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Fbrm 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

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		2014 calendar year, or tax year beginning January 1 , 2014, and end	ng Dece	mber 31	, 20 14	
		applicable C Name of organization The Pangea Network		1	dentification n	umber
	Address				6-2543962	
$\overline{}$	Name ch		uite	E Telephone r		
Ц	Initial ret			28	1-292-1211	
Ц	Final retu	n/terminated City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return The Woodlands, TX 77387		G Gross recei	pts \$	367,402
	Applicati	on pending F Name and address of principal officer Nicole Minor	H(a) Is this a	group return for subo	irdinates? 🔲 Yes	· 🗸 No
		27 Stone Creek Place The Woodlands, TX 77382	H(b) Are al	I subordinates inc	cluded? 🔲 Yes	No 🗆 No
1	Tax-exe	npt status	If "I	No," attach a list	(see instruction	ons)
<u>J</u>	Website	www.thepangeanetwork.org	H(c) Grou	p exemption nur	nber ▶	
K	Form of o	organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	ation 2005	M State of I	egal domicile	TX
Pa	art I	Summary				·
	1	Briefly describe the organization's mission or most significant activities: The	Pangea Netw	ork is dedica	ted to empor	wering
න		motivated individuals in Kenya and the United States with the knowledge, skills and	l ongoing net	work of supp	ort in order	to
Activities & Governance		achieve their dreams and make positive life-changing contributions in the commun				
ē	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed			net assets.	
્રે	3	Number of voting members of the governing body (Part VI, line 1a)		. 3		6
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4		5
les	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5		1
₹	6	Total number of volunteers (estimate if necessary)		. 6		5
Act		Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		
1		Net unrelated business taxable income from Form 990-T, line 34	• • •	. 7b		
	~		Prior Y		Current Ye	ear
	8	Contributions and grants (Part VIII, line 1h) RECEIVED		359,079		366,815
Revenue	9	Program service revenue (Part VIII, line 2g)		339,079		587
ě	10	Investment income (Part VIII, column (A), Res 3, 4 and 7d) 0. 2015				367
8	11	Investment income (Part VIII, column (A), lines 5.6d, 8c, 9c, 10c, and 11e).				
ļ	12	Total revenue—add lines 8 through 11 (must equal Part VIII; column (A); line 12)		250.070		207.400
	13			359,079		367,402
		Grants and similar amounts paid (Part IX, column (A) (mes 1+3)		212,710		207,325
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		45,166		52,970
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-			
훘		Total fundraising expenses (Part IX, column (D), line 25)	F. 7			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,813		53,373
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		295,689		313,668
ts or	19	Revenue less expenses. Subtract line 18 from line 12		63,390		53,734
S S S			Beginning of C	urrent Year	End of Ye	ar
Ssets	20	Total assets (Part X, line 16)		162,664		278,236
Net A	21	Total liabilities (Part X, line 26)		4,902		4,640
		Net assets or fund balances. Subtract line 21 from line 20		157,762		273,596
	irt II	Signature Block				_
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat			nowledge and	belief, it is
true	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge		_
		17474		8//	5/15	
Sig		Signature of officer		ate	, ,	
Her	re	Nicole Minor Executive Du	rector	/ CEC	<u> </u>	
		Type or print name and title	•			
Pai	id	Print/Type preparer's name Preparer's signature C	ate	Check	PTIN	
		,		self-employ	ed	
	epare	1 ·	Firm	n's EIN ▶		
US	e Onl	Firm's address ►		one no		
May	the IF	S discuss this return with the preparer shown above? (see instructions)			· 🗌 Yes	No No
			No. 11282Y			90 (2014)

Form 99	90 (2014) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Pangea Network is dedicated to empowering motivated individuals in Kenya and the U.S. with the knowledge, skills and ongoing
	network of support in order to achieve their dreams and make positive life-changing contributions in the communities where they
	live.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 140,790 including grants of \$ 9,803) (Revenue \$ 587)
	Kenya Women's Network: Women's Cooperative activities is our largest program focusing on the social and economic empowerment
	of women living in extreme povery in Kenya. Major accomplishments in 2014 include partnering with five new cooperatives made up
	of just over 160 women Six months of education and life-skills training were conducted on topics including human rights, basic
	business skills, leadership, bookkeeping, personal development and basic health and nutrition. After the six months of education they
	joined our other cooperatives in the small business growth activities to help increase income levels for these women and their
	families. This program grew to a total of over 450 women (16 active coops) with women receiving follow-up trainings in First Aid,
	monthly monitoring and resources for small business growth and bookkeeping. The core six months of training consists of 3 full days
	per month and the follow-up trainings are 1 full day on average
	(O-d-) (Figure
4b	(Code:) (Expenses \$ 93,221 including grants of \$ 49,917) (Revenue \$)
	Youth Leadership Network: Our Student Sponsorships Program in Kenya grew to 37 students in 2014. The kids range in age from six
	to nineteen and would have no way of paying for schooling but have shown great promise and dedication. The goal of the program
	is to see the students through their senior year of high school and we have now had several reach that goal and continue on to higher education and college. Some of these students are in boarding school to provide shelter, a safer place for them to live and
	learn. This program also includes a yearly retreat, one for the boys and one for the girls to provide a sense of family and belonging
	as well as a safe place to share, learn more life-skills and grow
	This program allows kids the opportunity to reach their full potential and improve communities through access to education.
	This program allows kids the opportunity to reach their fair potential and improve communities through access to education.
4c	(Code:) (Expenses \$ 32,118 including grants of \$) (Revenue \$)
	Youth Leadership Network: Young Women's Leadership Challenge (YWLC) in the U.S Houston area.
	This program provides an opportunity for high school aged young women to learn about themselves, leadership and their role
	in improving not only their own lives but the lives of others. We hosted two 5-day camps in 2014 with a total of 32 young women from
	across Houston We introduced the following topics: Global issues / human rights, self-esteem and body image, financial literacy,
	leadership, conflict resolution and peacebuilding. A host of speakers came daily from different careers and backgrounds to share
	their stories and knowledge related to career paths and personal goal setting. We also emphasize service and our service project
	for these camps included serving at the Houston Food Bank and putting together care packages for our service men and women.
	One camp was hosted and sponsored by Rice University and the other at Lone Star College in Spring, Texas.
4d	Other program services (Describe in Schedule O.)
4u	(Expenses \$ 752 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 266,881

art	Checklist of Required Schedules		V	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
_		2	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	· •	1
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		1
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		1
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		
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
	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	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	
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		1
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? If "Yes," complete Schedule F, Parts III and IV.	16	1	
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		7
25a	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		1
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			la e
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ ./
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		√
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			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ ✓
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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
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	1	
		Forn	990	(2014)

art				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	5. H. J. B. D. C. LONDELL D. C. L.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial]
	account)?	4a	1	
ь	If "Yes," enter the name of the foreign country: ► Kenya	-iu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a	1	ŀ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua	•	
-	qifts were not tax deductible?	6b	1	į
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	بسيسا		,
	and services provided to the payor?	7a	√	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		1
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	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 a	Section 501(c)(7) organizations. Enter: 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			
11	Section 501(c)(12) organizations. Enter:			
а	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)			,
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ıs p	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		Î
u	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			
С	Enter the amount of reserves on hand			î
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
-	it "voo " nac it tiind o korm ("Ill to ronort thoco noumonte") It "No " nrouide an evalgablion in Cahodula ()	1 7AP !		

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S		
	Check if Schedule O contains a response or note to any line in this Part VI		
Secti	on A. Governing Body and Management		
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		es No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	5 6 7a	√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		25
a b 9	The governing body?	8a	/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Cod	e.)
10a b	Did the organization have local chapters, branches, or affiliates?	10a	es No
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a ✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a ✓ 12a ✓ 12b ✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 🗸	,
13 14 15	Did the organization have a written whistleblower policy?	13 \rightarrow 14 \rightarrow	
a b 16a	The organization's CEO, Executive Director, or top management official	15a ✓ 15b	·
	with a taxable entity during the year?	16a	√
	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?	16b	
	on C. Disclosure		
17 18	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 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s only)
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integral statements available to the public during the tax year.	-	•
20	State the name, address, and telephone number of the person who possesses the organization's books and reconcile Minor 1201 Lake Woodlands Drive Suite 4012 The Woodlands, TX 77380 Tel: 281-292-1211	cords [.] ►	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe d a d	rson	e than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Nicole Minor President / Executive Director	50	1		1				49,167		
(2) Jennifer Paige Secretary / Treasurer	1	1						-		
(3) George Lake	.5	1							. •	-
(4) Greg Mar	.2	1							-	·
(5) Coby McDonald	.2	1								
(6) Brittany Brown	5	1								
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	 									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					•	C)						
	(A)	(B)	(do r	ot ch		ition	e than o	one	(D)	(E)		(F)
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	Reportation Compensation		Estimated amount of
		week (list any	-	_			or/trus	<u> </u>	from	related		other
		hours for related	Individual trustee or director	TS E	Officer	Keye	mple	Former	the organization	organızatı (W-2/1099-I		compensation from the
		organizations	ecto	Ì	*	employee	st co	4	(W-2/1099-MISC)		<u> </u>	organization
		below dotted line)	ैहू	<u>a</u>		oye	duc					and related organizations
		,	8	Institutional trustee			Highest compensated employee					
				l°.			ted					
(15)		ļ			1						1	
						<u> </u>						
(16)												
(4.7)			 -	ļ	-							
ШΩ		 										
(18)		-	ļ	-					-			
N::72		†	i									
(19)												- · · · · ·
					_							<u> </u>
(20)		ļ	[ĺ	
				ļ		ļ		ļ				
(21)		}	ļ									
(22)		-		ļ.—								
(22)		 									İ	
(23)								-				
Y==1		†	Ì									
(24)												
(25)		ļ										
		<u> </u>						Ļ.				
1b	Sub-total			•	•		٠		49,167			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•	•		49,167		+	
u	Total number of individuals (including but							2) 14/		ore than \$1	00 000	
-	reportable compensation from the organi		ו ט נו	1036	1131	.cu	above	<i>5)</i>	no received in	ore man wi	00,000	, 01
												Yes No
3	Did the organization list any former of									est compe	ensated	
	employee on line 1a? If "Yes," complete											3 ✓
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	greater th	an 🌣	150,	UUU	re n	r -ye.	s, "	complete Sch	eaule J T	or sucr	
-	Did any person listed on line 1a receive of	· · · ·	· ·	neat	hon	froi	· manu	 	related organia	 estion or in	 dividua	4 🗸
5	for services rendered to the organization	? If "Yes." c	omoi	iisa lete	Sch	nedu	ıle J f	or s	such person			5 1
Section	on B. Independent Contractors								<u> </u>			
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	acto	ors that receive	ed more tha	an \$100	0,000 of
	compensation from the organization. Rep											
	year.											
	(A)								(B)			(C)
	Name and business add	ess							Description of s	ei vices —		Compensation
None								-		-		
					_		_	\vdash			_	
											<u> </u>	
												
2	Total number of independent contractor	ors (includir	ng bu	ut n	ot l	limit	ed to	th	ose listed abo	ove) who	August 1	The state of the s
	received more than \$100,000 of compens								0			

Form 990 (2014)

Fair	t VIII	Statement of Revenue			D 1 / / / /		_
,		Check if Schedule O contains a re-	sponse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a			70701100	•	5.5 5.7
ran	ь	Membership dues 1b		1			
S, G	С	Fundraising events 1c		1	1		
ar /	d	Related organizations . 1d		!			
s, C	е	Government grants (contributions) 1e		1			
r Si	f	All other contributions, gifts, grants,		1			
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	366,815		ļ		
들	g	Noncash contributions included in lines 1a-1f \$					
S E	h	Total. Add lines 1a-1f	>	366,815			
ne		-	Business Code				
Ş.	2a	Program Related Investments	900099	587	587		
æ	b						
ξį	С						<u> </u>
Program Service Revenue	d						
am	е						
ogr	f	All other program service revenue					
<u>ت</u>	g	Total. Add lines 2a-2f	▶	587			
	3	Investment income (including divid					
		•	•				ļ. <u></u>
	4	Income from investment of tax-exempt b					
	5	Royalties					
	_	(i) Real	(ii) Personal	i			
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					-
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	>			<u> </u>	
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	[Less cost or other basis	<u> </u>				
	b	and sales expenses .					
	_						
	C	Gain or (loss)	•				
	d	Net gain or (loss)	· · · · •				
ne i	8a	Gross income from fundraising	i	}			
venue	"	events (not including \$					
ė		of contributions reported on line 1c).					
ır F		See Part IV, line 18					
Other R	ь	Less: direct expenses	1				
0		Net income or (loss) from fundraising			ŀ		
		Gross income from gaming activities.			-		1
		See Part IV, line 19					
	h	Less: direct expenses b			}		
		Net income or (loss) from gaming act					<u> </u>
	1	Gross sales of inventory, less					+-
		returns and allowances			1		
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inv	ventory >				
	-	Miscellaneous Revenue	Business Code				
	11a		1		Ī		
į	ь						
	С					• • • • • • • • • • • • • • • • • • • •	
	d	All other revenue					
	е	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions		367,402	587		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, b, 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,092	3,092		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	204,233	204,233		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	49,167	29,500	15,733	3,934
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,101	25,000	10,733	3,001
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,803	2,282	1,217	304
11	Fees for services (non-employees).				
a	Management				
b	Legal				
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25, column				·
3	(A) amount, list line 11g expenses on Schedule O.)	27,500	11,000		16,500
12	Advertising and promotion	2,098	11,000		2,098
13	Office expenses	2,736	2,126	610	2,000
14	Information technology				
15	Royalties				
16	Occupancy	16,225	12,169	4,056	
17	Travel	2,876	1,438		1,438
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	99		99	
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization				
23	Insurance	487	365	122	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	!			
а	Pank Foor	1,352	676		676
b		1,332	070		070
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	313,668	266,881	21,837	24,950
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)		-		

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 239,855 162,664 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets Notes and loans receivable, net . . . 7 Inventories for sale or use 8 9 Q Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less accumulated depreciation . . . 10c 11 11 Investments—other securities. See Part IV, line 11 . . . 12 12 13 Investments—program-related. See Part IV, line 11 13 38,381 14 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 162,664 278.236 17 Accounts payable and accrued expenses 17 4,902 4,640 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 4,902 4,640 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 100,561 168,156 Temporarily restricted net assets 28 28 57,201 55,440 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 50,000 33 33 157,762 273,596 34 Total liabilities and net assets/fund balances . 162,664 278,236

	90 (2014)		P	age 12
Par	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	3	67,402
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	13,668
3	Revenue less expenses. Subtract line 2 from line 1	3		53,734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	57,762
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		62,100
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
		10	2	73,596
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain ın	14	.
_	Schedule O.			المنعا
2a			2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed or	2.16	, ,
	reviewed on a separate basis, consolidated basis, or both:		and the second	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	—
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a		
	separate basis, consolidated basis, or both:			-
_	Separate basis Consolidated basis Both consolidated and separate basis	!		1.00
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account			
	•		2c	
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	ain in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in		
	the Single Audit Act and OMB Circular A-133?		3a	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits	3ь	

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public**

Name	of the organization	•	<u>, , , , , , , , , , , , , , , , , , , </u>			Employer identification	n number	
	angea Network						43962	
Par					·		ons.	
The c 1 2 3 4	organization is not a private found: A church, convention of church A school described in section A hospital or a cooperative ho A medical research organization hospital's name, city, and state	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	ion of churches descr (Attach Schedule E) ganization described i	nbed in se	ection 17	70(b)(1)(A)(i). 1)(A)(iii).	(iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	r operate	ed by a government	tal unit described in	
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	nment or govern receives a subs	stantial part of its sup				n the general public	
8	A community trust described	n section 170(b))(1)(A)(vi). (Complete	Part II.)				
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more	e than 331/3% of its	
10	An organization organized and	•	•	•				
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check	
а	☐ Type I. A supporting organization(sorganization You must con	s) the power to re	egularly appoint or ele	-				
b	☐ Type II A supporting organic control or management of the organization(s). You must control	e supporting org	ganization vested in th				• • •	
С		III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, oported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d	that is not functionally integr	☐ Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V						
е	 Check this box if the organize functionally integrated, or Ty 						II, Type III	
f	Enter the number of supported	0						
g	Provide the following informatio	n about the supp	· · · · · · · · · · · · · · · · · · ·	1		T		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			(222 332 223 337)	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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.)

Secti	on A. Public Support	-1 <u>7</u>		, , , , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	120 125	104.020	CO 021	04.000	111.016	490 900
2	Tax revenues levied for the	120,135	104,839	68,931	84,080	111,815	489,800
-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.	120,135	104,839	68,931	84,080	111,815	489,800
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) .			-			219,699
6	Public support. Subtract line 5 from line 4.			-			270,101
	on B. Total Support						270,101
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	120,135	104,839	68,931	84,080	111,815	489,800
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						489,800
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	587
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her				· · · · ·	<i>.</i>	> 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6		-			14	55.1 %
15	Public support percentage from 2013 Sch					15	56 3 %
16a	331/3% support test—2014. If the organization qual						
h	331/3% support test—2013. If the organ	-		-			_
U	check this box and stop here . The organi						
17a	10%-facts-and-circumstances test – 20	•	-				_
.,,	10% or more, and if the organization meets the "fa organization	ets the "facts-a acts-and-circur	nd-circumstar nstances" tes	nces" test, che t. The organiza	ck this box an tion qualifies a	d stop here. E as a publicly su	xplain in ipported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m	on meets the	"facts-and-cir	cumstances" t	test, check th	is box and sto	op here.
	supported organization						`. ▶ □
18	Private foundation. If the organization did instructions						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

TAULTIO V	or the organization		Employer identification flumber
The Pa	angea Network		56-2543962
Pai		vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🗌 Yes 🗍 No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?		· · · · · · · □ Yes □ No
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea	_ ,,,,,	f a historically important land area
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Protection of natural habitat	☐ Preservation o	i a certified historic structure
•	Preservation of open space	-1.1	and the forms of a second second
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	ts	. 2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
			2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	
_	tax year ►		,
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		enection handling of
3	violations, and enforcement of the conservation ea		
•			
6	Staff and volunteer hours devoted to monitoring, is	nspecting, and enforcing conservation	easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ements during the year
	> \$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	_	
Part			Other Similar Assets.
	Complete if the organization answered		
10	If the organization elected, as permitted under SF		rovenue statement and balance sheet
. 'a	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
-			
b	If the organization elected, as permitted under S	• • • •	
	works of art, historical treasures, or other simila	The state of the s	ducation, or research in furtherance of
	public service, provide the following amounts related	=	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
_	following amounts required to be reported under S		-
•	Revenue included in Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		• •

Door	-
Page	_

Part	Organizations Maintaining	Collections of	Art. His	torical	Treasures	or Ot	her Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):							
а	☐ Public exhibition		ď	☐ Loan	or exchan	ge prog	rams	
b	☐ Scholarly research			☐ Othe				
С	☐ Preservation for future generations	S						
4	Provide a description of the organizat XIII.	ion's collections a	and expl	ain how t	hey further	the org	anızation's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ingements.					 ,	
	Complete if the organization 990, Part X, line 21.	answered "Yes						
1a	Is the organization an agent, trustee, included on Form 990, Part X?						other assets	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able.			
								Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	g ,					1e		
f	Ending balance					1f		
2a	Did the organization include an amour							•
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has been	provide	d in Part XIII	<u> U</u>
Par								
	Complete if the organization							. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance			-	ļ		_	
b	Contributions	50,000						
	Net investment earnings, gains, and losses	-						
	Grants or scholarships	-						
е	Other expenditures for facilities and programs							
f	Administrative expenses	٠						
g	End of year balance	50,000		-		-		
2	Provide the estimated percentage of t			e (line 1g	ı, column (a	a)) held a	ıs:	
а	Board designated or quasi-endowmer	nt ▶ 10	0%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	s should equal 10						
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%					
3a	Are there endowment funds not in the	possession of the	ie organi	zation tha	at are held	and ad	ministered for	the
	organization by.							Yes No
	(i) unrelated organizations							. 3a(i) ✓
	(ii) related organizations							. 3 <u>a(ii)</u> ✓
	If "Yes" to 3a(II), are the related organi							. 3b
4	Describe in Part XIII the intended uses		n's endo	wment fo	unds.	-		
Part								=
	Complete if the organization	7						
	Description of property	(a) Cost or ot (investm			or other basis ther)	de	Accumulated preciation	(d) Book value
1a	Land					- Tr. 13-2		
b	Buildings							
С	Leasehold improvements							
d	Equipment							
e	Other							
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part X	K, column	(B), line 10	Oc.)	▶	

Part VII	Investments—Other Securities				
	Complete if the organization ans		m 990, Part IV, line		
	(a) Description of security or categor (including name of security)	у	(b) Book value		hod of valuation -of-year market value
(1) Financia	derivatives				
	neld equity interests				
(3) Other					
(A)					· · · · · · · · · · · · · · · · · · ·
(B)					
(C)					
(D)					
(E) (F)				<u> </u>	
(G)					
(H)			 		
	b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments—Program Relate	d		<u> </u>	
r art vill	Complete if the organization ans		m 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	WC1CG 1C3 (0101	(b) Book value		thod of valuation
	(a) Beschpilon of investment		(b) Book value		-of-year market value
(1) Microcr	edit to our women's cooperatives after t	rainıng	38,381	Cost	
(2)	cut to our women's cooperatives after t	- Linning	30,001	0031	-
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13) 🕨				
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, line	e 11d. See Form	
	(a) Description			(b) Book value
(1)					
(2)					
(3)				-	
(4)					
(5)					
(6)					
(7)					
(8)				-	
(9) Total, (Colu	mn (b) must equal Form 990, Part X, c	col. (B) line 15.)			
Part X	Other Liabilities.				
- Citex	Complete if the organization ans	wered "Yes" to For	m 990. Part IV. line	e 11e or 11f. See	Form 990, Part X
	line 25.		000, . a,	, , , , , , , , , , , , , , , , , , , ,	
1.	(a) Description of liability	(b) Book value		· ·	
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)	*				
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII, prov				
organization'	s liability for uncertain tax positions unde	r FIN 48 (ASC 740). Che	eck here if the text of t	he footnote has bee	n provided in Part XIII 🔲

Par	•		r Return.
	Complete if the organization answered "Yes" to Form 990,		
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	1 = 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	· · ·
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	140	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	
C	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			
110.12	Complete if the organization answered "Yes" to Form 990, I		ser riciani.
1	Total expenses and losses per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses		
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an		
2, Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
Part V	line 4: The intended use of the endowment is to build financial sustainability	long-term for the organization	on in order to fund programs
consis	ten with the organization's mission.		
		•••••	
		•••••	
	••••••		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Quen to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name c	f the organization					Employer id	entification i	number
The Pa	angea Network						-2543962	
Pari	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organi	ization ans	wered "Ye	s" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization gibility for th						□No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	oring the use o	f its grant	s and oth	ier
3	Activities per Region (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	al space is need	led.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in r	rvice, c type of	(f) Toi expenditu and invest in regi	res for ments
(1)	Sub-Saharan Africa - Kenya	1	4	Program Services/Investm	Education / Skills	s Building		<u>242,614</u>
(2)		:						
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Sub-total	1	4			200		242,614
b	Total from continuation sheets to Part I	-				į		
С	Totals (add lines 3a and 3b)	1	4					242,614

	-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Ξ								
	3								
	<u> </u>	1							
	9	,							
	E								
	£,	1							
	Ξ.	,	,						
	(12)	;							
	(3	;							
i	£ (4)	,							
(16)	(15)								
	(16)								

▲ by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

က

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part III Grants ar

Part III can be duplic: (a) Type of grant or assistance	Part III can be duplicated if additional space is needed. (b) Region (c) Number of	e is needed.	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
(1) Kenya: Student Sponsorships	Sub-Saharan Africa	37	36,353	36,353 Wire to schools	13,564	13,564 Housing / Clothing / Food	Book
(2) Training Supened Food/Transp Sub-Saharan Africa	Sub-Saharan Africa	426	9,803	9,803 Cash payments			
(3) Kenya: Student Sponsorship	Sub-Saharan Africa	37	28,415 Wire	Wire			
(4) Kenya Women's Empowerment Sub-Saharan Africa	Sub-Saharan Africa	426	116,098 Wire	Wire			
(5)							
(9)							
(7)							
(8)							
(6)							
(10)	-						
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2014

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐ Yes	✓ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

All program activities conducted at the local level in Kenya are monitored and reviewed by local Pangea staff, an outside accountant as well
as by The Pangea Network HQ staff Monthly requisitions for funding are received from the Kenya office, reviewed and wired to cover that
month's program and office expenses. A monthly review is conducted by the independent accountant in the region, reviewing receipts and
expenses and sends an expenditure report, along with bank statements that is then reviewed by the Pangea head office.
Program local staff do monthly monitoring of all women's cooperatives and review financial statements and also do random site visits of
their small businesses.
Pangea HQ staff visit the field office on an annual basis for site visits with staff, the women's cooperatives and students to ensure program
Impact and efficiency as well as conduct an annual audit of books.
Program investments in Kenya are \$38,381 These funds are rotating small business loans provided to our women's cooperative partners to
grow micro-enterprises and increase income levels.

SCHEDULE O (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

The Pangea Network	56-2543962
Part III, Line 4d. Other program services include our Cultural and Education Program. This expense is	related to the writing of a book that is a
collection of women's stories from areas where Pangea has worked with the goal of building awareness	s and knowledge of others and
building peace through understanding	
Part VI, line 11b Review of form 990. The return is reviewed by the Board Secretary / Treasurer and the	Chairman and then made available for
all bo ard members to review.	
Part VI, line 12c. Monitoring and enforcing compliance with the conflict of interest policy - The board is	s asked to review the policy on an
annual basis and disclose any potential conflicts	
Part VI, line 15a: The compensation of the Executive Director is determined through discussion of the	Board, based on comparability data
and performance Discussion and voting on salary is conducted without the presence of the Chairman	/ Executive Director.
Part VI, line 19 Disclosure - All governing documents and conflict of interest policy are made available	upon request via email or in person
Our financials are made available via our annual report as well as third party sites like Guidestar as we	ell as upon request.