYA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

t. 2016
Open to Public Inspection

Name of the organization

Employer identification number

205	sit	ive	Futu	res	Netwo	rk				91-1715916	
	rt I						organizations mus	st comple	te this p		
he	orga	anizati	on is not	a priva	ate founda	ation because it i	is: (For lines 1 through	gh 12, che	ck only o	ne box.)	
1		A chu	ırch, conv	entior/	of churcl	hes, or associati	on of churches desc	ribed in s e	ection 17	0(b)(1)(A)(i).	
2		A sch	ool desci	ibed ii	n section	170(b)(1)(A)(ii)	. (Attach Schedule E	E (Form 99	90 or 990	-EZ).)	
3		A hos	pital or a	coope	erative ho	spital service org	ganization described	in sectio	n 170(b)(1)(A)(iii).	
4		A me	dical rese	earch d	organizatio	on operated in co	onjunction with a hos	spital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
					, and state						
5			-				ollege or university o	wned or o	perated b	y a governmental u	nit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	_				_	_	mental unit describe		-		
7	X		-		-		antial part of its sup	oort from	a governr	nental unit or from t	he general public
_	_)(A)(vi). (Compl	•				
8	Ц		-			•)(1)(A)(vi). (Comple				
9	Ш				_		d in section 170(b)(•	-	-
			-	r a nor	n-land gra	nt college of agr	iculture (see instruct	ions). Ent	er the nar	me, city, and state o	the college or
10	П	unive		n that	normally	rossivas: (1) ma	ro than 22 1/20/ of it	o ounnort	from con	tributions mombors	hin food, and arous
10	ш	receip	ots from a	n mai activitie	es related	to its exempt fur	re than 33 1/3% of it nctions—subject to co	s support ertain exce	eptions, a	nd (2) no more than	33 1/3% of its
		suppo	ort from c	iross ii	าvestmeni	t income and uni	related business taxa 75. See section 50 9	able incon	าe (less s	ection 511 tax) from	businesses
11	П						sively to test for publ				
12	=		-	_		•	ively for the benefit o	-			out the purposes o
	ш		_	_		•	escribed in section 5				• •
				_		_	the type of support				
а		∏ Тур	e I. A su	pportir	ng organiz	ation operated,	supervised, or contro	olled by its	supporte	ed organization(s), t	ypically by giving
		the	supporte	d orga	nization(s) the power to re	egularly appoint or el	ect a majo	ority of the	e directors or trustee	es of the supporting
		orga	anization.	You	nust con	nplete Part IV, S	Sections A and B.				
b	• [-	<u>-</u>	d or controlled in cor			•	
				_			anization vested in t		persons th	nat control or manaç	ge the supported
	_	_		. ,		-	, Sections A and C				
C	; <u>L</u>						ng organization oper				ly integrated with,
_	. –						s). You must compl				4l!4! (- \
C	' <u>L</u>				_		porting organization zation generally mus	•		• • •	• , ,
						•	mplete Part IV, Sec	-		•	i an altentiveness
е						•	written determinatio				II Tyne III
	, L				_		onally integrated sup				п, турстп
f	Е		-	_	-	organizations				.	
g						-	orted organization(s).			
	(i)	Name c	f supported	organiza	ation	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v)Amount of monetary	(vi) Amount of
							(described on lines 1-10	1	ur governing ment?	,	other support (see
							above (see instructions))	docu	ment:	instructions)	instructions)
								Yes	No		
A)											
B)											
C)											
D)											
								1			
E)											

Schedule A (Form 990 or 990-EZ) 2016 Positive Futures Network 91-171591

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					_	_
	membership fees received. (Do not						
	include any "unusual grants.")	1,079,423.	1,067,373.	1,221,642.	1,612,230.	1,806,862.	6,787,530.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,079,423.	1,067,373.	1,221,642.	1,612,230.	1,806,862.	6,787,530.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						L
_	shown on line 11, column (f)						509,331.
6	Public support. Subtract line 5 from line 4.						6,278,199.
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7		_ , ,	 ' '		 ` '	 ` ` ' 	6,787,530.
8	Gross income from interest, dividends,	1,079,423.	1,067,373.	1,221,642.	1,612,230.	1,806,862.	6,787,530.
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	11,070.	4,823.	9,783.	4 558	17 716	47,950.
9	Net income from unrelated business	11,070.	4,023.	<i>J, 103.</i>	4,330.	17,710.	47,330.
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support . Add lines 7 through 10						6,835,480.
12	Gross receipts from related activities, etc	. (see instructi	ons)	•	•	12	
13	First five years. If the Form 990 is for th	e organization	's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop he	re					🕨 🔲
Section	on C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2016 (line		-				91.85%
15	Public support percentage from 2015 Sch					15	<u>95.13%</u>
16 a	33 1/3 % support test–2016. If the organ						
	box and stop here. The organization qua	-		-			
b	33 1/3 % support test-2015. If the organ						
	check this box and stop here. The organ	•			•		
17 _a	10%-facts-and-circumstances test-20°	•			•	•	
	10% or more, and if the organization me						
	Part VI how the organization meets the "f						
	organization						
b	10%-facts-and-circumstances test–20						
	15 is 10% or more, and if the organization					-	
	Explain in Part VI how the organization m				•	•	•
10	supported organization						
18	instructions						
		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	· · · · · 🖊 🗀

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Secti	on A. Public Support			· 1	•	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕟	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	, ,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			0.16.0	C: C(1)	<u> </u>	-04()(0)
14	First five years. If the Form 990 is for the	· ·			•		` ^ ` _
C4:	organization, check this box and stop her		<u> </u>				
	on C. Computation of Public Support Public Support percentage for 2016 (line			. 12 oolumn (f//	. 15	0/
15 16	``	. ,	•	, ,	, , ,		<u>%</u>
16 Socti	Public support percentage from 2015 on D. Computation of Investment Inc			10	· · · · · · · · ·	. 10	<u>%</u>
<u> 3ecu</u> 17	Investment income percentage for 2016			hy line 13 co	lumn (f))	. 17	%
18	Investment income percentage from 201	•		-			<u>%</u>
19a	33 ¹ / ₃ % support test–2016. If the organ						
ı Əd	line 17 is not more than 33 ¹ / ₃ %, check this						
b	33 1/3 % support test–2015. If the organization	=	-	•			
Ŋ	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di						

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	<u>art V</u>	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ū	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
4 a	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	41-		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
Ū	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
·vu	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		
D	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
b c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	110		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Socti	on E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ir	etru	tions	
' a	The organization satisfied the Activities Test. Complete line 2 below.	istrac	, tions	>).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ir	struc	tions)
_	Activities Test. Answer (a) and (b) helev	!	V	NI.
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 Positive Futures Network

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (expla	in in Part VI.
See instructions. All other Type III non-functionally integrated supporting o	rgar	nizations must complete S	Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2016 Positive Futures Network

Part		3) Supporting Orgar	nizations (continued,	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	<u> </u>		
<u>6</u>	Other distributions (describe in Part VI). See instructions	•		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization Employer identification number Positive Futures Network 91-1715916 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds

						_
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	n writing that the assets	held in donor advised funds	are the org	ganization's	
	property, subject to the organization's exclusive legal control	bl?			Yes N	ю
6	Did the organization inform all grantees, donors, and donor					
-	purposes and not for the benefit of the donor or donor advis		-			
	private benefit?		~ ·		Yes N	0
Part						Ť
	Complete if the organization answered "	Yes" on Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organiza					
	Preservation of land for public use (e.g., recreation or e		Preservation of historica	ally importar	nt land area	
	Protection of natural habitat	,	Preservation of a certifie	ed historic s	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	lified conservation conti	ribution in the form of a cons	servation ea	asement on the last day	
	of the tax year.				eld at the End of the Tax Y	ear
а	Total number of conservation easements			. 2a		_
b	Total acreage restricted by conservation easements					_
c	Number of conservation easements on a certified historic s					_
d	Number of conservation easements included in (c) acquired					_
-	listed in the National Register			. 2d		_
3	Number of conservation easements modified, transferred, r					_
•	organization during the tax year ▶	olodood, oxumguloriod,	or torrimated by the			
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe		action handling of violations			
•	and enforcement of the conservation easements it holds?	· .	. •	-	Yes N	ı
6	Staff and volunteer hours devoted to monitoring, inspecting					٠
·	•	, narialing or violations,	and officing concervation	Cascinonis	during the year	
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and	enforcing conservation ease	ements dur	ing the year	
•	► \$	raining of trolations, and	omercing concentuation caes	on one dan	ing the year	
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirem	ents of section 170(h)(4)(B))(i)		
	and section 170(h)(4)(B)(ii)?				Yes N	О
9	In Part XIII, describe how the organization reports conserva					
	include, if applicable, the text of the footnote to the organiza	ation's financial stateme	nts that describes the organ	ization's ac	counting for	
	conservation easements.		· ·		•	
Part	Organizations Maintaining Collections	s of Art, Historic	al Treasures, or Oth	er Simila	ar Assets.	
	Complete if the organization answered "	•	· · · · · · · · · · · · · · · · · · ·			
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report	in its revenue statement and	d balance s	heet works of art,	
	historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherance of p	ub l ic servic	e, provide, in Part XIII,	
	the text of the footnote to its financial statements that descr	ibes these items.				

- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following
 - amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- Assets included in Form 990, Part X

a	1 _	_1	71	F	Ω1	6	Page	2
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Par	Organizations Maintaining Co	Directions of	Art, HIS	toricai i	reasures,	or Ot	ner Similar A	ssets (C	ontini	uea)
3	Using the organization's acquisition, accession,	and other records	s, check ar	ny of the fol	lowing that ar	e a signi	ficant use of its co	ollection item	าร	
	(check all that apply):									
а	Public exhibition		d	Loan o	or exchange p	rograms	;			
b	Scholarly research		е	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain	how they f	further the o	organization's	exempt	purpose in Part X	III.		
5	During the year, did the organization solicit or re	ceive donations o	of art, histor	rical treasu	res, or other s	imilar as	sets to be sold to	raise funds		
	rather than to be maintained as part of the organ	nization's collectio	n?					🗌 Ye	s 🗌	No
Par	ESCROW and Custodial Arrang									
	Complete if the organization and 990, Part X, line 21.	swered "Yes"	on Forn	n 990, Pa	art IV, line	9, or r	eported an ar	nount on	Form	1
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for con	tributions o	r other assets	not inc	uded			
	on Form 990, Part X?							🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fol	lowing tabl	e:						
							Am	ount		
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form	990, Part X, line	21, for esc	crow or cus	todial accoun	t liability	?	<u> </u>	s 🔲	No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the ex	kplanation h	nas been pi	rovided in Par	t XIII				
Par	EV Endowment Funds.			•						
	Complete if the organization and	swered "Yes"	on Forn	n 990, Pa	art IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three years ba	ick (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
_	programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the current	vear end halance	line 1a c	olumn (a))	held as:					
	Board designated or quasi-endowment		% %	olamii (a))	noid do.					
b	Permanent endowment ▶ %									
C	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possession	=	ation that ar	held and	administered	for the				
Ju	organization by:	on the organiza	aon mat ai	o noid and	aariiinatorou	101 110		[Yes	No
	(i) unrelated organizations							3a(i)		.,,0
	(ii) related organizations							- · · · ·		
h	If "Yes" on 3a(ii), are the related organizations lis									
4	Describe in Part XIII the intended uses of the on							30		
	t VI Land, Buildings, and Equipm	•	MINORIC FULL							
- al	Complete if the organization and		on Forn	n 990 P:	art IV line	11a S	See Form 990	Part X I	line 1	0
	Description of property	(a) Cost or oth			other basis		Accumulated	(d) Book		<u>J.</u>
	Description of property	(investm		1, ,	her)	٠,	epreciation	(W) DOOR	value	
10	Land	, , , , , , , , , , , , , , , , , , , ,	,	,	,					
1a h	Land									
b	Buildings									
q C	Leasehold improvements			7	8,824.		78,824.			
d	Equipment			 '	0,024.		10,024.			
<u>e</u> Total	Other Add lines 1a through 1e. (Column (d) must equal	 Form 990 Part \	X column	 (R) line 10:	<u>_</u>					

Schedule D (Form 990) 2016	Positive	Futures	Networ	k
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	I nvestments — Other Securities . Complete if the organization answe		1990 Pa	t IV line 11	lh See Form	990 Part X line 12
	(a) Description of security or category	crea res on rom	(b) Book			hod of valuation:
	(including name of security)		, ,		` '	d-of-year market value
(1) Financial d	erivatives					
(2) Closely-hel	d equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	(b) must equal Form 990, Part X, col. (B) lin	e 12.) ▶		_		
	nvestments — Program Related	·				
	Complete if the organization answer		990. Pa	t IV. line 11	c. See Form	990. Part X. line 13.
-	(a) Description of investment		(b) Book			hod of valuation:
			, ,		Cost or en	d-of-year market value
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) lin	e 13.) ▶				
	Other Assets.					
	Complete if the organization answe	ered "Yes" on Form	1 990, Pa	t IV, line 11	ld. See Form	
	(a)	Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(b) must equal Form 990, Part X, col. (B) lin	e 15)			•	
	Other Liabilities.	0 10.)				
	Complete if the organization answe	ered "Yes" on Form	990. Pa	t IV. line 11	le or 11f. See	Form 990, Part X.
	ine 25.		,	, , , , , , , , ,		
1.	(a) Description of liability	(b) Book value				
(1) Federal in		()				
	oll Taxes	12,1	61.			
(3)		•				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) lin	e 25.) ▶ 12 ,1	61.			

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII UYA

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 turn for prem 990, Part VIII, line 12: Not unrealized gains (losses) on investments Donated services and use of facilities 20 Cher (Describe in Part XIII), 21 Cher (Describe in Part XIII), 22 Cher (Describe in Part XIII), 23 Cher (Describe in Part XIII), 24 Cher (Describe in Part XIII), 25 Cher (Describe in Part XIII), 26 Cher (Describe in Part XIII), 27 Cher (Describe in Part XIII), 28 Cher (Describe in Part XIII), 30 Cher (Describe in Part XIII), 40 Cher (Describe in Part XIII), 41 Consider services and use of facilities Cher (Describe in Part XIII), 42 Cher (Describe in Part XIII), 43 Cher (Describe in Part XIII), 44 Cher (Describe in Part XIII), 45 Cher (Describe in Part XIII), 46 Cher (Describe in Part XIII), 47 Cher (Describe in Part XIII), 40 Cher (Describe in Part XIII), 40 Cher (Describe in Part XIII), 40 Cher (Describe in Part XIII), 41 Cher (Describe in Part XIII), 42 Cher (Describe in Part XIII), 43 Cher (Describe in Part XIII), 44 Cher (Describe in Part XIII), 45 Cher (Describe in Part XIII), 46 Cher (Describe in Part XIII), 46 Cher (Describe in Part XIII), 46 Cher (Describe in Part XIII), 47 Cher (Describe in Part XIII), 48 Cher (Describe in Part XIII), 49 Cher (Describe in Part XIII), 40 Cher (Describe in Part XIII),	Complete if the organization answered "Yes" to Form 990,	-	r Keturri.
Net unrealized gains (losses) on investments Donated services and use of facilities. Recoveries of prior year grants Cither (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 12. ★ XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other (Describe in Part XIII.) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities. 2a Prior year adjustments. 2b Other (Describe in Part XIII.) Add lines 2a through 2d 2c Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). \$\frac{2}{4}\$ \$\frac{2}{4}\$ Supplemental Information. Let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;	Total revenue, gains, and other support per audited financial statements		. 1
Donated services and use of facilities. Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Cotal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 time Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) Add lines 4a and 4b Ac Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18.) EXIII Supplemental Information.	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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Other (Describe in Part XIII.)			
Other (Describe in Part XIII.). 2d			
Add lines 2a through 2d			
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Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	· · · · · · · · · · · · · · · · · · ·		
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Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;			
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			
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Donated services and use of facilities	·		
Prior year adjustments		. 2a	
Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18.) Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;			
Other (Describe in Part XIII.)			-
Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18.) Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;			-
Subtract line 2e from line 1	,		2e
Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4c. 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;	-		
Investment expenses not included on Form 990, Part VIII, line 7b			
Other (Describe in Part XIII.)		42	-
Add lines 4a and 4b	•		-
Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18.)	,		40
Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;			
le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2;			. ɔ

UYA Schedule D (Form 990) 2016

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public

Name of the organization

Employer identification number

	<u>itive Future</u>									591				
Pa			s (section 501(c											
	Complete if the	e organization	answered "Yes" o				e 25	a or 25b, or Fo	rm 99	90-EZ	, Par	t V, Iir	ne 40I	o
1 (a) Name of disqualified person		person	(b) Relationship between disqualified person and			(c) Description of transaction				(d) Corrected				
				organiz	ation		. , ,			Yes	No			
<u>(1)</u>														
(2)														
(3)														
(4) (5)														
(5) (6)														
2	Enter the amount of under section 4958.									▶				
3	Enter the amount of	f tax, if any, on	line 2, above, re	imbur	sed by	y the organiza	ation			▶	\$			
Dai	rt II Loans to and	or From Inter	ested Persons.											
Га			answered "Yes" (on For	m 99	0-F <i>7</i> . Part V.	line	38a or Form 9	90. P	art IV	line	26: o	r if the	.
	•	-	ount on Form 990								,	, -		-
(a) Name of interested person (b) Relation		(b) Relationship with organization	(c) Purpose of loan	Purpose of (d) Loan to or (e) Original (1				(g) In default?		1 , , , ,		(i) Written agreement?		
				To	From				Yes	No	Yes	No	Yes	No
(1)				10	FIOIII				res	NO	res	NO	res	No
(2)				+										
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Γotal						▶ \$								
Pai			fiting Interested answered "Yes" (0, Part IV, lin	ie 27							
(6	a) Name of interested perso	1 ' '	nship between interest and the organization	ed (c) Amo	ount of assistance	9	(d) Type of assista	nce	(e) Purp	ose of a	assistar	nce
(1)														
(2)														
(3)														
(4)														
(5)							\perp							
(6)				\perp			\perp							
(7)				\perp			_							
(8)							_							
(9)							4							
(10)														

Positive Futures Network Schedule L (Form 990 or 990-EZ) 2016

Part IV	Pucinoco	Transaction	c Involvina	Interested De	rconc

Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Yes" on Form 990 Part IV line 28a 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	interested person and the transaction		(e) Sha organiz rever	zation's	
			•	Yes	No	
(1)David Korten	Chair/Spouse	39,581.	Office Rentals		X	
(2)Fran Korten	Exec Director	39,581.	Office Rentals		X	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Palid V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).
Part IV Lines 1 & 2
David Korten is the Board Chair and spouse of the
Executive Director. Positive Futures Network rents
office space from David Korten and from Fran Korton. Such rents
are reviewed by the facilities committee of the Board,
of which David Korton nor Fran Korton are members.
Fran Korten is the Executive Director and spouse of
David Korten, the Board Chair. She retired in June 2017.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Positive Futures Network

91-1715916

I GIL	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded	Х	5	13,845.	FMV
10	Securities – Closely held stock				
11	Securities – Partnership, LLC,				
	or trust interests				
12	Securities – Miscellaneous				
13	Qualified conservation				
	contribution – Historic				
	structures				
14	Qualified conservation				
	contribution – Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ▶(
29	Number of Forms 8283 received by the	organization	during the tax year for contributi	ions for which the	
	organization completed Form 8283, Part	IV, Donee A	.cknowledgement		29 0
					Yes No
30 a	During the year, did the organization rec	eive by contr	ibution any property reported in	Part I, lines 1 through 28,	
	that it must hold for at least three years f	rom the date	of the initial contribution, and w	hich is not required to be used f	-
	purposes for the entire holding period?				30a X
b	If "Yes," describe the arrangement in Pa				
31	Does the organization have a gift accept	ance policy t	hat requires the review of any ne	on-standard	
	contributions?				31 X
32 a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, proc	ess, or sell noncash	
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount	unt in co l umr	n (c) for a type of property for wh	hich column (a) is checked,	
	describe in Part II.				Schodulo M (Form 000) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 91-1715916 Positive Futures Network

Part I, Line 1

to create a more just, sustainable, & compassionate world.

Part III, Line 1

MISSION con't: grassroots groups, faith organizations, and policy makers encouraging them to make use of our articles to help people know how

they can be part of creating a positive future.

Part III, Line 4a

Continued: This issue showed that, regardless of national policy, powerful progress happens at the local level when neighbors stand together to make the places they love more democratic, sustainable, and fair. The magazine is distributed to subscribers, newsstands & social change organizations. In 2016, we printed 259,360 copies of YES!, with a total circulation of 203,616 (undistributed copies will be used in future years). Our print magazine reaches over 165,000 readers each quarter (assuming each copy reaches 3 people). Our subscribers reside in all 50 states and 58 countries around the world. The magazine contains no paid advertising. Part III, Line 4b

Continued: our email news round-up, "YES! This Week," and 191,000 people "liked" YES! on Facebook. Because many of our Facebook followers share our articles, our stories reach the newsfeeds of more than 300,000 people

every week. In 2016, we trained 11 interns in solutions-oriented journalism

and media outreach.

Part III, Line 4c Continued: repost our articles online and in print, and to interview our authors and staff on radio and television. We responded to requests for more than 12,000 free copies of YES! from educators, journalists, and nonprofit organizations that used them to educate their constituencies about the issues for which we advocate. Members of our staff and Board made presentations at more than 10 conferences, helping people see constructive opportunities for building a more just and sustainable world.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to 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.

Internal Revenue Service Information al

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization Employer identification number Positive Futures Network 91-1715916 Part III, Line 4d Other Program Services: Editorials: \$116,010 All other Programs: \$77,990 Part VI, Section A, Line 2 Fran Korten, Executive Director, is married to David Korten, Board Chair. Part VI, Section B, Line 11 Form 990 is reviewed by the Finance Committee prior to filing. Part VI, Section B, Line 12c The Conflict of Interest Policy is reviewed annually and Directors are required to sign waivers that are updated annually. Part VI, Section B, Line 15 The Board Personnel Committee reviews compensation for the Executive Director and compares it to that of similar organizations in King County. Part VI, Section C, Line 19 Documents are made available to the public upon request. Part XI, Line 8 Prior period adjustment: temporary restriction removed and revenue adjusted.