(Rev. January 2020)

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

, 2019, and ending

► 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

Open to Public Inspection

В	Check i	if applicable:	C						טן	Employ	er identif	cation number	
	Ac	ddress change	Petros Ne	twork						45-	41318	62	
	Na	ame change	5700 SW D						E	Telepho	ne numbe	er	
	Ini	itial return	Portland,	OR 97	239					503	-245-	7735	
		nal return/terminated								000		7,00	
	-	mended return							ء ا	Cross r	eceipts \$	1 500	160
	\vdash		F	,	1 00			- Lu	I(a) Is this a gro				122
	Ap	oplication pending	F Name and add	ress of princip	^{pai οπicer:} Lin	da Noah			.,	•		103	
			Same As C						I(b) Are all sub- If "No," atta	ordinates ich a list	. (see inst	ructions) Yes	No
ı	Tax-	exempt status:	X 501(c)(3)	501(c) () 	sert no.) 4	947(a)(1) or	527					
J	Wel	bsite: ► ww	w.petrosn	etwork.	.org			н	I(c) Group exer	nption n	umber 🟲		
K	Form	n of organization:	X Corporation	Trust	Association	Other ►	LY	ear of formation	n: 2012	M s	State of le	gal domicile: OF	{
Pa	rt I	Summar	ν				·						
	1	Briefly descri	ibe the organiza	ation's mis	sion or most s	ignificant activ	vities:Pet	ros Net	work ex	ists	to p	roclaim	
a			ovide hop										
Ľ			churches										
Governance		-				-							
ve	2	Check this bo	ox ► if the	organizati	ion discontinue	ed its operation	ns or dispo	osed of mor	e than 25%	of its	net ass	ets.	
			oting members								3		11
જ	4	Number of in-	dependent voti	ng membe	ers of the gove	rning body (Pa	art VI, line	: 1b)			4		8
Activities &	5	Total number	r of individuals	employed	in calendar ye	ar 2019 (Part	V, line 2a))			5		1
tivi	6	Total number	r of volunteers	(estimate i	if necessary)						6		50
Ac	7a	Total unrelate	ed business rev	enue from	n Part VIII, coli	umn (C), line	12				7a		0.
	b	Net unrelated	d business taxa	ble income	e from Form 9	90-T, line 39					7b		0.
									Prio	r Year		Current Y	ear
40	8	Contributions	and grants (Pa	art VIII, Iin	ie 1h)				6	32,4	196.	1,192	,942.
Revenue	9	Program serv	vice revenue (P	art VIII, Iir	ne 2g)							•	<u> </u>
ı,	10	Investment in	ncome (Part VII	I, column	(A), lines 3, 4	, and 7d)				17,0)45.	316	5,526.
æ	11	Other revenue	ie (Part VIII, col	lumn (A),	lines 5, 6d, 8c	, 9c, 10c, and	11e)			·			<u> </u>
	12	Total revenue	e – add lines 8	through 1	1 (must equal	Part VIII, colu	mn (A), lir	ne 12)	6	49,5	541.	1,509	,468.
	13	Grants and si	imilar amounts	paid (Part	t IX, column (A	A), lines 1-3)						,	
	14		I to or for meml										
			er compensatio	-	-					55,9	173	55	739.
es									-	55,5	773.		, 133.
sus			fundraising fee	-		•							
Expenses			sing expenses (9,201.					
ш	17	Other expens	ses (Part IX, co	lumn (A),	lines 11a-11d,	11f-24e)			4	90,8	319.	512	,499.
	18	Total expense	es. Add lines 13	3-17 (mus	t equal Part IX	(, column (A),	line 25)		5	46,7	92.	568	,238.
	19	Revenue less	s expenses. Sul	btract line	18 from line 1	2			1	.02,7	49.		,230.
o ces									Beginning of			End of Yo	
ets anc	20	Total assets ((Part X, line 16)						15,1		4,954	
4ss. Bal			es (Part X, line						1,0		171.		,362.
Net Ass Fund Ba	22	Not accets or	r fund balances	Subtract	lino 21 from li	no 20			1 0				
	rt II	Signatur		. Jubilaci	iiile Zi iioiii ii	116 20			4,0	09,6	002.	4,950	<u>,892.</u>
Unde	r penal olete. D	ties of perjury, I de eclaration of prepa	eclare that I have exarer (other than office	amined this re er) is based o	eturn, including acc on all information of	ompanying schedu which preparer ha	les and stater s any knowled	nents, and to th dge.	e best of my kn	owledge	and belie	f, it is true, correc	t, and
C:		Signatu	ire of officer						Date				
Sig He	jn								ъ				
пе	re		Noah r print name and title						Preside	ent			
				,	D	- 4		I D - 4 -			- I -	TINI	
		————	oreparer's name		Preparer's sign			Date	Che	eck	if	TIN	
Pai					■ Non-Pai	d Prepare	er		self	-employ	ed		
Pre	pare	Firm's name	e -										
Us	e On	Ily Firm's addre	ess •						Firr	n's EIN	•		
									Pho	ne no.			
May	the I	IRS discuss th	nis return with t	he prepare	er shown abov	e? (see instru	ctions)					Yes	No

Par		Statement of Program Service Accomplishments	_
	D : (I	Check if Schedule O contains a response or note to any line in this Part III	
1	-	y describe the organization's mission:	
		ros <u>Network exists to proclaim life, provide hope and to promote transformation</u>	<u>n 1n</u>
		es and communities by planting churches and creating redemptive lift among	
	unre	eached_peoples.	
	D: 1 II		
2		e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?	No
_		s," describe these new services on Schedule O.	
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X s," describe these changes on Schedule O.	No
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expersion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense evenue, if any, for each program service reported.	nses. ises,
4 a	(Code	e:) (Expenses \$ 382,430. including grants of \$) (Revenue \$)
		istry activity included new church plants and providing in-country training.	
	11111	-	
4 b	(Code)
		istry activity included humanitarian programs for orphans,	
		tainability,education and training for widows, medical, dental and clean water	
	pro	<u>jects.</u>	
4 c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
		<u> </u>	
74	Other	program services (Describe on Schedule O.)	
→u	(Expe		
10		program service expenses > 491,347.	

Form 990 (2019) Petros Network Part IV Checklist of Required Schedules

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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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(bid 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.	11 c		Х
(I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Χ	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ł	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		Х

Form 990 (2019) Petros Network Part IV Checklist of Required Schedules (continued)

			Yes	No
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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
- 1	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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
l	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
I	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		Х
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		Х
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		X
35	a 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		
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		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	Х	
Pa	rt 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			. NI
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA			990 (2019

Form 990 (2019) Petros Network

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enrich the number of employees reported on Form W.3. Transmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3b If Yes, less it field a form \$20. The this year if if the bile 2b, provide an episeation or Schedule 0. 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3b If Yes, less it field a form \$20. The this year if if the bile 2b, provide an episeation or Schedule 0. 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. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5b If Yes, et the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization application that it was or is a party to a prohibited tax decounts of the properties of the organization for filing form 8886-7. 5c If Yes, I to time 5a or 5b, did the organization that it was or is a party to a prohibited tax scheduler transaction? 5c If Yes, I do the organization have annual gross sceapible that are normally greater than \$100,000, and did the organization schedulers are contacted and contributions and party for goods and services provided? 6c a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as characteristic as characteristic contributions. 6c a Did the organization include with every solicitation an express statement hat such contributions or gifts were not tax deductible. 7c a Did the organization schedulers are contribution or gift in the propertie				Yes	No
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a bill Yes, has tified a form 950-T for this year? If the bite 3b, provide are epitivation or Schedule 0. 3 bill Yes, that tified a form 950-T for this year? If the bite 3b, provide are epitivation or Schedule 0. 4 a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly cover, a set a brank account, or other financial accountly? 4 a bill Yes, the time the name of the foreign country 5 bill Yes, the time the name of the foreign country 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a bill of years, the organization that it was or is a party to a prohibited tax shelter transaction? 5 bill Yes, the ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 bill Yes, the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not itax deductible explained that the very solicitation an express statement that such contributions or gits were not lax deductible? 6 bill the organization that were not lax deductible contributions under section 170(c). 8 bill Yes, the degrazation receives a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 bill Yes, if dult erganization notify the donor of the value of the goods or services provided? 7 bill Yes, if dult erganization notify the donor of the value of the goods or services provided and the organization noti	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Did If Yes, that is filed a Form \$90.1 for this year? If Wit his five 80, provide an explanation or Schedule 0. 4 a A lany 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. 4 a Did If Yes, 'enter the name of the foreign country' 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party notify the organization file Form 8886-17. 5 b Did any taxable party notify the organization file Form 8886-17. 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 6 a Diff Yes,' did the organization middle with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization treelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b Did the organization sective a contribution of underty, to pay premiums on a personal benefit contract? 7 c Did the organization sective and contribution of underty, to pay premiums on a personal benefit contract? 7 c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8282? 8 the organization received a contribution of cars, boats, airplanes, or other vehicles, d	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
bit 1 Yes, 1ss it field a form \$50.1 for this year? If No to fire? 8, provides a registration as chedule 0. 4 a has not time for camping the calendary var, disk the organization have an interest in, or a signature or other authority over, a manufacil account in a foreign country. 5 bit 1 Yes, 1 enter the name of the foreign country. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 bit 2 yes, 1 to line 5 a or 55, did the organization file Form 8886-17. 5 c if 1 Yes, 1 to line 5 a or 55, did the organization file Form 8886-17. 5 c if 1 Yes, 1 to line 5 a or 55, did the organization file Form 8886-17. 5 c if 1 Yes, 1 to the organization include with every solicitation an express statement that such contributions or gifts were not be 1 Yes, 1 did be organization include with every solicitation an express statement that such contributions or gifts were a bit 1 Yes, 1 did be organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 a bit 1 Yes, 1 did be organization notify the donor of the value of the goods or services provided? 7 bit 1 Yes, 1 did be organization on notify the donor of the value of the goods or services provided? 7 bit 1 Yes, 2 did be organization notify the donor of the value of the goods or services provided? 7 bit 1 Yes, 2 did be organization on notify the donor of the value of the goods or services provided or the provided to the payor? 7 bit 1 Yes, 2 did be organization neotify the donor of the value of the goods or services provided or the provided to the payor? 7 bit 1 Yes, 2 did be organization received a contribution of qualified inelectual property, did the organization file a form 10 Yes, 1 Yes, 2 did the organization re		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 a kary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4 a bit "Yes," enter the name of the foreign country. 5 a lives, "enter the name of the foreign country. 5 a lives," enter the name of the foreign country. 5 a lives, "enter the name of the foreign country. 5 a lives," enter the name of the foreign country. 5 a lives, and the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a lives, and the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b C a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any organization include with every solicitation an express statement that such contributions or grits were not tax deductable? 6 a bit "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductable? 7 b Organizations that may receive deductible contributions under section 170(c). 8 bit "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b It "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b It if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b It if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 c It "Yes," did the organization of the year, pay premiums of the goods or services provided? 9 b It if the organization received a contribution of qualified iritelectual property, did the organization file a provided to the good of the good of the goo			3 a		X
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Form 1098-C? 7h S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 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 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If 'Yes,' see instructions and file Form 4720, Schedule N.	_	as required?	7 g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13a 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.					
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a Initiation fees and capital contributions included on Part VIII, line 12					
a Initiation fees and capital contributions included on Part VIII, line 12			96		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
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c Enter the amount of reserves on hand					
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
excess parachute payment(s) during the year?	b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		Х
		If 'Yes,' see instructions and file Form 4720, Schedule N.			
If 'Yes,' complete Form 4720, Schedule O.		Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 11 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 8 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? See Schedule 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done 120 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b 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 X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) See Sch. O Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Portland OR 97239 503-245-7735

Linda Noah 5700 SW Dosch Rd

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

- 1 a 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.

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

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

			(C)							
(A) Name and title	(B) Average hours	thar	one both	box, i an o	unles	eck mo s pers and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ray Noah	20									
President	0	Χ		Χ				0.	0.	0.
_(2)_Linda_Noah	_ <u>20</u> _0	Х		Χ				0.	0.	0.
(3) Ron Stokes	10							0.	0.	<u> </u>
CFO	0	Χ		Χ				0.	0.	0.
(4) Doug Boone	0.5									
Director	0	Χ						0.	0.	0.
(5) Randy Carl	0.5									_
Director	0	Χ						0.	0.	0.
(6) Jocelyn Martin-Leano	0.5									
Director	0	Χ						0.	0.	0.
_(7)_Kelly_Orfield	0.5									
Director	0	Χ						0.	0.	0.
_(8) Sam_Thannickal	0.5									
Director	0	X						0.	0.	0.
(9) Sandy Cooper	0.5									
Director	0	Χ						0.	0.	0.
(10) Endashaw Kelkele	0.5	.,							0	•
Director	0	X						0.	0.	0.
(11) Doug Resler Director	_0.5_ 0	Х						0.	0.	0.
(12)	0	Λ						0.	0.	0.
2.2/										
(13)										
(14)										

Form 990 (2019) Petros Network									45-4131862	2	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	Average hours per week	offi	, unle cer ar	check ess pe nd a o	sition more erson directe	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estima	(F) ted amount
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the or and	sation from ganization related nizations
<u>(15)</u>											
<u>(16)</u>											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal							.	0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							▶	0.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 0							ved			ensatior	
				1			1- : - 1				Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										3	Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,0	00?	If '	es,'	' com	ple	te Schedule J for		4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr chec	om dule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	individual	. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensus.	sated ind	enen	den	t coi	ntrad	ctors	tha	t received more t	nan \$100.000 of		
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endii	ng v	vith or within the or	ganization's tax year		
(A) Name and business address Description of services									of services	Compe	nsation
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ited to	o the	se I	isted	abo	ve)	who received more	than		

Form 990 (2019) Petros Network 45-4131862 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 1,192,942 **q** Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f ... 1,192,942 **Business Code** Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and 316,526 316,526 Income from investment of tax-exempt bond proceeds... Royalties.... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i 6b,	not include amounts reported on lines 7b, 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 and domestic governments. See Part IV, line 21		1	3 - 1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	52,020.	52,020.	0.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,020.	32,020.		
9	Other employee benefits	3,600.	3,600.		
10	Payroll taxes	119.	119.		
11	Fees for services (nonemployees):				
a	Management				
Ł	Legal				
c	: Accounting	31,510.		31,510.	
c	I Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,131.		9,131.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,986.		1,986.	
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	3,360.		1,300.	3,360.
	Office expenses	6,747.	2,980.	3,767.	3,300.
14	·	79.	2,300.	79.	
15	Royalties	, , ,		, , , ,	
16	Occupancy	2,447.		2,447.	
17	Travel	10,544.		5,027.	5,517.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,000		2,22.0	
19	Conferences, conventions, and meetings	324.			324.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,151.		4,151.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Gospel Work Church Planting	323,711.	323,711.		
k	Humanitarian Widows, orphans,	108,917.	108,917.		
C	Bank Charges	9,592.		9,592.	
C					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	568,238.	491,347.	67,690.	9,201.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		87,233.	1	171,355.
	2	Savings and temporary cash investments		201,788.	2	817,957.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		156,639.	4	84,055.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35% sons	4,215.	5	4,403.
	6	Loans and other receivables from other disqualified po	H	4,213.	J	4,403.
	·	section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
ţ	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,000.			
	b	Less: accumulated depreciation	10 b	30,000.	10 c	30,000.
	11	Investments — publicly traded securities		2,864,633.	11	2,323,483.
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	670,625.	15	1,523,001.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	4,015,133.	16	4,954,254.
	17	Accounts payable and accrued expenses		17	362.	
	18	Grants payable		18		
	19	Deferred revenue	5,471.	19	3,000.	
	20	Tax-exempt bond liabilities	<u> </u>		20	
es	21	Escrow or custodial account liability. Complete Part I	ш		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, director, trustee, itor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated th	_		23	
	24	Unsecured notes and loans payable to unrelated third	· · ·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, plete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		5,471.	26	3,362.
es		Organizations that follow FASB ASC 958, check here	· •			
Ĕ	07	and complete lines 27, 28, 32, and 33.			07	
ä	27	Net assets without donor restrictions	<u> </u>		27	
٣	28	Net assets with donor restrictions			28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds	<u> </u>	4,009,662.	29	4,950,892.
ė is	30	Paid-in or capital surplus, or land, building, or equipment	L		30	
SS	31	Retained earnings, endowment, accumulated income,	or other funds		31	
116	32	Total net assets or fund balances	ш	4,009,662.	32	4,950,892.
ž	33	Total liabilities and net assets/fund balances		4,015,133.	33	4,954,254.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,509,	468.
2	Total expenses (must equal Part IX, column (A), line 25)	2		568,	238.
3	Revenue less expenses. Subtract line 2 from line 1	3		941,	230.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,009,	662.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	4	0.50	000
Day	column (B))	10	4	, 950,	892.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				· L
				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.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2	2 b	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 Both consolidated and separate basis	ate			
•	c 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?		2	? c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	B a	Х
ı	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 on Schedule O and describe any steps taken to undergo such audits		3	3 b	
BAA	TEEA0112L 01/21/20		Fo	rm 99 0	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

vame	oi trie	organization					Employer identilio	cation number				
Pet	ros	s Network			45-413186	45-4131862						
Par	t I	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruc	ctions.				
The	orga	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)					
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 70 (b)(1)(A)(i).					
2		A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)						
3		A hospital or a cooperative h		·		•	A)(iii).					
4	H	A medical research organiza					• • •	Enter the hospital's				
		name, city, and state:										
5	Ш	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a governmental unit d	lescribed in				
6 7		A federal, state, or local gove	<u> </u>									
,	Χ	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.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organia	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege				
		or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the nam	ne, city, a	and state of the college	or				
		university:										
10		An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception in the community in the commun	ns, and	(2) no r	more than 33-1/3% of	its support from gross				
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).					
12		An organization organized ar or more publicly supported o	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry o	out the purposes of one				
		lines 12a through 12d that de	escribes the type of si	upporting organization	and com	iplete lir	nes 12e, 12f, and 12g.					
a	ı 📙	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	rganizati tees of t	ion(s), typically by givin the supporting organizat	g the supported tion. You must				
k	· 🗌	Type II. A supporting organiz management of the supporting must complete Part IV. Section	ation supervised or coorganization vested in	ontrolled in connection the same persons that or	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You				
c	: 🗌	Type III functionally integrated. organization(s) (see instructionally integrated in the content of the content		ion operated in connection	n w <u>i</u> th, ar	n <u>d f</u> unctio	onally integrated with, its	supported				
c	ıП	Type III non-functionally integr										
		functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	tion requ	uiremen	t and an attentiveness	s requirement (see				
	: <u> </u>	Check this box if the organization integrated, or Type III non-fu	nctionally integrated:	supporting organizatior	١.			oe III functionally				
		ter the number of supported of	3									
Ç	y Pro	ovide the following information	n about the supported	d organization(s).								
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
<u>,~,</u>												
(B)												
(C)												
'D'												
(D)												
(E)												
T_4-												

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	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	656,283.	1,554,972.	2,388,298.	632,496.	1,192,942.	6,424,991.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	656,283.	1,554,972.	2,388,298.	632,496.	1,192,942.	6,424,991. 509,529.
6	Public support. Subtract line 5 from line 4						5,915,462.
Sec	tion B. Total Support						0/310/1011
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	656,283.	1,554,972.	2,388,298.	632,496.	1,192,942.	6,424,991.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,202.	3,251.	15,255.	17,045.	316,526.	354,279.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		==,====	=-,,0==0	020,020	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						6,779,270.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	>
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	44 1 (0)			
	Public support percentage for 20 Public support percentage from 2						87.26 % 98.07 %
	33-1/3% support test—2019. If the and stop here. The organization	he organization di	id not check the b	oox on line 13. and	d line 14 is 33-1/3	B% or more, check	this box
b	33-1/3% support test—2018. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explain in Parl	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-ad-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	t VI how the▶
18	rivate foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 1/a	, or 1/b, check th	is box and see in	structions

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.)

Sec	tion A. Public Support			•			
	lar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1				
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	rents, royalties, and income from						
	rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
c 11	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)						
11 12 13 14	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, a	or fifth tax year as	a section 501(c)(3	²⁾ ▶ □
11 12 13 14 Sect	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here blic Support F	Percentage				·
11 12 13 14 Sec: 15	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support F 19 (line 8, colum	Percentage in (f), divided by li	ne 13, column (f))		%
11 12 13 14 Sec: 15 16	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 3	stop hereblic Support F 119 (line 8, colum 2018 Schedule A	Percentage in (f), divided by li , Part III, line 15.	ne 13, column (f))		·
11 12 13 14 Sec: 15 16 Sec:	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 public support percentage from 20 tion D. Computation of Inv	stop here blic Support F 19 (line 8, colum 2018 Schedule A estment Incol	Percentage in (f), divided by li , Part III, line 15 me Percentage	ne 13, column (f))		
11 12 13 14 Sect 15 16 Sect 17	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	blic Support F 19 (line 8, colum 2018 Schedule A estment Incor or 2019 (line 10c	Percentage In (f), divided by li In, Part III, line 15. Ime Percentage In, column (f), divided	ne 13, column (f))	15 16	90 90 90
11 12 13 14 Sect 15 16 Sect 17 18	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	stop here blic Support F 19 (line 8, colum 2018 Schedule A estment Incol or 2019 (line 10c rom 2018 Schedu	Percentage In (f), divided by li In, Part III, line 15. Ime Percentage In (old to be a column (old to be) In (o	ne 13, column (f))lumn (f))	15 16 17 18	00 00 00
11 12 13 14 Sec 15 16 Sec 17 18 19a	rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	blic Support F 19 (line 8, colum 2018 Schedule A estment Incor or 2019 (line 10c rom 2018 Schedu the organization of this box and sto	Percentage In (f), divided by li In, Part III, line 15. Ime Percentage In (column (f), divided lie A, Part III, line lid not check the limp here. The organish did not check a bo	ne 13, column (f	lumn (f))	15 16 17 18 than 33-1/3%, and orted organization 6 is more than 33-	% % % d line 17 ► [] 1/3%, and

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
4 a	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.	4 a		
t	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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
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 .	9с		
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)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.	ľ	Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted 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 Org	anizat	tions	3
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	ction 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):			
- 1	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sec	tion 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-functionally int (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

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Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ued)

Section D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

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Schedule A (Form 990 or 990-EZ) 2019

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 C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Petros Network 45-4131862 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai Treasures, or G	Jiner Similar Ass	sets (continuea)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check a	ny of the following that make	ke significant use of its	collection
a Public exhibition	d Loan o	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?.		Yes No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if t Form 990, Part X,	he organization ansv line 21.	wered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary	for contributions or other	assets not included	☐ Yes ☐ No
b If 'Yes,' explain the arrangement in Part XIII a				
· · · · · ·	·			Amount
c Beginning balance			. 1c	
d Additions during the year			. 1 d	
e Distributions during the year			. 1 e	
f Ending balance			. 1f	
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial a	ccount liability?	Yes No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	on Part XIII	
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on For	<u>m</u> 990, Part IV, li	ne 10.
(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains,				
and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
q End of year balance				
2 Provide the estimated percentage of the curre	nt vear end halance (lin	e 1a. column (a)) held as		
a Board designated or quasi-endowment ►	%	e rg, column (a)) nela as		
b Permanent endowment ► %				
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should e	equal 100%			
3 a Are there endowment funds not in the possessior organization by:	of the organization that a	re held and administered for	or the	Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organiza	tions listed as required o	on Schedule R?		. 3b
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.		<u> </u>
Part VI Land, Buildings, and Equipmen	t.			
Complete if the organization ans		n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	(investment)	basis (other)	depreciation	(a) Book Value
1 a Land		30,000.		30,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part \overline{X} , o	column (B), line 10c.)		30,000.

Schedule D (Form 990) 2019

BAA

(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(-)	(O) mounds or tanadam door or one or	your marrier rands
(2) Closely held equity interests.			
(B)			
(C) (C)			
(C) 			
(A) (B) (C) (D) (E)			
(<u>F)</u>			
(G) 4 B			
(H) 			
(l) ====================================			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.	'Voc' on Form 000	N/A	00 Part V lina 13
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
• • • • • • • • • • • • • • • • • • • •	(b) book value	(c) Method of Valuation. Cost of end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX Other Assets.	'Voc' on Form 000	Dort IV line 11d See Form O	00 Dort V line 15
Complete if the organization answered	scription	o, Part IV, line Tru. See Poriti 9	
			(h) Rook value
(I) KOIDAIDA	00.101.01.		(b) Book value
(1) Rounding			(b) Book value
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) (10)	•	>	1.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a)	•		1.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	3) line 15.)		1,523,001.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	3) line 15.)		1,523,001.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	3) <i>line 15.)</i>		1,523,001.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (a) Description (b) Description (c) (1) Federal income taxes (2)	3) <i>line 15.)</i>		1,523,001.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fall. (1) Federal income taxes	3) <i>line 15.)</i>		1,523,001.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) (3) (4)	3) <i>line 15.)</i>		1,523,001.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) (3) (4) (5)	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6)	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Facility of the second of t	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6) (7) (8)	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) (3) (4) (5) (6) (7) (8) (9)	3) <i>line 15.)</i>		1,523,001
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fi. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25.	1,523,001

Part	•		eturn. N/A
	Complete if the organization answered 'Yes' on Form 990, Pa	·	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2 a	
b	Donated services and use of facilities	2 b	
С	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII.)	2 d	
е	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4 b	
С	Add lines 4a and 4b		4 c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part	XII Reconciliation of Expenses per Audited Financial Statemen		Return. N/A
	Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
С	Other losses.	2 c	
d	Other (Describe in Part XIII.)	2 d	
е	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIII.)	4 b	
_	Add lines 4a and 4b		4 c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 45-4131862 Petros Network

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Ray Noah (President & Director) and Linda Noah (Vice-President & Director) are related by marriage.

Form 990, Part VI, Line 11b - Form 990 Review Process

Copy of Return Given to all Board Members for review & comments

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Guidestar posting

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.