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Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A 1	or the	e 2009 Calenda	ar year,	or tax year beginning January 1 , 2009, and en	luling Dec	embe	31	, 20 09
B 0	heck if	applicable	Please	C Name of organization	D Empl	oyer ic	entifica	ation number
=		change	use IRS label or	The Pangea Network		5	6-2543	3962
=	Name ch nitial ret	-	print or	Number and street (or P O box, if mail is not delivered to street address) Room/	/suite E Telep	hone n	umber	
=	rimai rei Ferminat		type. See	P.O. Box 9823	_ L .	28	1-292	-1211
\Box	Amende	ed return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Grou	ір Ехе	mptior	1
	Applicat	tion pending	tions.	The Woodlands, TX 77387-6823	Num	nber I	>	
	• Sec	ction 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach	Accounting Me	ethod.	☑ c	ash Accrual
			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (specify	▶		
				H	Check ▶ □	if the d	organiz	ation is not
1 V	Vebsi	ite: ► www.	.thepan	geanetwork.org	required to att	ach S	chedul	e B (Form 990,
J T	ax-ex	empt status (check o	nly one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 99	0-PF).		
K	Check	▶ ☐ if the	e organı	zation is not a section 509(a)(3) supporting organization and its gross receip	ots are normally	not m	ore tha	ın \$25,000 A
F	orm 9			turn is not required, but if the organization chooses to file a return, be sure	-			
LA	dd line	es 5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo	orm 990-EZ	. \$		103,121
Р	art i	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (Se	ee the instru	ction	s for l	Part I.)
	1	Contributio	ns, gif	s, grants, and similar amounts received		1		97,901
	2		_	evenue including government fees and contracts		2		0
	3	-		and assessments		3		0
	4	Investment	-			4		0
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a	0	٠.,		
	b			r basis and sales expenses	0	Ţ -		
	С		_	sale of assets other than inventory (Subtract line 5b from line 5a)	\	5c		0
욜	6	Special events	s and ac	ivities (complete applicable parts of Schedule G). If any amount is from gaming, che	eck here ▶ □			
Revenue	a			ot including \$ 0 1,527 of contributions		i e		
<u>§</u>				0 7 0	5,220	`		
ш	ь			12 1 2 1 10 O · · · · · · · · · · · · 6a · · · · · · · · · · · · · · · · · ·	0,220			
	C			s) from special events and activities (Subtract line 6b from line 6a	,,	6c		5,220
	7a			entory, less returns and allowances	0	, ,		
	b				0			
	C		_	ss) from sales of inventory (Subtract line 7b from line 7a)		7c		0
	8	Other reve				8		
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9		103,121
	10			r amounts paid (attach schedule)		10		(79,626)
	11							(79,020)
w	12	-		r for members		11 12		
benses	l			mpensation, and employee benefits				(06)
ē	13			and other payments to independent contractors		13		(96)
Ä	14			utilities, and maintenance		14		(16,332)
_	15 16			ons, postage, and shipping		15		(249)
	17	•	•			16		(3,025))
	18			Add lines 10 through 16		17 18		(99,330)
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (must		18		3,790
SS	13			reported on prior year's return)				40.740
٦		•	-	,		19		49,718
ž	20			net assets or fund balances (attach explanation)		20		
šΩ	21 14 II			balances at end of year. Combine lines 18 through 20		21	-d -4 F	53,508
景是	31177	Dalarice	Jilee	(See the instructions for Part II.)	(A) Beginning of			
22		coh counce	and in	· · · · · · · · · · · · · · · · · · ·				B) End of year
. 22				vestments		1,520		56,789
23		and and build	_				23	
24		ther assets (d					24	0
25		otal assets .		with a the command limbility and an analysis a		1,520		56,789
26				ribe Current liability - reimb of operating expenses		,802)		(3,281)



	· ·					9
Par		·				Expenses
	is the organization's primary exempt purpose?					ured for section
	ribe what was achieved in carrying out the org)(3) and 501(c)(4) lizations and section
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	4947	(a)(1) trusts; optional
	program title.	···			for ot	hers)
28	Women's Training & Small Business Cooperatives -					
	leadership training, rights based education, basic he		~		:	
	resources to start / grow businesses. Registration, v		~			
		includes foreign grants, ch		. ▶ 🗸	28a	40,489
29	Women's Social & Economic Empowerment Program	·				
	animal husbandry training, 20 goats and sheep & su			& increase		
	home food availability. 10 new direct beneficiaries a					
		includes foreign grants, ch		_ ▶ ⊔	29a	18,205
30	Educational Sponsorship - Kenya - As part of wome				Ì	
	coop's kids to continue school, as secondary educa					
	girls delay marriage, pregnancies and reduce HIV in					
04		includes foreign grants, ch	eck here	. ▶ ☑	30a	15,727
31	Other program services (attach schedule)					
22		includes foreign grants, ch		<u>. ▶ ⊔</u>	31a	5,205
32 Pari	Total program service expenses (add lines 28a t			-	32	79,626
r ai	List of Officers, Directors, Trustees, and Key	(b) Title and average				
	(a) Name and address	hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and
Mina	le Minor	devoted to position	enter -0)	deferred comper	sation	other allowances
	tone Creek Place The Woodlands, TX 77382	Chair / CEO - 30 hours	1			
			-0-		-0-	-0-
	ge Lake	Vice President - 2 hours			_	_
	pindrift Place The Woodlands, TX 77381 ifer Ballew		-0-		-0-	-0-
		Secretary / Treasurer - 1hr			_	_
	Iver Bayou Ct. The Woodlands, TX 77384		-0-		-0-	-0-
Greg	Sandy Field Lane Spring, TX 77386	Board of Directors - 1 hr			_	
			-0-		-0-	-0-
	Turner - ended September 2009	Board of Directors				
	ampton Place The Woodlands, TX 77381 In Hollier - ended December 2009		-0-		-0-	-0-
		Board of Directors				_
33 IVII	isty Grove The Woodlands, TX 77380		-0-		-0-	-0-
					- 1	
					-	
						
			į			

	D-EZ (2009)		Р	age 3
Part:	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓	
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	; ·		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
	Did the organization file Form 1120-POL for this year?	37b		✓
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		√
	If "Yes," complete Schedule L, Part II and enter the total amount involved		ا د.	. "
	Section 501(c)(7) organizations. Enter:	-		٠.
	Initiation fees and capital contributions included on line 9		,	
	Gross receipts, included on line 9, for public use of club facilities		}	
	section 4911 ► -0- ; section 4912 ► -0- ; section 4955 ► -0-			1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	40b		✓
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		,	·
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	-		, ,
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		· /
41	List the states with which a copy of this return is filed. ▶		I	
42a	The organization's books are in care of ▶ Jennifer Ballew Telephone no. ▶7	13-85	4-6740	0
	Located at ► 1201 Lake Woodlands Dr. #4012 The Woodlands, TX ZIP + 4 ►	773	380	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		√
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	•		!
	and Financial Accounts.		*	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<u>.</u> 42c		
	If "Yes," enter the name of the foreign country: ►	746	L	_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		, 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	•		_
			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		,	_ :
	Form 990-EZ	44		√
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		<u> </u>	لـِـــا
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Here Signature of officer NICOLE MINDR Chair (CEO Type or print name and title	Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 347(a)(1) nonexempt char and 51.	exempt charital ritable trusts mu	ole trusts only. A st answer question	II sec ons 46	tion -49b)
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							Yes	No
Site organization a school as described in section 170(h)(1)(A)(1)? If "Yes," complete Schedule E 48		•	•					<u>√</u>
Did the organization make any transfers to an exempt non-charitable related organization? 49a								√
b If Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) The and except the position of the posi								-/
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 1		-	•	•				<u> </u>
(a) Name and address of each employee paid more than \$100,000	50	Complete this table for the organization's five I	nighest compensated emplo	oyees (other than	officers, directors, t	truste	es and	l key
f Total number of other employees paid over \$100,000 .		(a) Name and address of each employee paid more	(b) Title and average hours per week		(d) Contributions to employee benefit plans &	(e)	Expens count ar	nd
Sign Here Paid Preparer's Use Only Preparer's Use Only May the IRS discuss this return with the preparer shown above? See instructions (a) Name and address of each independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Date Chack if Self-mipoyed Preparer's Use Only May the IRS discuss this return with the preparer shown above? See instructions Value of the contractors who each received more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Po- O- O- O- Date Chack if Self-mipoyed Preparer's signature Prepar	None							
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Sign Here Paid Preparer's Use Only Preparer's Use Only May the IRS discuss this return with the preparer shown above? See instructions (a) Name and address of each independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Date Chack if Self-mipoyed Preparer's Use Only May the IRS discuss this return with the preparer shown above? See instructions Value of the contractors who each received more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Po- O- O- O- Date Chack if Self-mipoyed Preparer's signature Prepar								
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d Total number of other independent contractors each receiving over \$100,000 ▶				····	pe of service	(c) Con	npensat	tion
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer	None							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer								
Sign Here Signature of officer NICULE MINDR Chair (CEO) Type or print name and title Preparer's Use Only May the IRS discuss this return with the preparer shown above? See instructions Signature (other than officer) is based on all information of which preparer has any knowledge Check if Self-employed Preparer's identifying number (See instructions)	d	Total number of other independent contractors	each receiving over \$100,0	00 •	-0-			
Here Signature of officer		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompain of preparer (other than officer) is	nying schedules and sta based on all information	atements, and to the bes	t of my any kno	knowle wledge	dge
Preparer's Use Only Signature Self-employed Self-emplo	Sign Here	NICOLE MINDR	i Chair / CEO		5/15/ Date	10		
Use Only	Paid Prepare	signature signature	Date	∣ self-	Preparer's identifying num	iber (See	 Instructi	ons)
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No	Use Onl	y yours if self-employed), address, and ZIP + 4						
	May the	e IRS discuss this return with the preparer show	n above? See instructions		• 🗀			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**09**

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization 56 The Pangea Network 2543962 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated d ☐ Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? |11g(i) (ii) A family member of a person described in (i) above? |11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section (i) organized in the governing document? col (i) of your (see instructions)) support? Yes No Yes No Yes No 57 ۲,

Pai	(Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,261	14,888	32,802	104,937	73,121	227,009
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,261	14,888	32,802	104,937	73,121	227,009
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)	14 8 14 1			*	* 43.6	123,380
6	Public support. Subtract line 5 from line 4.	الميان التي مطيعا		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	talini taga gara tagan	1 1 1 1 1 1	103,629
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,261	14,888	32,802	104,937	73,121	227,009
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .	<u> </u>		,			227,009
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13 Cara	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	id, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) > 🔽
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-			14	<u> </u>
15 16a	Public support percentage from 2008 Sci 33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not d	check the box of		line 14 is 331/3 9		
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati	acts-and-circum inces" test. The	stances" test, o organization qua	check this box a alifies as a public	and stop here . bly supported or	Explain in Part ganization	IV how the

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	,					
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop						on 501(c)(3)
Sec	tion C. Computation of Public Su		 ntage		<u> </u>		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S					15	<u>%</u>
	tion D. Computation of Investmen			· · · · · ·	· · · ·	16	%_
17	Investment income percentage for 2009		v	1 by line 13 ce	olumn (fl)	17	<u></u> %
18	Investment income percentage from 20					18	%
19a		anization did n	ot check the b	ox on line 14, a			
b	33½ % support tests – 2008. If the organ line 18 is not more than 33½ %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	tructions 🕨 🗌

						Page
t IV	Supplemental Information Part II, line 17a or 17b; and	n. Complete this d Part III, line 12	s part to provide. Provide any	de the explanation other additional i	ins required information.	by Part II, line 10; See instructions.
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	For	Form 990 - EZ Schedule for Expenses Line 10	t Line 10	
		The Pangea Network EIN: 56-2543962	3962	
<u>Grantee</u> Women's Social & Economic Empowerment Programs	Address erment Programs	Amount Given	Class of Activity	Relationship
IOCC International Orthodox Christ Charities	110 West Road Ste 360 Baltimore, MD 21204	\$18,205	Charitable. Livestock Cooperative IOCC is Local Partner in Holy Land To provide livestock training and purchase goats and sheep for propins of women	None Acting local partner
Women's Social & Economic Empowerment Programs Office of Human Rights Under Christ the King Catholic Church Coordinated by Dorothy Ombajo	<i>erment Programs</i> P.O. box 21188-00505 Nairobi, Kenya	\$27,216 <u>\$13,273 (program expenses)</u> \$40,489	Chantable. Small Business Coops Funding took place over the year to manage small business	None Acting local partner
		Program expenses include rental of weekly meeting spaces for coops, training materials, solar powered flashlights for each coop member, travel and communications expenses	cooperatives for women living in slums of Nairobi and Western Kenya. Activities included home based care training, leadership and rights based eduction for HIV+women; and small business training and grants for businesses	
Educational Sponsorship Funding	Funding went directly to the schoo	o the schools for payment	Sponsoring kids of women in our coops None	None
Schools: Inuka Academy	P.O. Box 233 Sidindi, Kenya	\$12,141	to empower younger generation Boarding School for 5 of the kids Had to provide necessary clothing,	
Stonebic Elite School	P.O. Box 66169 00800 Narobi, Kenya	\$2,428	soap, books, etc. for each kid as well Boarding School for 1 kid	
John Paul II Secondary School	P.O. Box 21188 Nairobi, Kenya	\$1,158	School fees in Kibera	
Cultural Awareness and Education		\$5,205	Talks to high schools and community organizations - opening doors to women in Kenya and Middle East (includes conducting interviews of women in our cooperatives and communities we work in.	anizations - opening doors to les conducting interviews of ties we work in.

### The Pangea Network 56-2543962 Form 990-ez Part III Line 31 Schedule

### Other Program Services Include:

Cultural Awareness and Education (Talks at high schools and to community organizations about life in Africa / Middle East to increase awareness and also continuing work on a collection of women's stories for hopeful publication.)

### 2009 Expenditures

\$5,205

# The Pangea Network 56-2543962 Form 990-ez Part V Line 33 Description of New Activity

## **Educational Sponsorship**

### Started May 2009

Pangea began sponsoring children of women in our Kenyan cooperatives to attend / continue school thru high school. Education is the key to a healthy and strong community and studies show that for every year a child continues schooling, they delay marriage, reduce the rate of HIV infection and are able to contribute more positively to their communities.

We pay for school fees and purchases of necessities to attend school, including shoes, uniforms, books, soap, bedding, etc.