EXTENDED TO NOVEMBER 15, 2018

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change POSITIVE RESOURCE CENTER Name change 94-3078431 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 785 MARKET STREET 415-777-0333 City or town, state or province, country, and ZIP or foreign postal code 9.301.459. **G** Gross receipts \$ Amended return 94103 SAN FRANCISCO, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SERGIO PEREZ for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or) **◄** (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.PRCSF.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1988 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST PEOPLE AFFECTED BY OR **Activities & Governance** AT RISK FOR HIV/AIDS THROUGH CULTURALLY APPROPRIATE COUNSELING, if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 56 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0. 7h **Prior Year Current Year** 3,743,491. 8,417,766. Contributions and grants (Part VIII, line 1h) 8 Revenue 635,732. 575,900. Program service revenue (Part VIII, line 2g) 1,180. 196,640. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,002. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,302. 11 9,197,608. 4,384,405. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 179,983. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,155,720. 4,317,607. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 14,400. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) $1,161,\overline{165}$ 2,014,657. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,512,247. 4,331,285. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,120. 2,685,361. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 2,401,013. 5,651,668. Total assets (Part X, line 16) 202,695. 767,989. 21 Total liabilities (Part X, line 26) 三年 198,318. 4,883,679 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 complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SERGIO PEREZ, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRENT HILLBERG P01571871 Paid self-employed Firm's name ▶ BHLF LLP Firm's EIN ▶ 45-4806875 Preparer Firm's address > 1550 PARKSIDE DRIVE, SUITE 260 Use Only WALNUT CREEK, CA 94596 Phone no. 925-322-1150 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

The Control of Schedule Contains a response or note to any line in this Part III Sinetly describe the organization's mission: SEE SCHEDULE O	Pai	Statement of Program Service Accomplishments
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? Ves X No if Yes, 'describe these new services on Schedule O. Ves X No if Yes, 'describe these new services on Schedule O.	_	<u> </u>
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Form 990 (2017) POSITIVE RESOURCE CENTER 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			
Ū	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	_ <u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	- '-		-25
8	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_ <u> </u>		
	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	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		х
Ч	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	1.0		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the experienting included in concellidated independent audited financial statements for the tay year?	IZa	- 21	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	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	441.		- v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G. Part III	19		X

Form 990 (2017) POSITIVE RESOURCE CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		
21	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
22	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	
23	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	
24a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I	230		
26	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 disqualified persons? If "Yes "			
	, , , , , , , , , , , , , , , , , , , ,	00		x
07	complete Schedule L, Part II	26		
27	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	07		_v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			37
a	, , , , , , , , , , , , , , , , , , ,	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	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		<u> X</u>
34	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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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
38	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	
			α	

Form 990 (2017) POSITIVE RESOURCE CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	<u></u>						
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming							
	(gambling) winnings to prize winners?			1c	Х					
2a	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	2a	56							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	4a 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 a	ccoun	t)?	4a		X				
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 Advanced in the Financi	ccount	s (FBAR).							
5а	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				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contributi	ons or	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).		_	7a	х					
a	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 If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?			7с		Х				
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	7e		Х				
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h						
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11						
0	and the second of the second o			8						
9	sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.			Ü						
	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	•	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
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	i								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c				7-				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	000	/OC :=				
				Form	ココリ	(2017)				

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			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 10							
	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.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
		6		X				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 25				
7a		7-		х				
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a						
b		_		х				
•	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х					
a	The governing body?	8a	X					
D	Each committee with authority to act on behalf of the governing body?	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x				
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ				
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V					
40-	Did the considering have been been been been been as officer.	40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406						
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		х				
	1a 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b						
С		400	Х					
40	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	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?	4=	v					
a	The organization's CEO, Executive Director, or top management official	15a	_X_	77				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v				
	taxable entity during the year?	16a		X				
р	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 organization's	401						
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b						
17 10	List the states with which a copy of this Form 990 is required to be filed CA	vailab!						
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) as	anable	7					
	for public inspection. Indicate how you made these available. Check all that apply. Our public inspection Apothor's website X Leap request Other (- / - / - / - / - / - / - / - / - / -							
40	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ımanc	iai					
00	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:							
	THE ORGANIZATION - 417-777-0333 785 MARKET STREET 10TH FLOOR, SAN FRANCISCO, CA 94103							
	100 MARKEI BIKEEI IUIN FUOUK, BAN FRANCIBCO, CA 34103							

Form **990** (2017)

90040__1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Jigu		((<u></u>		<u>lour</u>	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle:	Pos heck i ss per	ition more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KENT ROGERS	4.00									
PRESIDENT	1	Х		Х				0.	0.	0.
(2) MICHAEL P. MONAGLE	4.00									
VICE-PRESIDENT	1	Х		Х				0.	0.	0.
(3) BILL MATHESON	4.00	ļ								
TREASURER/SECRETARY	1	Х		Х				0.	0.	0.
(4) ANNA BENVENUE	4.00									
MEMBER	1	Х						0.	0.	0.
(5) DOUG BROWNING	4.00									•
MEMBER	4 00	Х						0.	0.	0.
(6) SCOTT JUSTUS	4.00	ļ								•
MEMBER	4 00	Х						0.	0.	0.
(7) LARRY LUNNEN-ALEKS	4.00	ļ								•
MEMBER	4 00	X						0.	0.	0.
(8) JACQUES MICHAELS	4.00	.,								0
MEMBER	4 00	Х						0.	0.	0.
(9) RORY QUINTANA	4.00	.,							0	0
MEMBER TO THE TOTAL OF THE TOTA	4 00	Х	_					0.	0.	0.
(10) MEREDITH TREASTER	4.00	х						0.	0	•
MEMBER	40 00	Λ						0.	0.	0.
(11) BRETT ANDREWS CEO	40.00	-		х				266,888.	0.	27,654.
(12) SERGIO PEREZ	40.00			Δ				200,000.	0.	27,054.
CFO	40.00	1		х				152,489.	0.	10,813.
(13) JOSEPH TUOHY	40.00			^				132,409.	0.	10,013.
COO	40.00	1				x		144,315.	0.	21,386.
(14) ANDY CHU	40.00					Δ.		144,313.	0.	21,300.
CPO	40.00	1				Х		134,328.	0.	17,581.
(15) JAMES WEGMAN JR.	40.00							134,320.	0.	17,301.
CIO	40.00	1				x		113,696.	0.	30,941.
						† 			•	
		1								
		1								

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r		າ than d	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation			nount o	of
	week		Jei all	u a ul		n/uus	(GC)	from	from related			other	
	(list any hours for	Individual trustee or director						the	organizations			pensat	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)		om the anizati	
	organizations	ruste	Institutional trustee		99	npen		(***2/1099*****130)				arıızatı d relate	
	below	dual t	utiona		key employee	st co	er					anizatio	
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
								811,716.		0.	1.0	0 25	7 =
1b Sub-total								0.		0.	10	8,37	0.
c Total from continuation sheets to Part VI								811,716.		0.	1.0	8,37	
d Total (add lines 1b and 1c) Total number of individuals (including but n							o ro		000 of roportable		10	0,5	, <u>J •</u>
compensation from the organization	or infinted to the	036	11316	u ab	JOVE	<i>y</i>	016	ceived more man proo,	ooo or reportable				5
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıstee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	tion fro	om	
the organization. Report compensation for the (A)	ine calendar ye	ear e	nair	ig w	ith C	or wi	tnin	the organization's tax y	ear.		(0	••	
Name and business	address	NC	ONE	C				رق) Description of s	ervices	С		יי nsatior	า
							\Box						
							_						
							\dashv						
O Tatal number of indicates	a a locality of the			14	LIL ·				una Albaria				
2 Total number of independent contractors (in \$100,000 of componentian from the organic		ot IIn	nited	1 to 1	thos (red	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 📂					,						aan (c	

I u	L VI	Check if Schedule O conta		or note to any lin	e in this Part VIII			
		Crieck is Scriedale O Conta	airis a response	or note to any iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d d e f	Pederated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 3, ons) 1e 4, ts, and 1/e 1f 1, ta-1f: \$		8,417,766.			
<u> </u>		Total: Add lines 1a 11		Business Code				
Program Service Revenue	b			624200	575,900.	575,900.		
gram S Reven	d	I						
Pro	e f	All other program service reve	nuo					
		Total. Add lines 2a-2f			575,900.			
	3	Investment income (including other similar amounts)	est, and	196,640.			196,640.	
	5	Royalties)				
	b	Gross rents Less: rental expenses		(ii) Personal				
		Rental income or (loss) Net rental income or (loss)		b				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis		(ii) Guioi				
		and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraising including \$ 134,1 contributions reported on line	20. of					
er Re		Part IV, line 18	a	111,153.				
둳		Less: direct expenses		103,851.	7,302.			7,302.
		 Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 	tivities. See		7,302.			7,302.
	b	Less: direct expenses						
		Net income or (loss) from gam		·····				
	10 a	Gross sales of inventory, less and allowances						
		Less: cost of goods sold Net income or (loss) from sales	b					
		Miscellaneous Revenue		Business Code				
	11 a	1						
	b							
	C							
		All other revenue						
	12	• Total. Add lines 11a-11d Total revenue. See instructions.			9,197,608.	575,900.	0.	203,942.

Form 990 (2017) POSITIVE RESOURCE CENTER Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		елрепос	gerreral expenses	enpensee
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	170 002	170 002		
	individuals. See Part IV, line 22	179,983.	179,983.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	527 752	202 542	67 760	77 450
_	trustees, and key employees	527,752.	382,542.	67,760.	77,450.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	2 077 000	2 102 450	414 505	470 047
_	persons described in section 4958(c)(3)(B)	3,077,900.	2,192,458.	414,595.	470,847.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	61 025	12 700	7 020	11 006
_	section 401(k) and 403(b) employer contributions)	61,825.	42,790.	7,939.	11,096.
9	Other employee benefits	403,715.	326,887. 175,460.	33,813.	39,142. 37,142.
10	Payroll taxes	440,413.	1/3,40U•	33,013.	31,144.
11	Fees for services (non-employees):				
	Management	2 552	2 552		
b	Legal	3,553. 35,269.	3,553. 13,719.	21,550.	
	Accounting	33,203.	13,/13.	21,550.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	671,995.	105,680.	533,685.	32,630.
40	column (A) amount, list line 11g expenses on Sch O.)	202,123.	124,786.	14,414.	62,923.
12	Advertising and promotion	241,438.	109,897.	94,678.	36,863.
13	Office expenses	241,430.	100,007.	J=,070•	30,003.
14	Information technology				
15	Royalties	807,733.	579,309.	155,247.	73,177.
16 17	Occupancy	3,030.	1,798.	133,247	1,232.
	Travel	3,030.	1,1500		1,252
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	-				
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	37,566.	33,044.	2,106.	2,416.
24	Other expenses. Itemize expenses not covered	27,2000	,		_,
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	11 050	6 054	1 226	4 500
а	MISCELLANEOUS	11,950.	6,071.	1,286.	4,593.
b					
С					
d					
e	All other expenses	6 510 047	1 277 077	1 204 750	0/0 E11
25	Total functional expenses. Add lines 1 through 24e	6,512,247.	4,277,977.	1,384,759.	849,511.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here fifollowing SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2017)

Form 990 (2017)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			60,832.	1	79,299.
	2	Savings and temporary cash investments			1,216,648.	2	2,192,333.
	3	Pledges and grants receivable, net			618,790.	3	1,096,377.
	4	Accounts receivable, net			124,531.	4	88,443.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquality					
		section 4958(f)(1)), persons described in section	4958((3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
Ŋ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
As	8	Inventories for sale or use				8	
	9	B			9,709.	9	15,851.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,302. 32,302.			
	b	Less: accumulated depreciation	10b	32,302.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	2,144,257.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	370,503.	15	35,108.		
	16	Total assets. Add lines 1 through 15 (must equal			2,401,013.	16	5,651,668.
	17	Accounts payable and accrued expenses	183,530.	17	245,142.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
ij		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	410,000.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	40.45		440.045
		Schedule D			19,165.	25	112,847. 767,989.
	26	Total liabilities. Add lines 17 through 25		, 77	202,695.	26	767,989.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ <u>X</u> and			
es		complete lines 27 through 29, and lines 33 an			1 772 076		4 052 004
auc	27				1,773,976.	27	4,853,804.
Bali	28				424,342.	28	29,875.
힏	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
ō		and complete lines 30 through 34.					
ets.	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		Г	2 100 210	32	1 000 670
~	33				2,198,318. 2,401,013.	33	4,883,679.
	34	Total liabilities and net assets/fund balances	4,4U1,U13.	34	5,651,668.		

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	<u>,19'</u>	7 <u>,6</u>	<u>08.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,512	2 <u>,2</u>	<u>47.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		,68!				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	<u>,198</u>	<u>3,3</u>	18.		
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	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 X 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?			2a		X		
	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 X 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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it					
	Act and OMB Circular A-133?							
b	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							

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

POSITIVE RESOURCE CENTER

Employer identification number

94-3078431 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` '				
	membership fees received. (Do not									
	include any "unusual grants.")	2206454.	2483266.	2677117.	3743491.	5462144.	16572472.			
2	Tax revenues levied for the organ-									
	ization'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	2206454.	2483266.	2677117.	3743491.	5462144.	16572472.			
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 shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						16572472.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	2206454.	2483266.	2677117.	3743491.	5462144.	16572472.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,197.	2,580.	1,439.	1,180.	196,640.	203,036.			
9	Net income from unrelated business									
	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.)		53.	2,852.	16,500.	3108419.				
11	Total support. Add lines 7 through 10					_	19903332.			
12	Gross receipts from related activities,	etc. (see instruction	ns)			12				
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	83.26 %			
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.75 <u>%</u>			
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				> X			
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□			
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	i ere. Explain in Pai	rt VI how the orga	nization			
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□			
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how th	е			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s 🕨			
					Sche	dule A (Form 990	or 990-EZ) 2017			

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.)

Calendary part (or fiscal year beginning in) Calendary part (or fisc	Sec	ction A. Public Support						
membership fees received, (Do not include any nursusal grants.") 2 Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from admissions and the property of the organization's tax exempt purpose of the organization's benefit and either paid to or expended on its obhaft or expended	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 2 Gross recipits from admissions, merchandise sold or services per formad, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide for the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levide 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 7 A mount is fincled on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts from the 4 state of 5,000 or 10 of 5 of	1	Gifts, grants, contributions, and						
2. Gross receipts from admissions, merchandries sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf in the organization without charge 6. Total. Add lines 1 through 5. 7. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons but the service of form disqualified persons but the service of the services		membership fees received. (Do not						
merchandise sold of services per formed, or facilities furnished in any activity that is related to the organization's transversible purpose and activities that are not an unrelated trade of business under section 513 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or expended on its behalf organization without charge organization is organization without charge organization organization is organization without charge organization is organization organization organization organization is organization org		include any "unusual grants.")						
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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 Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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 despite being controlled or supervised by or in connection with its supported organizations.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par	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)			
	below, the governing body of a supported organization?	11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the divertors twisters or membership of any or many currented exceptations have the newester		163	140
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		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	INO
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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	7 (. 0 / . 0 / .	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functional	lly integrat	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exer			
2	Amour	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	3		
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive		
	(provic	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carryo	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2017. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4d	2.			
8	Break	down of line 7:			
а	Excess	s from 2013			
b	Excess	s from 2014			
С	Excess	s from 2015			
d	Excess	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. 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 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.)					
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:					
AIN ON ACQUISITION OF AEF					
017 AMOUNT: \$ 3,108,419.					
THER INCOME					
013 AMOUNT: \$ 0.					
014 AMOUNT: \$ 53.					
015 AMOUNT: \$ 2,852.					
016 AMOUNT: \$ 16,500.					
017 AMOUNT: \$ 0.					

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** POSITIVE RESOURCE CENTER 94 - 3078431

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
	J	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

POSITIVE RESOURCE CENTER

94-3078431

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD STREET, 4TH FLOOR SAN FRANCISCO, CA 94103	\$ 3,913,195.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEPARTMENT OF REHABILITATION 455 GOLDEN GATE AVE., SUITE 7727 SAN FRANCISCO, CA 94102	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnia (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

POSITIVE RESOURCE CENTER

94-3078431

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number POSITIVE RESOURCE CENTER 94-3078431 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

723454 11-01-17

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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

POSITIVE RESOURCE CENTER

Employer identification number 94-3078431

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	_				
	are the organization's property, subject to the organization's e					
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	· — —			
Da						
Par			Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or ed		torically important land area			
	Protection of natural habitat	Preservation of a cer	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements		1 1			
b	, , , , , , , , , , , , , , , , , , , ,					
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
•	listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax			
4	year ▶ Number of states where property subject to conservation eas	ament is leasted				
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·				
3	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, I					
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year			
-	▶ \$	g or moranorio, and ornoronig concerna	mon casee.me adming and year.			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organizati					
	conservation easements.					
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,			
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that describ	oes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			L .			
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide			
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X					

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

Schedule D (Form 990) 2017

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other :	Similar Ass	sets (continued)	
3	,								
	(check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b									
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	nization's co	llection?			Yes	No
Par	t IV Escrow and Custodial Arrang							: IV, line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII]
Par									
	·	(a) Current year		rior year	(c) Two yea			ack (e) Four years I	back
1a	Beginning of year balance	•		-					
b	Contributions								
С	Net investment earnings, gains, and losses								-
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
, g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end halanc	e (line 1c	ı column (a	I) held as.				
a	Board designated or quasi-endowment	•	% %	, coluitiii (a	n rielu as.				
b	Permanent endowment	%							
	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, and 2c shou								
22	Are there endowment funds not in the posses	-	ation tha	t are hold ar	ad administa	rad for tha	organization		
Ja		ision of the organiza	alion ina	t are rielu ai	iu auriii iistei	ed for the	organization	Vas	No
	by:							Yes	NO
	(i) unrelated organizations (ii) related organizations 3a(i) 3a(ii)								
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organizat	iona liatad aa raarii		abadula D0				3a(ii)	
	Describe in Part XIII the intended uses of the							30	
Par	t VI Land, Buildings, and Equipme		willent	urius.					
ı uı) Dort IV	lino 11a C	00 Form 000	Dort V lir	20.10		
	Complete if the organization answered							(-1) D11	
	Description of property	(a) Cost or of basis (investr			or other (other)		cumulated eciation	(d) Book value	9
	Land	· ` `	110116)	Dasis	(oution)	чері	COIGLIOIT		
	Land								
	Buildings								
	Leasehold improvements	I		າ	2 202		30 300		
	Equipment	I		3	2,302.		32,302.		0.
	Other								_
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part	X. colur	nn (B). line 1	0c.)				0.

Schedule D (Form 990) 2017

Concadio D	(1 01111 000) =017	
Part VII	Investments -	Other Securities

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MORGAN STANLEY		
(B) INVESTMENTS	2,144,257.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,144,257.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

(a) Description	(b) Book value
<u>(1)</u>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (California (h) must a quial Favor 000, Part V, cal. (D) line 15.)	-

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.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	100,287.	
(3)	UNEMPLOYMENT TRUST ACCOUNT	12,560.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	112,847.	

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

Schedule D (Form 990) 2017

	ddie D (Form 990) 2017 TODIII VE REDOORCE CENTER				JU/UIJI Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			_1_	33,056,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	23,858,594.		
е	Add lines 2a through 2d			2e	23,858,594.
3	Subtract line 2e from line 1			3	9,197,608.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,197,608.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				10 110 000
1	Total expenses and losses per audited financial statements			1	18,110,299.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		11 500 050		
d	Other (Describe in Part XIII.)		11,598,052.		44 500 050
е	Add lines 2a through 2d			2e	11,598,052. 6,512,247.
3	Subtract line 2e from line 1			3	6,512,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,512,247.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,			; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	lditional in	formation.		
PAI	RT X, LINE 2:				
	E ORGANIZATION HAS ANALYZED TAX POSITIONS	TAKEN	I FOR FILINGS	WT	тн тнк
			, _ 010 1 1111100		

INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

POSITIVE RESOURCE CENTER 94-3078431 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

ra	irt	II Fundraising Events. Complete if t				more than \$15.000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	PRIDE BRUNCH		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	179,670.	65,603.		245,273.
	2	Less: Contributions	134,120.			134,120.
	3	Gross income (line 1 minus line 2)	45,550.	65,603.		111,153.
	4	Cash prizes				
Se	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	60,631.	17,247.		77,878.
	8	Entertainment				
	9	Other direct expenses		9,867.		25,973.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	103,851.
Da	11	Net income summary. Subtract line 10 from	line 3, column (d)			7,302.
Pa	ıπ	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	i 990, Part IV, line 19, or re	eported more than	
enne		\$15,000 OH FORM 990-EZ, lifte 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	ہ ا	0				
	1	Gross revenue				
ses	2	Gross revenue Cash prizes				
Expenses	2					
Direct Expenses	2	Cash prizes				
Direct Expenses	2	Cash prizes Noncash prizes				
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses				
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			Yes % No	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %		No No	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No h 5 in column (d)	No No	No No	
Di	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No h 5 in column (d) 7 from line 1, column (d)	No No	No No	
9	1 2 3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No	Yes No
9 a	1 2 3 4 5 6 7 8 Err Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these	No No	No	Yes No
9 a b	1 2 3 4 5 6 7 8 Eris If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	states?	No ►	
9 a b	1 2 3 4 5 6 7 8 Eris If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line inter the state(s) in which the organization conduct gaming a summary are summary.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these services.	states?	No ►	

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 POSITIVE RESOURCE CENTER 9	4-307	843	⊥ Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	1:	3a	%
	An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,	
17	The the flame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	C	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}}\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
				-
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		Yes	☐ No
L		└	163	110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
Da	organization's own exempt activities during the tax year \$\bigset\$ \$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		0.01.4	01 451
Га		III, lines	9, 96, 1	Ub, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	POSITIVE RESOURCE	CENTER	94-3078431 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		
		(continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public

Inspection

Schedule I (Form 990) (2017)

Employer identification number Name of the organization 94-3078431 POSITIVE RESOURCE CENTER Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

RT I, LINE 2: NCE THE ORGANIZATION KEEPS RECORDS OF ALL CLIENTS WHO ARE GRANTED NANCIAL ASSISTANCE, THE NUMBER OF RECIPIENTS CAN ACCURATELY BE	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THE VIEW Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. RT I, LINE 2: NCE THE ORGANIZATION KEEPS RECORDS OF ALL CLIENTS WHO ARE GRANTED NANCIAL ASSISTANCE, THE NUMBER OF RECIPIENTS CAN ACCURATELY BE						
art IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. RT I, LINE 2: NCE THE ORGANIZATION KEEPS RECORDS OF ALL CLIENTS WHO ARE GRANTED NANCIAL ASSISTANCE, THE NUMBER OF RECIPIENTS CAN ACCURATELY BE	GENCY FINANCIAL ASSISTANCE TO INDIVIDUALS	576	179 983.	0.		
RT I, LINE 2: NCE THE ORGANIZATION KEEPS RECORDS OF ALL CLIENTS WHO ARE GRANTED NANCIAL ASSISTANCE, THE NUMBER OF RECIPIENTS CAN ACCURATELY BE						
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NCE THE ORGANIZATION KEEPS RECORDS OF ALL CLIENTS WHO ARE GRANTED NANCIAL ASSISTANCE, THE NUMBER OF RECIPIENTS CAN ACCURATELY BE	Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other ac	dditional information.	
NANCIAL ASSISTANCE, THE NUMBER OF RECIPIENTS CAN ACCURATELY BE	RT I, LINE 2:					
·	NCE THE ORGANIZATION KEEPS RECO	RDS OF ALL	CLIENTS V	WHO ARE GRA	NTED	
TERMINED.	NANCIAL ASSISTANCE, THE NUMBER	OF RECIPIE	NTS CAN AC	CCURATELY B	E	
	TERMINED.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

POSITIVE RESOURCE CENTER

Questions Regarding Compensation

Employer identification number 94-3078431

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)()-(5)	reported as deferred on prior Form 990
(1) BRETT ANDREWS	(i)	266,888.	0.	0.	12,000.	15,654.		0.
	(ii)	0.	0.	0.	0.	0.		0.
(2) SERGIO PEREZ	(i)	152,489.	0.	0.	1,200.	9,613.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	144,315.	0.	0.	7,609.	13,777.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	134,328.	0.	0.	7,102.	10,479.		0.
СРО	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
((ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

POSITIVE RESOURCE CENTER

Employer identification number 94-3078431

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, TRAINING, AND ADVOCACY, WHICH RESULTS IN MORE INFORMED

CHOICES THAT MAXIMIZE AVAILABLE BENEFITS AND EMPLOYMENT OPPORTUNITIES

FOR CLIENTS.

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

THE FINANCE COMMITTEE OF THE BOARD REVIEWED AND APPROVED THE 990 BEFORE IT
WAS FILED

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

EACH BOARD MEMBER REVIEWS AND SIGNS A CONFLICT OF INTEREST POLICY WHEN THEY ARE FIRST ELECTED TO THE BOARD, AND ANNUALLY WHEN BOARD ELECTIONS ARE HELD.

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

AS DETERMINED BY THE BOARD WHEN NEEDED, AN INTERIM COMPENSATION COMMITTEE

IS FORMED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMMITTEE

UTILIZES CRITERIA INCLUDING: SALARY HISTORY, COMPARISON OF PAY FOR ED'S OF

SIMILAR ORGANIZATIONS USING TOOLS SUCH AS THE CENTER FOR NONPROFIT

MANAGEMENT'S "COMPENSATION & BENEFITS SURVEY OF NORTHERN CALIFORNIA" AND

GUIDESTAR; AND THE ED'S PERFORMANCE EVALUATION. THE COMMITTEE MAKES A

RECOMMENDATION THAT IS THEN VOTED ON AND APPROVED BY THE FULL BOARD OF

DIRECTORS.

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

A "SUNSHINE BINDER," MAINTAINED IN THE ADMINISTRATIVE OFFICES, IS AVAILABLE

TO THE PUBLIC UPON REQUEST. THE BINDER CONTAINS: AGENCY BY-LAWS, CONFLICT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization POSITIVE RESOURCE CENTER	Employer identification number 94-3078431
OF INTEREST POLICY, ORGANIZATIONAL BUDGET, ANNUAL AUDITED	FINANCIAL
STATEMENTS, FORM 990, AND FORM 199.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	105,680.
MANAGEMENT AND GENERAL EXPENSES	533,685.
FUNDRAISING EXPENSES	32,630.
TOTAL EXPENSES	671,995.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	671,995.