





09/10/23



Part III Statement of Program Service Accomplishments

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

X

@ Briefly describe the organization's mission:  
YES! IS A NON-PROFIT MEDIA ORGANIZATION THAT INSPIRES PEOPLE TO CREATE  
A MORE JUST, SUSTAINABLE, AND COMPASSIONATE WORLD THROUGH REPORTING,  
COMMENTARY, AND READER ENGAGEMENT.

A Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ~~~~~ ht, X ]-  
If "Yes," describe these new services on Schedule O.

B Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ ht, X ]-  
If "Yes," describe these changes on Schedule O.

C Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.

Co (R-stl \_\_\_\_\_) (T%t), t, 3 2, 335, 981. (R-ftsxv vfp)...-u3 \_\_\_\_\_) (attt)tt 3 559, 083. )  
EDITORIAL: WE PUBLISHED FOUR STELLAR MAGAZINES: WINTER: PERSONAL  
JOURNEYS, SUMMER: PLEASURE, FALL: WORK, WINTER: BODIES. IN 2022, YES!  
PUBLISHED A TOTAL OF 331 STORIES, INCLUDING 55 FEATURES/COMMENTARIES, 5  
DATA STORIES, AND 8 ILLUSTRATED STORIES ACROSS FOUR PRINT ISSUES;  
SPRING: PERSONAL JOURNEYS, SUMMER: PLEASURE, FALL: WORK, WINTER:  
BODIES. ONLINE, WE PUBLISHED 104 PIECES OF ORIGINAL REPORTING OR  
ANALYSIS (INCLUDING FOR TWO GRANT-FUNDED SERIES SUPPORTED BY THE  
SOLUTIONS JOURNALISM NETWORK AND THE CENTER FOR CULTURAL INNOVATION),  
90 OP-EDS, 22 EXCERPTS, 18 DATA AND/OR ILLUSTRATED STORIES, 4 PHOTO  
ESSAYS, 3 CROSSWORD-PUZZLES, 12 CO-PUBLISHED STORIES WITH CALIFORNIA  
HEALTH REPORT, AND 81 REPOSTS FROM OTHER OUTLETS.

Cq (R-stl \_\_\_\_\_) (T%t), t, 3 231, 031. (R-ftsxv vfp)...-u3 \_\_\_\_\_) (attt)tt 3 \_\_\_\_\_ )  
OUTREACH AND ENGAGEMENT: SUBSCRIPTIONS & SALES REVENUES WERE DOWN IN  
FY22. YES! HAD APPROXIMATELY 2.2 MILLION READERS ON OUR OWN PLATFORM  
AS WELL AS MILLIONS MORE THROUGH PARTNER PLATFORMS AND OTHER MEDIA  
ENGAGEMENT.

WE HAVE APPROXIMATELY 30K PRINT SUBSCRIBERS RESIDING IN 50 STATES. OUR  
OUTREACH AND ENGAGEMENT THROUGH COMMUNITY AND PUBLIC RADIO STATIONS IN  
37 STATES, REACHES OVER 25 MILLION PEOPLE. YES! CONTINUES TO DISTRIBUTE  
THOUSANDS OF FREE COPIES OF YES! MAGAZINE TO COMMUNITIES, SCHOOLS,  
FAITH-BASED GROUPS, SCHOOLS, AND ADVOCACY ORGANIZATIONS TO INSPIRE  
ON-THE-GROUND SOLUTIONS.

Cr (R-stl \_\_\_\_\_) (T%t), t, 3 \_\_\_\_\_ (R-ftsxv vfp)...-u3 \_\_\_\_\_) (attt)tt 3 \_\_\_\_\_ )  
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Cs Other program services (Describe on Schedule O.)  
(T%t), t, 3 \_\_\_\_\_ (R-ftsxv vfp)...-u3 \_\_\_\_\_) (attt)tt 3 \_\_\_\_\_ )

Ct Total program service expenses 2, 567, 012.

Part IV Checklist of Required Schedules

	ht.	j -
@ Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ~ ~ ~ ~ ~	@	X
A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions ~ ~ ~ ~ ~	A	X
B 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 ~ ~ ~ ~ ~	B	X
C b t r . x - ) ' D ? @ 7 8 B 8 - f v p ) x p . x - ) , = 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 ~ ~ ~ ~ ~	C	X
D 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III ~ ~ ~ ~ ~	D	X
E 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 ~ ~ ~ ~ ~	E	X
F 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 ~ ~ ~ ~ ~	F	X
G Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~ ~ ~ ~ ~	G	X
H 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 ~ ~ ~ ~ ~	H	X
@? Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V ~ ~ ~ ~ ~	@?	X
@@ 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.		
p Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI ~ ~ ~ ~ ~	@p	X
q 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 ~ ~ ~ ~ ~	@q	X
r 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 ~ ~ ~ ~ ~	@r	X
s 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 ~ ~ ~ ~ ~	@s	X
t Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~	@t	X
u 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 ~ ~ ~ ~ ~	@u	X
@Ap Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ~ ~ ~ ~ ~	@Ap	X
q Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~ ~ ~ ~ ~	@q	X
@B Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~ ~ ~ ~ ~	@B	X
@Cp Did the organization maintain an office, employees, or agents outside of the United States? ~ ~ ~ ~ ~	@Cp	X
q Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 ~ ~ ~ ~ ~	@Cq	X
@D Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ~ ~ ~ ~ ~	@D	X
@E Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ~ ~ ~ ~ ~	@E	X
@F 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 ~ ~ ~ ~ ~	@F	X
@G 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 ~ ~ ~ ~ ~	@G	X
@H 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 ~ ~ ~ ~ ~	@H	X
A?p Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~ ~ ~ ~ ~	A?p	X
q If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~ ~ ~ ~ ~	A?q	
A@ 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 ~ ~ ~ ~ ~	A@	X

(continued)

	ht	]-
AA 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 ~ ~ ~ ~ ~	AA	X
AB 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 ~ ~ ~ ~ ~	AB	X
ACp 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 ~ ~ ~ ~ ~	ACp	X
q	ACq	
r	ACr	
s	ACs	
ADp btr .x-} D?@T 8B8' D?@T 8C8'p} s D?@T 8A8-fvp} x p.x-} , = If "Yes," complete Schedule L, Part I	ADp	X
q		
Schedule L, Part I	ADq	X
AE		
If "Yes," complete Schedule L, Part II	AE	X
AF		
If "Yes," complete Schedule L, Part III	AF	X
AG		
p		
"Yes," complete Schedule L, Part IV	AGp	X
q		
If "Yes," complete Schedule L, Part IV	AGq	X
r		
"Yes," complete Schedule L, Part IV	AGr	X
AH	AH	X
B?		
If "Yes," complete Schedule M	B?	X
B@	B@	X
BA		
If "Yes," complete Schedule N, Part I		
If "Yes," complete Schedule N, Part II	BA	X
BB		
If "Yes," complete Schedule R, Part I	BB	X
BC		
If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	BC	X
BDp	BDp	X
q		
If "Yes," complete Schedule R, Part V, line 2	BDq	
BE btr .x-} D?@T 8B8-fvp} x p.x-} , = If "Yes," complete Schedule R, Part V, line 2	BE	X
BF		
If "Yes," complete Schedule R, Part VI	BF	X
BG		
]- t '	BG	X

[Redacted]

	ht	]-
@p		
q		
r		
	@	X

X

X

X

For each "Yes" response to lines 2 through 7b below, and for a "No" response

X

		7	ht,	]-
@p	@p	7		
q	@q	7		
A			A	X
B			B	X
C			C	X
D			D	X
E			E	X
Fp			Fp	X
q			Fq	X
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@?p	@?p			X
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@@p	@@p	X		
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p	@Dq			X
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@Ep	@Eq			
q				

@F WA  
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A?  
KATHY MURPHY - 206-842-0216  
19068 JENSEN WAY NE, 4 & 4A, POULSBO, WA 98370

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

Part VII Compensation of Officers, Directors, and Key Employees

Part VII

Part VII

current

Part VII

Part VII

Part VII	Part VII	Part VII						Part VII	Part VII	Part VII
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE HANNA EXECUTIVE DIRECTOR	40.00			X				117,431.	0.	12,608.
(2) SUNNIE BRYDUM EXECUTIVE EDITOR	40.00					X		111,108.	0.	12,102.
(3) MICHELLE HUNTER DEVELOPMENT DIRECTOR	40.00					X		109,008.	0.	12,060.
(4) JULIA PAGAN DIRECTOR FINANCE AND ORG DEV	40.00			X				82,500.	0.	11,529.
(5) AUDREY WATSON DIRECTOR FINANCE AND OPS	15.00			X				20,478.	0.	410.
(6) BERT ANDERSON VICE CHAIR	1.00	X	X					0.	0.	0.
(7) MANLI A CHARLOTIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) TANYA DAVKINS CO-CHAIR	2.00	X	X					0.	0.	0.
(9) ELI FEHALI CO-CHAIR	2.00	X	X					0.	0.	0.
(10) ALI SA GRAVITZ TREASURER	4.00	X	X					0.	0.	0.
(11) SHALINI NATARAJ BOARD MEMBER	1.00	X						0.	0.	0.
(12) ELI ZABETH SANDERS SECRETARY	2.00	X	X					0.	0.	0.
(13) GIDEON ROSENBLATT BOARD MEMBER	1.00	X						0.	0.	0.
(14) ERNESTO AGUILAR BOARD MEMBER	1.00	X						0.	0.	0.





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NONE

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	t a		1, 409.		
Total revenue.		2, 513, 447.	559, 083.	0.	14, 156.



	244, 956.			
	1, 493, 675.			
	28, 992.			
	197, 919.			
	155, 647.			
	5, 020.			
	244, 081.			
	100, 277.			
	27, 413.			
	8, 804.			
	52, 886.			
	72, 116.			
	22 7,			

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A?			A?	
A@			A@	
AA				
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AB			AB	
AC			AC	
AD				
			AD	
AE			AE	
AF				
AG				
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B?				
B@				
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BB				

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

@	Total revenue (must equal Part VIII, column (A), line 12)	@	2,513,447.
A	Total expenses (must equal Part IX, column (A), line 25)	A	3,198,997.
B	Revenue less expenses. Subtract line 2 from line 1	B	-685,550.
C	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	C	2,909,093.
D	Net unrealized gains (losses) on investments	D	
E	Donated services and use of facilities	E	
F	Investment expenses	F	
G	Prior period adjustments	G	
H	Other changes in net assets or fund balances (explain on Schedule O)	H	0.
@?	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	@?	2,223,543.

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

@	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	ht,	J ~
Ap	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	Ap	X
q	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: <input checked="" type="checkbox"/> Separate basis      Consolidated basis      Both consolidated and separate basis	Aq	X
r	If "Yes" to b	Ar	X
c.	Inv 2 o f2 at lof "Yes," check" ox below to r dica n- sis,Ú hedudjÚ	Bp	X
Se Bp e fun, .	ê Ner ~ ~ " 2	Bq	



Calendar year (or fiscal year beginning in)	78	78	78	78	78	78
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B						
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D						
						1383708.
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Calendar year (or fiscal year beginning in)	78	78	78	78	78	78
F	1311432.	2535809.	2632789.	3045815.	1940208.	11466053.
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	8,004.	8,470.	6,691.	5,280.	12,747.	41,192.
H						
@?						
	359.	3,827.	516.	2,783.	1,409.	8,894.
@@ c~.p(=						11516139.
@A						2,360,281.
@B						

	87.55
	83.97

X

POSITIVE FUTURES NETWORK  
DBA YES! MEDIA

Schedule A (Form 990) 2022

91-1715916 Page B

(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

Calendar year (or fiscal year beginning in)	2018	2018	2018	2018	2018	2018
@						
A						
B						
C						
D						
E						
F						
G						

Calendar year (or fiscal year beginning in)	2018	2018	2018	2018	2018	2018
H						
@? p						
q Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
r						
@@						
@A						
@B Total support						
@C						

@D	@D
@E	@E

@F	A?AA	@F
@G	A?A@	@G

@Hp BB @B4 , t€€~f..t, .. '<A?AA='  
 , ..€ wt ft =  
 q BB @B4 , t€€~f..t, .. '<A?A@='  
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p				
q			@p	
r			@q	
detail in _pf.:eX=			@r	

If "Yes" to line 11a, 11b, or 11c, provide

@			ht,	] -
			@	
A				
			A	

If "No," describe in \_pf.:eX 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

If "Yes," explain in \_pf.:eX how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

@			ht,	] -
			@	

If "No," describe in \_pf.:eX how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

@			ht,	] -
A			@	
			A	
B				
			B	

If "No," explain in \_pf.:eX how the organization maintained a close and continuous working relationship with the supported organization(s).

If "Yes," describe in \_pf.:eX the role the organization's supported organizations played in this regard.

@			ht,	] -
p				
q			@p	
r			@q	
A			@r	
			Ap	
			Aq	
			Bp	
			Bq	

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Complete (X) A below.

Complete (X) B below.

Describe in \_pf.:eX how you supported a governmental entity (see instructions).

P) , ^ t f (X) t , 'Ap' p) s 'Aq' qt { - ^ =

If "Yes," then in \_pf.:eX s t } .xS

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.

hhe role thaid ie thv! / qnyzation (tgmXos regard

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If "Yes," explain in

the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. If "Yes," provide

P) , ^ t f (X) t , 'Bp' p) s 'Bq' qt { - ^ =

\_pf.:eX=



POSITIVE FUTURES NETWORK  
DBA YES! MEDIA

Schedule A (Form 990) 2022

91-1715916 Page 6

btr.x} S <Sx .fq t.x} .		Riff} .htpf
@	Amounts paid to supported organizations to accomplish exempt purposes	@
A	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	A
B	Administrative expenses paid to accomplish exempt purposes of supported organizations	B
C	Amounts paid to acquire exempt-use assets	C
D	Qualified set-aside amounts (prior IRS approval required - provide details in pf.eX)	D
E	Other distributions (describe in pf.eX. See instructions.	E
F	c-p(p)} tp{sx .fq t.x} . =Add lines 1 through 6	F
G	Distributions to attentive supported organizations to which the organization is responsive (provide details in pf.eX. See instructions.	G
H	Distributable amount for 2022 from Section C, line 6	H
@?	Line 8 amount divided by line 9 amount	@?

btr.x} T <Sx .fq t.x} P{{-rp.x} , (see instructions)	78 T%ot , , Sx .fq t.x} ,	78 d} stfsx .fq t.x} , _ft <A?AA	78 Sx .fq t.pqt P  -t} .u-fA?AA
@	Distributable amount for 2022 from Section C, line 6		
A	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in pf.eX. See instructions.		
B	Excess distributions carryover, if any, to 2022		
p	From 2017		
q	From 2018		
r	From 2019		
s	From 2020		
t	From 2021		
u	c-p{of lines 3a through 3e		
v	Applied to underdistributions of prior years		
w	Applied to 2022 distributable amount		
x	Carryover a tb2		
y	2 2 n 2 2		
C			
p			
q			
r			
distrespionD	2 2		2 2 2
	explain in pf.eX		
Dist	E explain in	2ob e	2 , , 22 b
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Name of organization  
 POSITIVE FUTURES NETWORK  
 DBA YES! MEDIA

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 91-1715916

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			X _tf, -} _pŠf-{{ ] -}rp,w
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Name of organization <b>POSITIVE FUTURES NETWORK</b> DBA YES! MEDIA	T   €(-Štfxst).xurp.x} }t  qtf 91-1715916
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

78 ] ~= ů-  _pf.:X	78 St,r f€x} ~u} ~}rp,w€f-€tf.Švxtt}	78 U\ e7-ft. .x p.t8 (See instructions.)	78 Sp.i}ftrxtts
		\$ _____	_____
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Name of organization  
POSITIVE FUTURES NETWORK  
DBA YES! MEDIA

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Part III

Complete columns through the following line entry. For organizations

r-| €(t.šv\_pfxxt).tf.vt'=.pf-ut%ft,xft(\$ft(wx-t,; rvp&pq(t;t.r=r-).qtd.x-),'-u 'u-f.wt Štp=7).tf.vx }u=-)rt-B \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

78] ~= uf-  _pf X	78_tfc-,t'-uvxu..	78d,t'-uvxu..	78St,r f€x-} '-uw-^ 'vxu.x' wt (s
	_____	_____	_____
	_____	_____	_____
	78cfp), utf-uvxu..		
cfp), utft6 }p  t: pssft, :p) s' X : C		at(p.x-), w€'-u fp), utf-f.-' fp), utftt	
_____	_____	_____	_____
_____	_____	_____	_____
78] ~= uf-  _pf X	78_tfc-,t'-uvxu..	78d,t'-uvxu..	78St,r f€x-} '-uw-^ 'vxu.x' wt (s
	_____	_____	_____
	_____	_____	_____
	78cfp), utf-uvxu..		
cfp), utft6 }p  t: pssft, :p) s' X : C		at(p.x-), w€'-u fp), utf-f.-' fp), utftt	
_____	_____	_____	_____
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78] ~= uf-  _pf X	78_tfc-,t'-uvxu..	78d,t'-uvxu..	78St,r f€x-} '-uw-^ 'vxu.x' wt (s
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	78cfp), utf-uvxu..		
cfp), utft6 }p  t: pssft, :p) s' X : C		at(p.x-), w€'-u fp), utf-f.-' fp), utftt	
_____	_____	_____	_____
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78] ~= uf-  _pf X	78_tfc-,t'-uvxu..	78d,t'-uvxu..	78St,r f€x-} '-uw-^ 'vxu.x' wt (s
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	_____	_____	_____
	78cfp), utf-uvxu..		
cfp), utft6 }p  t: pssft, :p) s' X : C		at(p.x-), w€'-u fp), utf-f.-' fp), utftt	
_____	_____	_____	_____
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POSITIVE FUTURES NETWORK  
DBA YES! MEDIA

91-1715916



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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

B Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- p Public exhibition
- q Scholarly research
- r Preservation for future generations
- s Loan or exchange program
- t Other \_\_\_\_\_

C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

D During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ht. ] ~

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

@p Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ht. ] ~

q If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
r Beginning balance	@r
s Additions during the year	@s
t Distributions during the year	@t
u Ending balance	@u

Ap Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ht. ] ~

q If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	8 Current year	9 Prior year	7 8 Two years back	5 8 Three years back	7 8 Four years back
@p Beginning of year balance					
q Contributions					
r Net investment earnings, gains, and losses					
s Grants or scholarships					
t Other expenditures for facilities and programs					
u Administrative expenses					
v End of year balance					

A Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- p Board designated or quasi-endowment \_\_\_\_\_%
- q Permanent endowment \_\_\_\_\_%
- r Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

Bp Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- 7 8 Unrelated organizations
- 7 8 Related organizations

	ht.	] ~
Bp 7 8		
Bp 7 8		
Bq		

q If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

C Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	8 Cost or other basis (investment)	9 Cost or other basis (other)	7 8 Accumulated depreciation	5 8 Book value
@p Land				
q Buildings				
r Leasehold improvements		6, 090.	6, 090.	0.
s Equipment				
t Other		360, 579.	317, 550.	43, 029.
c ~ p (Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43, 029.

brwtst(t'S'U-f] 'HH?8A?AA

**Part VII** Investments - Other Securities.

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

8 Description of security or category	8 Book value	8 Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII** Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

8 Description of investment	8 Book value	8 Method of valuation: Cost or end-of-year market value
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX** Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

8 Description	8 Book value
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X** Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

8 Description of liability	8 Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

A= 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 liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

brwstft S 'J-fj 'HH?8A?AA

[Redacted]

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

@	Total revenue, gains, and other support per audited financial statements		@	
A	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
p	Net unrealized gains (losses) on investments	Ap		
q	Donated services and use of facilities	Aq		
r	Recoveries of prior year grants	Ar		
s	Other (Describe in Part XIII.)	As		
t	Add lines Ap through As		At	
B	Subtract line At from line @		B	
C	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
p	Investment expenses not included on Form 990, Part VIII, line 7b	Cp		
q	Other (Describe in Part XIII.)	Cq		
r	Add lines Cp and Cq		Cr	
D	Total revenue. Add lines B and Cr (This must equal Form 990, Part I, line 12.)		D	

[Redacted]

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

@	Total expenses and losses per audited financial statements		@	
A	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
p	Donated services and use of facilities	Ap		
q	Prior year adjustments	Aq		
r	Other losses	Ar		
s	Other (Describe in Part XIII.)	As		
t	Add lines Ap through As		At	
B	Subtract line At from line @		B	
C	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
p	Investment expenses not included on Form 990, Part VIII, line 7b	Cp		
q	Other (Describe in Part XIII.)	Cq		
r	Add lines Cp and Cq		Cr	
D	Total revenue. Add lines B and Cr (This must equal Form 990, Part I, line 18.)		D	

[Redacted]

Step 1. Enter the name of the organization.

Name of the organization

POSITIVE FUTURES NETWORK  
DBA YES! MEDIA

91-1715916

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

OUR PARTNERSHIP WITH PUBLIC NEWS SERVICE YIELDED 16 RADIO VERSIONS OF YES! STORIES, WHICH REACHED A COMBINED BROADCAST AUDIENCE OF MORE THAN 16 MILLION PEOPLE. RACIAL JUSTICE EDITOR SONALI KOLHATKAR OFTEN FEATURED YES! AUTHORS AND TOPICAL EXPERTS ON HER SHOW, RISING UP WITH SONALI, TURNING THESE INTERVIEW SEGMENTS INTO COMBINATION TEXT-AND-VIDEO POSTS FOR YES! THESE NUMBERS DO INDICATE A DECREASE IN VOLUME OVER LAST YEAR (469 PIECES PUBLISHED). 49% OF OUR CONTENT WAS WRITTEN BY WRITERS OF COLOR. IN ADDITION TO PRINT, ONLINE, SOCIAL, AND EMAIL NEWSLETTER AUDIENCES, WE REACHED 16 MILLION RADIO LISTENERS THROUGH OUR PARTNERSHIP WITH PUBLIC NEWS SERVICE.

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

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

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

REVIEWED ANNUALLY AT BOARD MEETING.

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

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

FORM 990, PART VI, SECTION C, LINE 18:

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

LHA U-f\_p€tf ~fz'atstr.x} Pr..] ~.xt;,.tt'.wt 'X} ,.ftr.x}, 'u-fU-f] 'HH?'~fHH?'<Ti = brwtst(t'^ 'U-f] 'HH?'8A?AA

ABAA@ @-AG-AA

Name of the organization

T | €{-Stf}st} .xrp.x} }t| qtf

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

THE CORPORATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT STAFF:

PROGRAM SERVICE EXPENSES 67,013.

