0988WAY

OMB No 1545-0047 2019 Open to Public Inspection 20 19 D Employer identification number 56-2543962 E Telephone number 281-292-1211 456,061 G Gross receipts \$ H(a) is this a group return for subordinates? Yes No H(b) Are all subordinates included? Tyes No If "No," attach a list (see instructions) H(c) Group exemption number ▶ M State of legal domicile Briefly describe the organization's mission or most significant activities: 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 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 5 1 20 **Current Year** 433,453 7,288 (6,614)434,127 228,036 67,990 64,283 360,309 73,818 End of Year 290,931 5,689 285.242 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 Minor CEO/ Executive Direction PTIN Print/Type preparer's name Preparer's signature Check- ဩધ Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No Form 990 (2019) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No

Paft <sup>®</sup>	
•	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 empowers women and youth through education in Kenya and the U.S. Motivated individuals are empowered
	with knowledge, skills and ongoing network of support in order to achieve their potential and dreams and make positive life-changing
	contributions in the communities where they live
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
0	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
7	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 \$ 128,471 including grants of \$ ) (Revenue \$ )
	Kenya - Youth Leadership Network Student Sponsorship Program:
	The Sponsorship Program supports disadvantaged and bright students who lack financial ability to access education.
	Over the last 10 years, Pangea Network has educated 42 students in Primary School, High School, University and College.
	In addition, through annual retreats, the boys & girls interact with staff, peers and professionals from different fields who guide and
	motivate them on life skills and career. Students who have graduated from high school also have a chance to attend the Daystar
	Leadership Program which instils in them different skills necessary for career growth and survival as they begin their
	next phase in life. The goal of the program is to educate & graduate young, responsible and competent adults who will positively
	influence their society. The program in Kenya worked with 33 students in 2019.
	2 more of our Kenyan scholarship students successfully completed their college education in 2019.
	To date, 100% of the students have transitioned from primary to secondary school and 91% of high school candidates have
	successfully graduated from secondary school
4b	(Code:) (Expenses \$118,000 including grants of \$7,667 ) (Revenue \$ 567 )
	Kenya - Kenyan Women's Network. The Kenyan Women's Network program focuses on the social and economic empowerment of
	women living in extreme poverty Pangea works with groups of women known as cooperatives. Majority of the members are small
	scale traders engaged in different businesses. In 2019, Pangea worked with a total of 528 women in different phases:
	Phase 1: 6 months training under the Pangea curriculum that covers Leadership, Human Rights, Bookkeeping, Basic Business Skill,
	Personal Development, Nutrition, Hygiene & Reproductive Health. 134 women from 5 cooperatives graduated in March after
	successfully completing the curriculum 120 women from 3 new partner cooperatives received training in 2019 over a 5-month period
	in Leadership, Human Rights, Bookkeeping, Basic Business Skills and Personal Dev.
	Phase 2: Livelihood & entrepreneurship projects through which Pangea provides cooperatives with funds to grow their businesses.
	417 women utilized Pangea's revolving funds for small business growth, 179 women owned and operated enterprises received
	mentorship and business coaching
	Phase 3: Follow up trainings done quarterly. It is need based and covers topics under the curriculum or new topics such as First Aid,
	Conflict Resolution 324 women received follow up workshops on Bookkeeping, Marketing and Reproductive Health.  (Code: ) (Expenses \$ 70,538 including grants of \$ ) (Revenue \$ 6,721)
4c	(Code: ) (Expenses \$ 70,538 including grants of \$ ) (Revenue \$ 6,721)  U.S Young Women's Leadership Callenge (YWLC):
	YWLC's goal is to empower high school aged young women from diverse backgrounds to be confident, financially literate, globally
	aware and prepared leaders to achieve their dreams and be change-makers in their communities and beyond. The program provides
	an opportunity for young women to gain the tools and resources necessary to get them successfully to and through college. This is
	a year-long program that starts with a 6-day conference. The capstone of the conference is the creation of their individual service.
	project, or as we call it, Take Action Challenge (TAC) that they implement over the following school year. Mentors are provided for
	guidance and support through the project. Monthly meetings throughout the school year provide access to new speakers and topics
	and TAC consulting time.
	In 2019, 51 young women joined the program, joining the over 300 alumni in the network.
	79% of these participants were granted a full needs-based scholarship as the majority come from underserved communities.
	1,500 students attended lectures by our organization and partner events
	1,000 Staderits attended footales by our organization and parties events
4d	Other program services (Describe on Schedule O.)
→u	(Expenses \$ including grants of \$ ) (Revenue \$)
	Total program service expenses ► \$317,009
	on the state of t

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Form 99	90 (2019)			Page 3
Paft	IV Checklist of Required Schedules		,	
•			Yes	No
`1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<u></u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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		v
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		,
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		v
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		~
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_		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10_	,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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		~
b	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		,
С	District Dead Vibratio 50/ as many	11c		
d	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		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
f	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	11f		1
12a		12a		v
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		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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		v
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	,	
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		v
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	,	
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		v
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_

Part'l	V Checklist of Required Schedules (continued)			
•			Yes	No
<b>22</b>	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		V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
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 24b		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
	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		V
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		V
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		>
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? <i>If "Yes," complete Schedule R, Part I </i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<b>V</b> _
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	٧	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	E. W. W		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	}		
С	reportable gaming (gambling) winnings to prize winners?	1c		

all	Statements negarding Other ins rilings and Tax Compliance (continued)			
•			Yes	No
` 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)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ
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_	~	
b	If "Yes," enter the name of the foreign country ► Kenya			ľ
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		—	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
С	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	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	~	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	İ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	~	
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?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		~
9	Sponsoring organizations maintaining donor advised funds.		—	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		V
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		i	
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
. b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		-
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
.0	If "Yes," complete Form 4720, Schedule O.	10		
	1 100, Complete 1 0111 4720, Contourio C.		_	

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2	hrough 7b bel	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
Saction	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	· · ·		<u>. U</u>
Secu	M. Governing body and Management	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	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				1
	committee, explain on Schedule O.				]
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	5		}
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship wit	h		<b>-</b>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o		et 3		·
4	Did the organization make any significant changes to its governing documents since the prior For			1	Ť
5	Did the organization become aware during the year of a significant diversion of the organization		5	<u> </u>	V
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		nt <b>7a</b>		~
b	Are any governance decisions of the organization reserved to (or subject to approva		s, 🗀		
-	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken durin	g		
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		_8b	~	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann			1	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9	\ <u>\</u>	\ <u>'</u>
Section	on B. Policies (This Section B requests information about policies not required by the	e internal Het	enue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	- NO
	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapter			
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b	ļ <u> </u>	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe in Schedule O the process, if any, used by the organization to review this Form 990		11a		<del>                                     </del>
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	V	├──
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	re rise to conflicts	· -		<del>                                     </del>
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.			1	
13	Did the organization have a written whistleblower policy?		13	V	<b> </b>
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval t			
а	The organization's CEO, Executive Director, or top management official		15a	V	
b	Other officers or key employees of the organization		15b	_	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		nt	-	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		ts		
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard th		<u> </u>	.
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	e), 990, and 99	0-T (Se	ction	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website  Another's website  Upon request  Other (explain on Section 2).	t apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	=	t of inte	erest p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization	on's books and	records	<b>s</b> ▶	
	Nicole Minor 1201 Lake Woodlands Drive Suite 4012 The Woodlands, TX 77380 Tel: 281-292-1211				

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor	any relate	d org	anız	atıo	n c	ompe	nsa	ated any current	officer, director,	or trustee.
					C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours	office	er and			or/trus		compensation	compensation	of other
	per week (list any	옥 둜	۳	Ç	8	육	L.	from the organization	from related organizations	compensation from the
	hours for	dive	<del>*</del>	Officer	er er	phes	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	당교	ğ	`	륗	/ee			•	related organizations
	below	ੇ ਛੂ	al tr		Key employee	ğ				
	dotted line)	Individual trustee or director	Institutional trustee		-	Highest compensated employee				
			®			e e				
(1) Michelle Patterson	5									
President							lacksquare			
(2) Nicole Minor	40									
Vice-Chair / Executive Director		~		~			ļ	63,158		
(3) Jennifer Moore	.5	Į			1					
Secretary / Treasurer		~		<u> </u>	_					
(4) Greg Mar	.5	]								
<u> </u>		~			_	<u> </u>	<u> </u>			
(5) Catherine Moseley	1									
		~		_			ļ			
(6) Monica Lee Foley	.5									
		~				<u> </u>				
(7)	ļ									
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(14)		1								

Part	VII Section A. Officers, Directors, 1	rustees,	Key l	Emj	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
•					(6	C)					
•	(A)	(B)	,,, <u>,</u>	-4 -4		ition			(D)	(E)	(F)
	Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
		hours per week					or/trust		compensation from the	compensation from related	of other compensation
		(list any	유	Ins	Officer	<u>\$</u>	en H	ξ	organization	organizations	from the
		hours for	Individual trustee or director	Institutional	Cer	Key employee	ploy	me	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		related organizations	ctor	ος.	}	탕	e co				related organizations
		below	ST	#   #		yee	mg				
		dotted line)	ee	trustee		1	Highest compensated employee				
							E E				
(15)											
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<u>\~!/</u>		<b>†</b>	1								
(22)	· · · · · · · · · · · · · · · · · · ·										
3==-/		<b>†</b>	1		ł						
(23)		-				T					
3=-7/											
(24)											
3					1						
(25)										-	
		T	1								
1b	Subtotal							<b>&gt;</b>	63,158		
С	Total from continuation sheets to Part	VII, Section	n A					<b>&gt;</b>			
<u>d</u>	Total (add lines 1b and 1c)	<u>.</u> .						<u> </u>	63,158		
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$100,000	) of
	reportable compensation from the organ	ization ▶							0		
											Yes No
3	Did the organization list any former							mpl	loyee, or highes	st compensated	
	employee on line 1a? If "Yes," complete										3 1
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$	150,	,000	)? [	t "Ye	s, "	complete Sche	dule J for such	
_	ındıvıdual		• •	•							4 4
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or individua	
Cooti		! II Tes, C	отрі	ere	SCI	iea	ile J i	OI S	sucri persori .		5 /
	on B. Independent Contractors  Complete this table for your five high				رام ما				ntractors that a	raceured more	than \$100,000 of
1	compensation from the organization. Rep	ort comper	ensau	eu a fai	illu: r tha	ehe	lenda	r ve	ar ending with or	within the organ	nization's tax vear
	<u></u>	ort compen	Satio	1 101	LITE	s Ca	ieilua	l ye		within the organ	· · · · · · · · · · · · · · · · · · ·
	(A) Name and business add	Iress							(B) Description of sen	vices	(C) Compensation
								<del>                                     </del>	· ·		
	<del></del>				-			$\vdash$			
								$\vdash$			
2	Total number of independent contractor	ors (includu	ng bi	ıt n	ot	lımıt	ted to	th	nose listed abov	e) who	
_	received more than \$100,000 of compens									,	

12

Total revenue. See instructions

Form 9	90 (2019	9)					Page 9
Part	"VIII	Statement of Revenue			<u> </u>		
		Check if Schedule O contains a respon	se or note to an	y line in this Pa	<u>rt VIII </u>	· · ·	<u> </u>
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
۾ 'و. آ	С	Fundraising events 1c	74,649				
ifts Ir A	d	Related organizations 1d					
nila	е	Government grants (contributions) 1e					
ons	f	All other contributions, gifts, grants,					
Contributions. Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	358,804				
	g	Noncash contributions included in	_				
on Ind		lines 1a–1f		400 450			
9	<u>h</u>	Total. Add lines 1a-1f		433,453			
<b>0</b>	0-	Drawnam Davanua WAII C	Business Code	6,721			
vic	2a	Program Revenue - YWLC Program Revenue - KWN		567			
Program Service Revenue	b			307		<del></del>	
T ve	c d						
gra Re	e					·····	
٥ro	f	All other program service revenue					
_	g	Total. Add lines 2a-2f	•	7,288			
	3	Investment income (including dividends					
		other similar amounts)					
	4	Income from investment of tax-exempt bo	nd proceeds ►				_
	5	Royalties	T T				
		(ı) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less. rental expenses 6b					i
	C .	Rental income or (loss) 6c					
	d	Net rental income or (loss)			<del></del>		
	7a	Gross amount from (i) Securities	(ii) Other				İ
		sales of assets					
a).	L.	other than inventory 7a  Less. cost or other basis				•	4
nue	b	and sales expenses . <b>7b</b>					
³.e	С	Gain or (loss) 7c					
Ŗ.	d	Net gain or (loss)	•			· · ·	
Other Reven	ชล	Gross income trom tundraising					
ō		events (not including \$ 74,648					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	15,321				
	b	Less: direct expenses 8b	(21,935)				
	С	Net income or (loss) from fundraising eve	nts <b>&gt;</b>	(6,614)			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses	es · · · •	<del></del>	'		
			·S				
	10a	Gross sales of inventory, less returns and allowances <b>10a</b>					
	ь	Less: cost of goods sold 10b			!		
	C	Net income or (loss) from sales of invento	ory <b>&gt;</b>				
S		very very very	Business Code				
Miscellaneous Revenue	11a				-		
ane	b						
scellaneo Revenue	С						
lisc R	d	All other revenue					
2	е	<b>Total.</b> Add lines 11a-11d	▶			_	

434,127

Part IX	Statement of	Functional	Expenses

	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	2,271	2,271		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	225,765	225,765		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	63,158	41,053	11,052	11,053
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits	4,832	3,141	845	846
11 a b	Fees for services (nonemployees):  Management				
c d	Accounting				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g 12	(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion	24,300 8,368	23,500 3,347		800 5,021
13 14	Office expenses	4,688	3,047	821	820
15 16	Royalties	19,228	12,498	3,365	3,365
17 18	Travel	284			284
19 20	Conferences, conventions, and meetings . Interest	2,342	1,209	204	929
21 22 23	Payments to affiliates	1,578	789	789	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,,,,,,	**	-	
a b	Bank Fees Other Fundraising Expense	777 2,718	389	194	194 2,718
c d e	All other expenses		-		
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	360,309	317,009	17,270	26,030
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance	Sheet
----------------	-------

2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 1 Investments—	,		Check if Schedule O contains a response or note to any line in this Par	tX	··	<u> </u>
2   Savings and temporary cash investments   3   3	•					
3   Pledges and grants receivable, net   3   4   Accounts receivable, net   4   Accounts receivable, net   5   Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5		1	Cash—non-interest-bearing	174,040	1	244,766
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Investments—other securities. See Part IV, line 11 15 Investments—other securities. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities. Add lines 17 through 25 7,01 26 5,689  Organizations that to lont of Indion FASB ASC 958, check here b and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 30 Pad-in or capital surp		2	Savings and temporary cash investments [		2	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5		4	Accounts receivable, net		4	
controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(e)(3)(B). 7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—other securities. See Part IV, line 11		5	Loans and other receivables from any current or former officer, director,			{
6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(c)(3)(8).  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10 b Less: accumulated deprenation  11 Investments—publicly traded securities  12 Investments—other securities. See Part IV, line 11  13 Investments—other securities. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  27 Net assets with donor restrictions  28 Net assets with donor restrictions  29 Organizations that follow FASB ASC 958, check here Imade on the complete lines 27, 28, 29, and 33.  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total earnings, endowment, accumulated income, or other funds  31 Securities or fund balances  21 Stoad of fund balances  22 Tatival 28 285,242  23 285,242  24 Stoad of fund balances  25 Other liabili				40 My F - 4		
under section 4958(f)(1), and persons described in section 4958(c)(3)(8).  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments—other securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Integlibel assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets with out donor restrictions 30 Total complete lines 27, 28, 32, and 33. 31 Net assets with out on restrictions 31 Secured mortgages and note of follow FASB ASC 958, check here □ and complete lines 29 through 33. 32 Grapital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances. 21 Total net assets or fund balances. 22 Total net assets or fund balances.			· · · · · · · · · · · · · · · · · · ·		5	
7   Notes and loans receivable, net   7   8   Inventroires for sale or use   8   Inventroires for sale or use   9   Prepaid expenses and deferred charges   9   9		6				
8   Inventories for sale or use   8   9   9   Prepaid expenses and deferred charges   9   9   Prepaid expenses and deferred charges   9   9   10a   and, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10b   10c   11   Investments — bublicly traded securities   111   11   12   12   11   12   12				. <u>.</u>		
10a	ets					
10a	SS		<b>-</b>			
b Less: accumulated depreciation	•	_			9	
11   Investments — publicly traded securities   12   Investments — other securities. See Part IV, line 11   12   Investments — other securities. See Part IV, line 11   12   Investments — program-related. See Part IV, line 11   14,995   13   46,165   14   Intangible assets   14   Intangible assets   14   Intangible assets. See Part IV, line 11   15   Intangible assets. Add lines 1 through 15 (must equal line 33)   219,035   I6   290,931   If Accounts payable and accrued expenses   7,611   17   5,689   If B   Grants payable   If B   Intangible assets		10a				
12   Investments – other securities. See Part IV, line 11   12   13   Investments – program-related. See Part IV, line 11   44,995   13   46,165   14   Intangible assets   14   15   15   16   Total assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   219,035   16   290,931   17   Accounts payable and accrued expenses   7,611   17   5,689   18   Grants payable   18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   Tax-exempt bond liability. Complete Part IV of Schedule D   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22   23   Unsecured notes and loans payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   24   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   25   25   25   25   25   26   27   27   27   27   27   27   27		b	Less: accumulated depreciation 10b		10c	
13   Investments—program-related. See Part IV, line 11		11	Investments—publicly traded securities		11	
14   Intangible assets   14   15   15   15   15   15   15   15		12	Investments—other securities. See Part IV, line 11			
15 Other assets. See Part IV, line 11   15   15   15   16   290,931   17   Accounts payable and accrued expenses   7,611   17   5,689   18   Grants payable   18   19   Deferred revenue   19   19   20   18   20   21   22   20   22   22   22   23   24   24   24   25   25   26   27   28   28   28   29   29   29   29   29		13	Investments—program-related. See Part IV, line 11	44,995	13	46,165
16		14		<u></u>		
17		-				
18 Grants payable				219,035		290,931
19 Deferred revenue			· · · · · · · · · · · · · · · · · · ·	7,611		5,689
20 Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·			
21 Escrow or custodial account liability. Complete Part IV of Schedule D						
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here ▶ □  28 Net assets without donor restrictions  29 Net assets with donor restrictions  29 Organizations that do not follow FASB ASC 958, check here ▶ □  20 Capital stock or trust principal, or current funds  21 Paid-in or capital surplus, or land, building, or equipment fund  30 Retained earnings, endowment, accumulated income, or other funds  30 Total net assets or fund balances  21 Loans and other payables to any of these persons  22 2  23 Unsecured mortgages and notes payable to unrelated third parties  23 Unsecured mortgages and notes payable to unrelated third parties  24 Unsecured mortgages and notes payable to unrelated third parties  24 Unsecured mortgages and notes payable to unrelated third parties  24 Unsecured mortgages and notes payable to unrelated third parties  24 Unsecured mortgages and notes payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  26 Total liabilities.  26 Total liabilities.  27 Organizations that follow FASB ASC 958, check here ▶ □  28 Net assets with donor restrictions  29 Unsecured notes and loans payable to unrelated third parties  20 Unsecured notes and loans payable to unrelated third parties  20 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities.  26 Total liabilities.  27 Unsecured notes and loans payable to un			· · · · · · · · · · · · · · · · · · ·			<u> </u>
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	· '		21	
Unsecured notes and loans payable to unrelated third parties	ies	22				
Unsecured notes and loans payable to unrelated third parties	<b>#</b>					
Unsecured notes and loans payable to unrelated third parties	iat		• • • • • • • • • • • • • • • • • • • •			
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	-				-	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			· • • • • • • • • • • • • • • • • • • •		24	
25   26   Total liabilities. Add lines 17 through 25   7,611   26   5,689		25				
26   Total liabilities. Add lines 17 through 25					25	
Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions		26	L.	7 611	_	5 680
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	<b>6</b>			7,011	20	3,007
Net assets without donor restrictions	Š					
Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds	la l	27	i i	136.424	27	215,242
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds	Ba		<u> </u>		_	
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	밀					
Capital stock or trust principal, or current funds	ᇎ		• • • • • • • • • • • • • • • • • • • •			
30   Paid-in or capital surplus, or land, building, or equipment fund   30	9	29	· · · · · · · · · · · · · · · · · · ·		29	
31   Retained earnings, endowment, accumulated income, or other funds   30,000   31   30,000   32   32   Total net assets or fund balances   211,424   32   285,242   33   Total liabilities and net assets/fund balances   219,035   33   290,931	ets	30			30	
32       Total net assets or fund balances	1SS	31	Retained earnings, endowment, accumulated income, or other funds	30,000	31	30,000
Z33Total liabilities and net assets/fund balances	t	32		211,424	32	285,242
	ž	33	Total liabilities and net assets/fund balances	219,035	33	290,931

Pan	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
`1	Total revenue (must equal Part VIII, column (A), line 12)	1				1,127
2	Total expenses (must equal Part IX, column (A), line 25)	2			36	0,309
3	Revenue less expenses. Subtract line 2 from line 1	3				3,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			21	1,424
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			28	5,242
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	• •	• •		
	A I I I I I I I I I I I I I I I I I I I				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		<del></del>			i i
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	cpiain	In	′		′ ;
0-			-	2a		<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		· -	28		7
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	plied	or	١		
	Separate basis Consolidated basis, or both.				.	-"
b	Were the organization's financial statements audited by an independent accountant?		-	2b		~
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on	· -			· 1
	separate basis, consolidated basis, or both:	eu oi	۱ ۵		.	٠- !
	Separate basis Consolidated basis Both consolidated and separate basis				•	- 1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsiaht	of  -			
·	the audit, review, or compilation of its financial statements and selection of an independent accountain			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex			_		- 1
	Schedule O.					*.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	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	ergo t	the 🗍			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at	_		3b		
				Forn	990	(2019)

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Employer identification number

OMB No. 1545-0047 2019

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.

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

Open to Public Inspection

	Name of the organization Employer identification number							
	<u>_</u> _	Network						43962
Pai		Reason for Public Char						ns.
The c 1 2 3 4	A A A	zation is not a private founda church, convention of church school described in section hospital or a cooperative hospital research organizationspital's name, city, and state	nes, or association 170(b)(1)(A)(ii). (spital service orgonomorated in co	on of churches descri (Attach Schedule E (F janization described i	bed in se orm 990 n section	ection 17 or 990-E2 1 170(b)(1	O(b)(1)(A)(i). Z).) I)(A)(iii).	(iii). Enter the
5		n organization operated for tection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described ii
6 7	✓ Aı de	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs (A)(vi). (Complet	tantial part of its sup e Part II.)	port from			n the general public
8		community trust described in						
9	or ur	n agricultural research organi r university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re su ac	n organization that normally recepts from activities related upport from gross investment oquired by the organization a	to its exempt fui t income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its
11		n organization organized and						
12	of	n organization organized and one or more publicly suppo heck the box in lines 12a thro	orted organizatio	ns described in secti	ion 509(a	)(1) or se	ection 509(a)(2). Se	e <b>section 509(a)(3</b> )
а		Type I. A supporting organithe supported organization supporting organization. You	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	lect a ma	ijority of t	the directors or trust	ees of the
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
C		Type III functionally integ its supported organization(	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally integrated that is not functionally integrequirement (see instructionally integrated in the control of the control	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or 1	nization received Type III non-func	a written determination	on from tl pporting (	ne IRS the organizat	at it is a Type I, Type ion.	e II, Type III
f		er the number of supported o						
g	Pro	vide the following information	n about the supp	orted organization(s).	-			
	(ı) Nar	me of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
(A)								
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990 or 990-EZ) 2019 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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	202,224	115,112	213,449	177,623	204,812	913,220
2	Tax revenues levied for the 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	202,224	115,112	213,449	177,623	204,812	913,220
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)						52,073
6	Public support. Subtract line 5 from line 4						861,147
6 Secti	on B. Total Support			l			001,147
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	202,224	115,112	213,449	177,623	204,812	913,220
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,056	452	567	2,075
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						915,295
12	Gross receipts from related activities, etc.					12	6,721
13	First five years. If the Form 990 is for the	_					
	organization, check this box and stop her			· · · · ·	· · · · ·	<u> </u>	▶ 🖸
	on C. Computation of Public Suppor			4 1		44	94 %
14	Public support percentage for 2019 (line 6					14	92 %
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi	redule A, Part I	ii, iirie 14 . check the hov	on line 13 an	 nd line 14 is 33	19 or more	
IUa	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2018. If the organic						
-	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circi	-and-circumsta umstances" te	ances" test, ch	eck this box a zation qualifies	and <b>stop here.</b> s as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the neets the fact	e "facts-and-c s-and-circums 	stances" test.	test, check to the character to the creater to the community to the commun	this box and son qualifies as	stop here. a publicly ▶ □
18	<b>Private foundation.</b> If the organization distructions						

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name o	f the organization		Employer identification number
The Pa	ngea Network		56-2543962
Par			ls 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 a funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or for	r any other purpose
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c	organization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	n in the form of a conservation
	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 easements	8	. 2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	. 2c
d	Number of conservation easements included in (historic structure listed in the National Register .		
3	Number of conservation easements modified, transtax year ▶	ferred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to consen	vation easement is located ►	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting ►\$	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer		incial statements that describes the
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	B ASC 958, not to report in its revenu	e statement and balance sheet works, or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item.	for public exhibition, education, or res	earch in furtherance of public service,
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		
2	If the organization received or held works of art, following amounts required to be reported under FA	ASB ASC 958 relating to these items:	assets for financial gain, provide the
a	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$

Part	Organizations Maintaining	Collections of A	<u> Art, Historical</u>	Treasures, or	Other Similar As	sets (continued)
. 3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner records, che	ck any of the fo	llowing that make s	ignificant use of its
а	☐ Public exhibition		d 🗌 Loar	or exchange pr	ogram	
b	☐ Scholarly research		e 🗌 Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organizati XIII.	on's collections a	ind explain how	they further the	organization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Part						
	Complete if the organization 990, Part X, line 21.	answered "Yes"	' on Form 990, 	Part IV, line 9,	or reported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the following	table:		
						mount
С	Beginning balance			T T	1c	
d	Additions during the year			i i	1d	
е	Distributions during the year				1e	
f	Ending balance				_1f	<u> </u>
2a	Did the organization include an amoun					
b	If "Yes," explain the arrangement in Pa	irt XIII. Check nere	e if the explanation	on nas been pro	vided on Part XIII .	<u> </u>
Par	Endowment Funds.  Complete if the organization	anawarad "Vaa"	, an Earm 000	Dort IV line 10	1	
	Complete if the organization			<del></del>		k (e) Four years back
	B	(a) Current year	(b) Prior year 30,00	(c) Two years ba	- +	
1a	Beginning of year balance	30,000	30,00	50,0	50,00	50,000
b	Contributions		<del></del>	<del> </del> -		
С	Net investment earnings, gains, and losses					
d	Grants or scholarships			<u> </u>	-	
е	Other expenditures for facilities and programs			20,0	000	
f	Administrative expenses					
g	End of year balance	30,000	30,00		· · ·	50,000
2	Provide the estimated percentage of the			g, column (a)) he	eld as:	
а	Board designated or quasi-endowmen	it ▶ 100	2.%			
b	Permanent endowment	. <u></u> %				
C	Term endowment ▶%					
	The percentages on lines 2a, 2b, and 2	•				
3a	Are there endowment funds not in the	possession of th	e organization t	nat are held and	administered for th	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i) 🗸
	(-,					3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related or	•	•			3b
4	Describe in Part XIII the intended uses		n's endowment	tunds.		
Part	, , , , , , , , , , , , , , , , , , , ,		. =	D . N. II . 44		D4 V 15 40
	Complete if the organization	answered "Yes'				
	Description of property	(a) Cost or oth		or other basis	(c) Accumulated	(d) Book value
		(investme	Sitty	(other)	depreciation	<u> </u>
1a	Land					
b	Buildings					
C	Leasehold improvements	_			<del></del>	
d	Equipment					<u></u>
e Tatal	Add lines 1a through 1e (Column (d) m		00 Port V 32/:	n (D) line 10c \		
LOTAL	And lines la infolido le (Collimo (d) m	usi edual Form 99	SU PALLA COUNT	io (Di. IIOE 1UC.).		

Part VII	Investments – Other Securities.	000 Part IV Iva	- 11h Cas Farm	000 Part V line 10
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)			<u> </u>	
(B)				
(C)				<u> </u>
(D)				
(E)				
(F)		-		<del> </del>
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	-		
Part VIII	Investments—Program Related.	1	<u></u>	
T GIT VIII	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Pevolvir	g Funds for Kenyan Women's Network - Business Growth	46,165	Cost	
(2)	g runus for Kenyari tromon s network. Business crown	107.00		
(3)		<del>-</del>	<del></del>	
(4)				<u>-</u>
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				<u> </u>
(5)				
(6) (7)		<del></del>		
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>	<b>. ▶</b>	
FaitA	Complete if the organization answered "Yes" on For	rm 990, Part IV, lın	e 11e or 11f. See	Form 990, Part X,
1.	line 25.  (a) Description of liability		<del></del>	(b) Book value
(1) Federal in				(b) Book Value
	COME taxes			
(2)				
(4)	<del></del>			<del> </del>
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25.)			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	n's financial stateme	nts that reports the
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of the	footnote has been p	orovided in Part XIII . 🔲

b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
Part V, Line 4: The intended use of the endowment is to build financial long-term stability for the organization in o	order to grow programs and
fund administrative costs consistent with the organization's mission.	
	·

Schedule D (Form 990) 2019

Part XI

2

3

Part XII

## SCHEDULE F (Form 990)

## Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization The Pangea Network General Information on Activities Outside the United States, Complete if the organization answered "Yes" on

Employer identification number 56-2543962

Par	Form 990, Part IV, line		ies Outside	the Office States. Con	ipiete ii tile organization ai	iswered res on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the gran	ts or assistance, and the	selection criteria used to	✓ Yes □ No
2	For grantmakers. Describe	ın Part V the	e organization	's procedures for monitorin	ng the use of its grants and	l other assistance
	outside the United States.					
3_	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<u>(1)</u>	Sub-Saharan Africa - Kenya	1	7	Program Services	Education / Skills Training	225,765
(2)	Sub-Saharan Africa - Kenya	1	7	Program Investments	Revolving Funds/Biz Growt	46,165
(3)						
(4)						
(5)		***				
(6)				_	,	
(7)						
(8)						<u> </u>
(9)						
(10)						
(1 <u>1)</u>						<u> </u>
(12)						
(13)						
(14)			-			
(15)						
(16)						
(17)						A=- 25-
3a						271,930
	Total from continuation sheets to Part I					274 000
C	Totals (add lines 3a and 3b)	l	1	I .	1	271,930

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

`,`	I	Ί	[	·	)	l	ا		1			I		1	1	١	į	1 6
(i) Method of valuation (book, FMV, appraisal, other)										:								Schedule F (Form 990) 2019
(h) Description of noncash assistance													;				x-exempt ▶	<b>▲</b>
(g) Amount of noncash assistance																	ntry, recognized as ta	
(f) Manner of cash disbursement															į		s by the foreign cournincy letter	
(e) Amount of cash grant																	are recognized as charities by the for section 501(c)(3) equivalency letter	
(d) Purpose of grant																	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	ies · · · · · sai
(c) Region																	Enter total number of recipient organizations listed above that a by the IRS, or for which the grantee or counsel has provided a	Enter total number of other organizations or entities
(b) IRS code section and EIN (if applicable)																	mber of recipier for which the g	mber of other o
(a) Name of organization													:				Enter total nui by the IRS, or	Enter total nui
-		8	<u></u>	€	(2)	9	<u>E</u>	8	6	(10)	(1)	(12)	(13)	(14)	(15)	(16)	7	m

Schedule F (Form 990) 2019

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. Part III

```		•	1	·	'									1				
(h) Method of valuation (book, FMV, appraisal, other)	Book	Book	Book															
(g) Description of noncash assistance			26,851 Housing/Food/Retreat/Med Book															
(f) Amount of noncash assistance			26,851															
(e) Manner of cash disbursement	Wire	7,667 Cash Distributions	46,230 Wire to schools											,				
(d) Amount of cash grant	46,165 Wire	7,667	46,230															
(c) Number of recipients	417	578	33															
(b) Region	Sub-Saharan Africa-Keny	Sub-Saharan Africa-Keny.	Sub-Saharan Africa-Keny.															
(a) Type of grant or assistance	(1) Kenya Coops-Revolving Funds Sub-Saharan Africa-Keny.	(2) Kenya Coops-Food/Transport	(3) Kenya Student Sponsorship	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Page	4
raue	_

Parţ'	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 separately 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; don't 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	<b>☑</b> 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	<b>☑</b> 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Page 5

## Part'V Supr

#### **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 accountant and by
Pangea HQ staff and board. Monthly requisistions for funding are received from the Kenya office, reviewed per the budget and once approved
are wired to cover that month's program and administrative expenses. A monthly review is conducted by the accountant in the region,
reviewing receipts and expenses against budget and sends an actual expenditure report, along with bank statements to the U.S. HQ with are
then reviewed by the Pangea head in Texas.
Also, as required by Kenyan law, the Kenyan books are audited annually by independent auditors.
Program staff in Kenya do monthly monitoring of all active women's cooperatives and reviews financial statements and also do random
site visits of their businesses if they are reveiving revolving funds.
Pangea HQ staff visit the field office on an annual basis for site visits with staff and the women's cooperatives and student sponsorship
recipients to ensure program execution and efficiency. We also review all policies and procedures and conduct performance reviews.
Program investments of \$46,165 are funds given to the cooperatives after their 6-months of trainings are completed These funds are
disbursed as revolving funds for the women to start and grow businesses and increase income levels and overall quality of living standards.
`

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Pangea Network

Employer identification number

56-2543962

Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds t	hrough any	of the follo	owing activities. (	Check all that apply.	
а	✓ Mail solicitations		e 🗹	Solicitati	on of non-goverr	nment grants	
b	✓ Internet and email solicitation	ns	f [	Solicitati	on of governmen	t grants	
С	Phone solicitations		g ⊡		fundraising event	_	
d	✓ In-person solicitations		-	•	J		
2a	Did the organization have a writ	ten or oral agree	ement with	any individ	lual (including off	icers, directors, trust	ees.
	or key employees listed in Form	990, Part VII) or	entity in co	onnection v	with professional	fundraising services?	☐ Yes 🗹 No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	irsuant to agreer	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		•	
1							
2							
3	,						
4		-					
5							
6						,	
7						***************************************	***************************************
8							
9							
10							
Γotal				•			
<b>3</b> Texas	List all states in which the orga registration or licensing.						
	······································					···	
						1	
· · · · · · · · · · · · · · · · · · ·							
<b>-</b>							

Pa	art II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List event gross receipts greater than \$5,000.							
			(a) Event #1 Out of Africa (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	89,969			89,969			
Direct Expenses Re	2	Less: Contributions	74,648		100000000000000000000000000000000000000	74,648			
	3	Gross income (line 1 minus line 2)	15,321		-	15,321			
	4	Cash prizes	_			-			
	5	Noncash prizes	2,180	<del>-</del>		2,180			
	6	Rent/facility costs	900			900			
	7	Food and beverages	14,100			14,100			
	8	Entertainment	1,550	<del>.</del>		1,550			
	9	Other direct expenses .	3,205			3,205			
Pa	10 11 rt III	Net income summary. Subtract line 10 from line 3, column (d)							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct I	4	Rent/facility costs							
_	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<u>\</u>				
g	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these state					
10		ere any of the organization's g	aming licenses revoked	l, suspended, or termin		? . □Yes □No			

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11.	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	_	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
1	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	□Ves	
L	revenue?	☐ Yes	□ NO
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	in 188, Sitter Haine and dual 888 of the time party.		
	Name ▶		
	Address ►		<del></del>
16	Gaming manager information:		
	Name ►		<b></b>
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		ę
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		ł
u	retain the state gaming license?		☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$	1	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

## SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

The Pangea Network

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

**Employer identification number** 

56-2543962

Part VI, Line 11b: Review of 990. The return is reviewed by the Board Secretary / Treasurer and the Chairman and then made available to all
board members for review.
Part VI, Line 12c: Monitoring and enforcing compliance with the conflict resolution policy. The board is 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 on 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 on third party sites like Guidestar as well as upon request.
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