



(continued)

							Yes	No
2a	Enter the number	For	2	19	219	219		2
b	Note:				e-file			
3a								
b					If "No" to line 3b, provide an explanation on Schedule O			
4a								
b								
5a								
b								
c								
6a								
b								
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b								
c								
d						7d		
e								
f								
g								
h								
8	Sponsoring organizations maintaining donor advised funds.							
9	Sponsoring organizations maintaining donor advised funds.							
a								
b								
10	Section 501(c)(7) organizations.					10a		
a						10b		
b								
11	Section 501(c)(12) organizations.					11a		
a						11b		
b								
12a	Section 4947(a)(1) non-exempt charitable trusts.					12a		
b						12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Note:							
b						13b		
c						13c		
14a								
b					If "No," provide an explanation on Schedule O			
14b								
15								
16								

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

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	1	
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~ ~ ~ ~ ~	4	
5	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	
6	Donated services and use of facilities ~ ~ ~ ~ ~	6	
7	Investment expenses ~ ~ ~ ~ ~	7	
8	Prior period adjustments ~ ~ ~ ~ ~	8	
9	Other changes in net assets or fund balances (explain on Schedule O) ~ ~ ~ ~ ~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
2b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	After the close of the tax year, did the organization's financial statements for the year include a report from an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the report was prepared by a CPA, a certified public accountant, a licensed accountant, or a licensed certified public accountant in the state where the organization is located. If the report was prepared by a CPA, a certified public accountant, a licensed accountant, or a licensed certified public accountant in the state where the organization is located, check the appropriate box below: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b	Did the organization's financial statements for the year include a report from an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the report was prepared by a CPA, a certified public accountant, a licensed accountant, or a licensed certified public accountant in the state where the organization is located. If the report was prepared by a CPA, a certified public accountant, a licensed accountant, or a licensed certified public accountant in the state where the organization is located, check the appropriate box below: <input type="checkbox"/> Yes <input type="checkbox"/> No		



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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c						
8 Public support. (Subtract line 7c from line 6)						

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

stop here

15		15
16		16

17	2019	17
18	2018	18

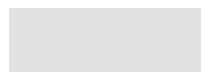
19a 33 1/3% support tests - 2019.

stop here.

b 33 1/3% support tests - 2018.

stop here.

20 Private foundation.





Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for providing explanations.



Name of organization POSITIVE FUTURES NETWORK	Employer identification number 91-1715916
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Complete columns through the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of for the year. (Enter this info once) | \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c N5 3 tSonn 2N5 iy	2c rB
d	2d
3	
4	
5	Yes No
6	
7	
8	Yes No
9	

1a	
b	
(i)	
(ii)	
2	
a	
b	

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

9 _____ Yes No

a _____

b _____

10a _____ Yes No

b _____

11

Yes

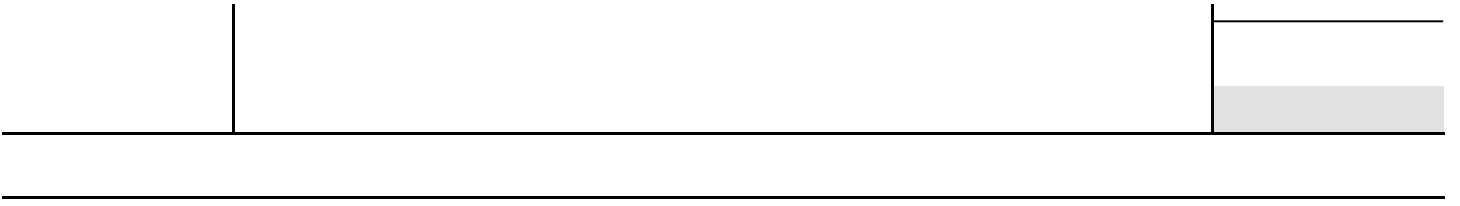
12

13

14

15





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