Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B C a	heck if	e: C Name of organization	D Employer identific	cation number	
X	Addre:	BATONGA FOUNDATION			
	Name chang				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return/		123	(818) 980	0-0340
	termin ated			G Gross receipts \$	759,597.
	Ameno	WASHINGION, DC 20009		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: EMILLI BOVE		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	lf "No," attach a	list. See instructions
		te: WWW.BATONGAFOUNDATION.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2006 N	State of legal domicile: DC
Pa	rt I	Summary			
¢		Briefly describe the organization's mission or most significant activities: WE E			
nc		IN BENIN WITH KNOWLEDGE AND SKILLS THEY N	EED TC	BE AGENTS	OF CHANGE.
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
0 N					10
ۍ مې		Number of independent voting members of the governing body (Part VI, line 1b)			10
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			4
iviti		Total number of volunteers (estimate if necessary)			10
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	i	0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		304,791. 0.	759,597.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-17,799.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		286,992.	759,597.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		200,992.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		302,162.	341,197.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (A), line 11e)		0.	
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,605.	308,100.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		540,767.	649,297.
		Revenue less expenses. Subtract line 18 from line 12		-253,775.	110,300.
or	15			ginning of Current Year	End of Year
ets c ance	20	Total assets (Part X, line 16)		112,236.	463,086.
Asse	21	Total liabilities (Part X, line 26)		5,099.	245,649.
Net Assets (Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		107,137.	217,437.
	rt II	Signature Block			,,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer EMILY BOVE, EXECUTIVE DIRECTOR Type or print name and title	Date								
Preparer	Print/Type preparer's name Preparer's signature Date FRANK H. SMITH Frank H. Smith 11/08 Firm's name MARCUM, LLP	Check PTIN if self-employed P00639053 Firm's EIN ▶ 11-1986323								
Use Only May the IF	Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036	Phone no. (202) 227-4000								

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	990 (2020) BATONGA FOUNDATION 20-5927387 Page 2
Par	t III 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: AT THE BATONGA FOUNDATION (BATONGA), WE ARE HARNESSING THE POTENTIAL
	OF THE MOST MARGINALIZED FEMALE YOUTH, AND ARMING ADOLESCENT GIRLS
	WITH THE LIFE AND EMPLOYABILITY SKILLS TO TRANSFORM THEIR ECONOMIC
	POTENTIAL INTO ECONOMIC POWER.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	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 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 \$ 477,064. including grants of \$) (Revenue \$)
	THE BATONGA FOUNDATION EQUIPS THE HARDEST-TO-REACH GIRLS AND YOUNG
	WOMEN WITH THE KNOWLEDGE AND SKILLS THEY NEED TO BE AGENTS OF CHANGE IN
	THEIR OWN LIVES AND COMMUNITIES. BATONGA ENVISIONS A SAFER, HEALTHIER,
	AND MORE EQUITABLE WORLD IN WHICH ALL GIRLS AND WOMEN CAN THRIVE.
	IN 2020, BATONGA CONTINUED ITS WORK WITH BENIN'S MOST VULNERABLE
	ADOLESCENT GIRLS AND YOUNG WOMEN, BUT ADAPTED ITS PROGRAM DELIVERY APPROACH TO THE COVID19 PANDEMIC, DEVELOPING A ROBUST COVID19 STRATEGY
	IN COLLABORATION WITH THE YOUNG WOMEN AND ADOLESCENT GIRLS IT SERVES.
	IN COMPADINATION WITH THE TOONG WOMEN AND ADDREDCENT GIVED IT DERVED:
	BATONGA CONTINUED TO BUILD ADOLESCENT GIRLS' SOCIAL, EMOTIONAL AND
	COGNITIVE ASSETS THROUGH A COMBINATION OF LIFE-SKILLS, TECHNICAL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	() () () (
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 477,064.
	Form 990 (2020)
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	2
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 Form 990 (2020)
 BATONGA FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>ل</u>		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ē		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		х
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		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2	2020)	BATONGA			
Part IV	Checkli	st of Required Sch	edules	(continued))

BATONGA FOUNDATION

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	1	
38	Notes All Forms 000 filese are used to complete Ochostula O	38	х	
Par		30	23	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2020) BATONGA FOUNDATION 20-5927 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) Continued)	387	P	age 5			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	NO			
24	filed for the calendar year ending with or within the year covered by this return 2a 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х				
2	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	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		x			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
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?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	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		X X			
	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		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		<u> </u>			
g							
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
0	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	0					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
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 13b						
	Enter the amount of reserves on hand	4.6		v			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x			
	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		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10					

Form **990** (2020)

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Form 990	(2020)
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BATONGA FOUNDATION

Section A. Governing Body and Management

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

X

 Form 990 (2020)
 BATONGA FOUNDATION
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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		1 1		ا م م		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	point or	ne or		7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st persons other than the governing body?	tockholc	lers, or		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				10		
	The governing body?	•	-		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				00		
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	Nenue (code)		<u> </u>		
			,ou c .)			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
~					10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	g				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>//</i> "						
	in Schedule O how this was done	,			12c	х	
	Did the organization have a written whistleblower policy?				13		X
	Did the organization have a written document retention and destruction policy?				14		X
	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	3				
	exempt status with respect to such arrangements?				16b		
	ion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA, NY						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-1	(Section	501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n on Sch	edule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest p	olicy, and	finano	cial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's box EMILY BOVE - (818) $980-0340$		records	►			
	2202 18TH STREET, NW, NO. 123, WASHINGTON, DC 2000)9					
					-	000	(2020

Form 990 (2	D20) BATONGA FOUNDATION	20-5927387	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
·	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year en	ding 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 related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploy6	t com				and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EMILY BOVE, EXECUTIVE	40.00		_							
DIRECTOR		1		x				114,583.	0.	0.
(2) MONICA WINSOR	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) MARY LOUISE COHEN	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) ALETA WILLIAMS	2.00									
SECRETARY, VICE CHAIR		Х		Х				0.	0.	0.
(5) COLIN CLARKE	2.00									
TRUSTEE		Х						0.	0.	0.
(6) ROMUALD HAZOUME	2.00									•
TRUSTEE		Х						0.	0.	0.
(7) JEAN HEBRAIL	2.00								•	•
TRUSTEE	10.00	X			<u> </u>			0.	0.	0.
(8) ANGELIQUE KIDJO	10.00								0.	0
TRUSTEE (9) KAREN RICHARDSON	2.00	X						0.	0.	0.
(9) KAREN RICHARDSON TRUSTEE	2.00	х						0.	0.	0.
(10) JOEL SAMUELS	2.00	~						0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(11) KATRINA SHARKEY	2.00									
TRUSTEE		x						0.	0.	0.
		1								
										Form 990 (2020)

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Form 990 (2020)

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10541109 150872 192102

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	990 (2020) BATONGA	FOUNDATI	ON	[20-59	9273	87	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week (list any hours for				ss per	ition more rson i irecto	than o s both pr/trus	tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensatio from the		of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-Mid		orga anc	nizati I relate nizatio	on ed
			-											
											-+			
			-											
											-+			
1b	Subtotal		1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		114,583.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 114,583.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any former officer,	,	,	,			,	0		,	ſ		Yes	No v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr	accrue compen	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		4 5		x
Sec	tion B. Independent Contractors		2010	51 50		JE/3	011 .				<u></u>	•		
1	Complete this table for your five highest co the organization. Report compensation for									, ,	ensati	on fro	m	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C omper		ו
2	Total number of independent contractors (i	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi									1	F	orm S	990 (2	2020)

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Pa	rt V	111	Statement of Re	venue						
			Check if Schedule O	contains a	respons	e or note to any line	e in this Part VIII	(B)	(0)	
							(A) Total revenue	(B) Related or exempt		(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
tts Its	1	а	Federated campaigns		1a					
arar oun		b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events		1c					
ar		d	Related organizations		1d					
s, C		е	Government grants (contr	ibutions)	1e	20,152.				
r Si		f	All other contributions, gifts,	grants, and						
the t			similar amounts not included	above	1f	739,445.				
o fri		g	Noncash contributions included in	lines 1a-1f	1g \$					
ano		h	Total. Add lines 1a-1f				759,597.			
						Business Code				
ė	2	а								
Program Service Revenue		b								
Ser		с								
e an		d								
- Long		е								
Pro		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)							
	4		Income from investment of							
	5		Royalties							
			,) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	· · · ·						
			Gross amount from sales of		ecurities	s (ii) Other				
		-	assets other than inventory	7a						
		h	Less: cost or other basis	74						
Ð		~	and sales expenses	7b						
Revenue		~	Gain or (loss)	70 70						
ě			Net gain or (loss)	•						
л Т			Gross income from fundraisi							
othe	0	a								
0			including \$ contributions reported on							
				-						
		L	Part IV, line 18			Ba Bb				
			Less: direct expenses							
			Net income or (loss) from	-						
	9	a	Gross income from gamin	-						
		I -	Part IV, line 19							
			Less: direct expenses		—)b				
			Net income or (loss) from	0 0		····· ►				
	10	а	Gross sales of inventory, I							
			and allowances			0a				
			Less: cost of goods sold			0b				
		С	Net income or (loss) from	sales of inv	/entory					
S						Business Code				
eor	11					-		+		
lan		b				-				
Sel.		с								
Miscellaneous Revenue			All other revenue							
_		е	Total. Add lines 11a-11d			►			-	
	12		Total revenue. See instruction	ons		►	759,597.	0.	0.	0.
03200	9 12-2	23-:	20							Form 990 (2020)

BATONGA FOUNDATION

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Form 990 (2	2020)	B	ATONG.	A FOUND
Part IX	Stateme	nt of Fun	ctional	Expenses

BATONGA FOUNDATION

	Check if Schedule O contains a respons		his Part IX	(0)	X
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	114 500	24 275	00 000	
_	trustees, and key employees	114,583.	34,375.	80,208.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	179,601.	177 701	1 000	
7	Other salaries and wages	T/3,00T.	177,701.	1,900.	
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	14,862.	1,821.	13,041.	
9	Other employee benefits	32,151.	9,629.	22,522.	
10	Payroll taxes	JZ,IJI•	9,029.	<u> </u>	
11	Fees for services (nonemployees):				
	Management				
		14,508.	14,508.		
	Accounting	14,500.	14,500.		
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	98,669.	93,141.	3,260.	2,268
12	Advertising and promotion	50,0051		5,2001	2,200
13	Office expenses	7,377.	3,850.	1,311.	2,216
14	Information technology	54,652.	51,254.	3,194.	204
15	Royalties				
16	Occupancy	17,336.	4,300.	13,036.	
17	Travel	39,233.	26,803.	12,404.	26
18	Payments of travel or entertainment expenses		. ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,016.	6,710.	3,306.	
20	Interest		•		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,622.		4,622.	
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 0.)				
а	PROGRAM EXPENSES	36,110.	31,443.	4,667.	
b	TRAINING & MATERIALS	12,276.	11,758.	518.	
c	MISCELLANEOUS	7,025.	4,745.	2,280.	
d	PUBLICATION & PRINTING	6,276.	5,026.	1,250.	
	All other expenses	,		,	
25	Total functional expenses. Add lines 1 through 24e	649,297.	477,064.	167,519.	4,714
26	Joint costs. Complete this line only if the organization				, <u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
S	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		112,236.	16	463,086.
	17	Accounts payable and accrued expenses		5,099.	17	0.
	18	Grants payable			18	
	19	Deferred revenue		0.	19	245,649.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F		21		
s	22	Loans and other payables to any current or form				
Itie		trustee, key employee, creator or founder, substa				
Liabilities		controlled entity or family member of any of thes	e persons		22	
Ï	23	Secured mortgages and notes payable to unrelation	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		5,099.	26	245,649.
		Organizations that follow FASB ASC 958, chee	ck here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.				
balances	27	Net assets without donor restrictions		107,137.	27	217,437.
Ба	28	Net assets with donor restrictions			28	
Fund		Organizations that do not follow FASB ASC 95				
		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
Assets	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc			31	
Net	32	Total net assets or fund balances		107,137.	32	217,437.
-	33	Total liabilities and net assets/fund balances	112,236.	33	463,086.	

11

BATONGA FOUNDATION

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

1 Cash - non-interest-bearing Savings and temporary cash investments

Loans and other receivables from any current or former officer, director,

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(B) End of year

393,343.

69,743.

(A) Beginning of year

91,894.

20,342.

1

2

3

4

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3 Pledges and grants receivable, net 4 Accounts receivable, net

2

5

Form	990 (2020) BATONGA FOUNDATION	20-	-5927387	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>97.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			97.
3	Revenue less expenses. Subtract line 2 from line 1	3	110),3	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	107	7,1	<u>37.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	217	7,4	<u>37.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	· · · · · · · · · · · · · · · · · · ·		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc			v
_	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public

inspect	
identification	num

Name of	f the	organization
---------	-------	--------------

Name of the organization						Employer identification number		
Dell		DNGA FOUNDATION Charity Status. (All organizations must complete this part.) See instructions						0-5927387
Part I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The orga	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz)(iii), Enter	the hospital's name,
	city, and state:	·	, ,				~ /	· /
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0			or operat	,			
6	A federal, state, or local go		aantal unit described in	soction 17	70(6)(1)(1)	(v)		
7 X	· · · · ·	-						while described in
/ 1	•	-	mai part of its support if	om a gove	ernmentai	unit or from tr	ie general p	Sublic described in
•	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org				-		-	-
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	lines 12a through 12d that	-						
a	Type I. A supporting orga						-	aivina
	the supported organization		-	• • • •	-			
	organization. You must o			indjointy e				ipporting
b	Type II. A supporting org	-		ion with it	e eunnorte	od organizatio	n(c) by bay	ina
	control or management of	-				-		-
	-			anie perso	115 11121 00		Je i le supp	Joned
- L	organization(s). You mus							al
c 🗋	_ Type III functionally inte						ly integrate	a with,
	its supported organizatio		-					
d 🗌	Type III non-functionally						-	
	that is not functionally int			•		-	an attentiv	reness
_	requirement (see instruct	,	•					
e	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
g Pro	vide the following information			(iii) le the error	ainsting listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tetel								
Total				000 57				
LHA FOR	Paperwork Reduction Act N	iotice. see the instr	uctions for Form 990 of	990-EZ.	032021 01-	25-21 Sche	aule A (For	m 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 BATONGA FOUNDATION

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	475,464.	355,424.	623,271.	304,791.	759,597.	2518547.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	475 464	255 424	602 071	204 701	750 507	2510547
	Total. Add lines 1 through 3	475,464.	355,424.	623,271.	304,791.	759,597.	2518547.
5							
	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)						1229339.
~							1289208.
	Public support. Subtract line 5 from line 4. ction B. Total Support						1209200.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	475,464.	355,424.	623,271.	304,791.	759,597.	2518547.
	Gross income from interest,	1,5,1010	333,1210	02072720	50177510	, , , , , , , , , , , , , , , , , , , ,	
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	19.	9.				28.
9							
Ũ	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.)		787.				787.
11	Total support. Add lines 7 through 10						2519362.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	76,482.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I					14	<u>51.17 %</u>
	Public support percentage from 2019					15	<u>52.75 %</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
~	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b			
					SCNE	edule A (Form 990	UI 990-EZI 2020

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Schedule A (Form 990 or 990-EZ) 2020 BATONGA FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

20-5927387 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		ization,
_	check this box and stop here)
	ction C. Computation of Public						
15	Public support percentage for 2020 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage			<u>т г</u>	
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and li	ine 17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiza	ation	►
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
03202	23 01-25-21				Sch	edule A (Form	n 990 or 990-EZ) 2020

¹⁵ 2020.05000 BATONGA FOUTDATION AYER¹COPY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

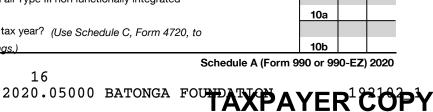
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	ĺ	
b	A family member of a person described in line 11a above?	11b	ľ	
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Sec	ction D. All Type III Supporting Organizations		
			Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
---	---	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

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Schedule A	(Form 990 or 990-EZ) 2020 BATON	NGA FOUNDATION	
Part V	Type III Non-Functionally In	ntegrated 509(a)(3) Supporting O	rganizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020	BATONGA	FOUNDATION
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued))
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	· ·	2	2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	; 3	3
4	Amounts paid to acquire exempt-use assets		4	L L
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		e	;
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 BATONGA FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2016 AMOUNT: \$ 0.	
2017 AMOUNT: \$ 787.	
2018 AMOUNT: \$ 0.	
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 2020 20
41109 150872 192102	2020.05000 BATONGA FOUTDATYPAYER CO

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

20-5927387

BATONGA	FOUNDATION
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5	·
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

BATONGA FOUNDATION

Name of organization

Employer identification number

20-5927387

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MASTERCARD FOUNDATION 250 YONGE STREET, SUITE 2400 TORONTO, ONTARIO, CANADA M5B 2L7	\$ <u>256,231.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW, SUITE 300 WASHINGTON, DC 20036	\$ <u>181,294.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NOVO FOUNDATION 401 STATE STREET BROOKLYN, NY 11217	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	WILLIAM H. DONNER FOUNDATION 520 WHITE PLAINS ROAD, SUITE 500 TARRYTOWN, NY 10591	\$ <u>70,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	U.S. EMBASSY OF BENIN AVENUE DE LA MARINA COTONOU, BENIN BP 2012	\$ <u>16,657.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	UNITED NATIONS FOUNDATION, INC. 1750 PENNSYLVANIA AVENUE, NW, SUITE 300 WASHINGTON, DC 20006	\$15,626.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Name of organization

Page **3**

Employer identification number

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BATONGA FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Par		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		—	
		\$	
(a)		(c)	
No. rom	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
art I		(See instructions.)	
53 11-25-		\$	990, 990-EZ, or 990-PF) (2

023453 11-25-20

24 2020.05000 BATONGA FOUTDATTOPAYER¹COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4**

Name of orga	nization		Employer identification number
ватолса	FOUNDATION		20-5927387
Part III E	xclusively religious, charitable, etc., contributi) through (e) and the following line en charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	lft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	Relationship of transferor to transferee
-			
023454 11-25-20			Schedule B (Form 990, 990-EZ, or 990-PF) (202

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0						
BATONGA FOUNDAT	ION				20-59273	87
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered '	'Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gra			
the grantees' eligibility t	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and otl	ner assistance out	side the
	he following Part		n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	1	8	PROGRAM SERVICES	SUPPORT TO GIRLS AND Y ENTREPRENEU	OUNG WOMEN	350,000.
					NO	
3 a Subtotal b Total from continuation	0	8				350,000.
sheets to Part I c Totals (add lines 3a and 3b)	1	8				0. 350,000.
LHA For Paperwork Reduc			tions for Form 990		Schedule F	(Form 990) 2020

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

Statement of Activities Outside the United States

Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

Employer identification number

Schedule F	F (Form	990)	2020

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26

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BATONGA FOUNDATION

Part II 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	ns listed above that are r	ecognized as charities by the	foreign country,	recognized as a tax	1		
exempt 501(c)(3) orga	nization by the IRS, c	or for which the grantee of	or counsel has provided a sect	tion 501(c)(3) equ	vivalency letter	►		
3 Enter total number of	3 Enter total number of other organizations or entities							

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 BATONGA FOUNDATION

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance Image: Colspan="5">Image: Colspan="5" Image: Colspa="5" Image: Colspan="5" Image: Colspan="5" Image: Cols

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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Schedule F (Form 990) 2020



(h) Method of valuation (book, FMV, appraisal, other)

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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

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.

PART I, LINE 3:

BATONGA REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN

ITS FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

Schedule F (Form 990) 2020

2020.05000 BATONGA FOUTDATTOPAYER COPY

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



BATONGA FOUNDATION

Employer identification number 20-5927387

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH LEADERSHIP CLUBS FOR GIRLS, ADOLESCENT GIRLS GAIN CONFIDENCE AND FINANCIAL LITERACY SKILLS. THROUGH OUR PROFESSIONAL TRAINING CENTERS, WE ENSURE YOUNG WOMEN HAVE PROFESSIONAL SKILLS THEY CAN USE TO LAUNCH INCOME-GENERATING ACTIVITIES AND FIND EMPLOYMENT. OUR NETWORK OF LOCAL MENTORS ENSURES THAT EACH GIRL RECEIVES THE SUPPORT AND CARE SHE NEEDS AS SHE TRANSITIONS INTO ADULTHOOD AND MAKES IMPORTANT LIFE DECISIONS THAT WILL IMPACT HER CAPACITY TO LIVE A FULFILLING AND SAFE LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SKILLS, MENTORSHIP AND PERSONALIZED SUPPORT DELIVERED THROUGH ITS SONAFA LEADERSHIP CLUBS. BUT BECAUSE OF THE PANDEMIC AND THE PAUSE OF IN-PERSON GATHERINGS, BATONGA TOOK THESE LESSONS AND SHARED THEM VIA LOCAL COMMUNITY RADIOS, REACHING UP TO 200,000 INDIVIDUALS (WE ALSO HOSTED MINI-CLUBS WITH LESS THAN 10 GIRLS WHEN POSSIBLE). BATONGA ALSO LAUNCHED A NEW PILLAR AROUND YOUNG WOMEN'S ECONOMIC EMPOWERMENT LAUNCHING ITS YOUNG WOMEN BUSINESS CIRCLES IN THE SAME COMMUNITIES AS THE LEADERSHIP CLUBS. THESE CIRCLES SUPPORT YOUNG WOMEN AGED 18 TO 30 IN HOW TO LAUNCH THEIR BUSINESSES, BUILD STRONG PROFESSIONAL NETWORKS AND CAREER PATHS, AND CONNECT TO OTHER EXISTING SERVICES SUCH AS FINANCING AND VOCATIONAL TRAINING. THIS NEW ACTIVITY IS A WAY TO COUNTER THE ECONOMIC IMPACTS OF THE PANDEMIC ON A GROUP THAT ALREADY FACES ECONOMIC HARDSHIP AND BARRIERS. IN 2020, BATONGA ALSO LAUNCHED A NEW ADVOCACY INITIATIVE CALLED "NOS VOIX COMPTENT", TO HELP AMPLIFY AFRICAN FRANCOPHONE VOICES DURING THE GENERATION EQUALITY PROCESS AND Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 11-20-20

2020.05000 BATONGA FOUTDATEDATEDATE

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BATONGA FOUNDATION	Employer identification number $20-5927387$
FORUM HOSTED BY THE UNITED NATIONS. WE MOBILIZED UP TO 300	GROUPS IN 22
COUNTRIES THROUGH AN ONLINE NETWORK, VIRTUAL WORKSHOPS AND	WORKING
GROUPS.	
IN 2020, THE THREE PRIMARY ACTIVITIES FOR BATONGA INCLUDED	:
1. RUNNING 125 LEADERSHIP CLUBS FOR ADOLESCENT GIRLS AGED	12-18 IN 50
VILLAGES IN RURAL BENIN, AND SERVING UP TO 2,000 ADOLESCEN	TS. THESE

CLUBS ALSO HOSTED WEEKLY RADIO LESSONS ON GIRLS' RIGHTS, COVID

PREVENTION, AND COMMUNITY SOLIDARITY DURING THE PANDEMIC. THE BATONGA

LEADERSHIP CLUBS:

A. PROVIDE ACCESS TO WEEKLY GIRL-ONLY SAFE SPACES WHERE THEY GAIN A

LOCAL FEMALE MENTOR'S SUPPORT, PHYSICAL AND EMOTIONAL SECURITY,

FINANCIAL LITERACY AND LIFE SKILLS, AND A SENSE OF VALUE AND BELONGING

B. BUILD PEER NETWORKS AND SOCIAL CAPITAL THAT WILL GIVE GIRLS AGENCY OVER THEIR OWN LIVES SO THEY ARE NEVER FORCED BY POVERTY AND CIRCUMSTANCE TO COMPROMISE THEMSELVES IN ORDER TO SURVIVE; AND

C. IMPROVE THE LIVELIHOODS, CONFIDENCE, AND WELLBEING OF GIRLS BY

CREATING OPPORTUNITIES FOR THEM TO ENGAGE IN INCOME GENERATING

ACTIVITIES AND TO LEARN SMALL BUSINESS MANAGEMENT SKILLS.

2. LAUNCHING 50 YOUNG WOMEN BUSINESS CIRCLES IN 50 COMMUNITIES FOR

YOUNG WOMEN AGED 18 TO 30 YEARS OLD IN OCTOBER 2020. BATONGA ALSO

CONTINUED TO RUN ITS TWO PROFESSIONAL TRAINING CENTERS, OFFERING

CERTIFIED PROFESSIONAL TRAINING IN TAILORING AND HAIR-DRESSING TO A

COHORT OF TWENTY GIRLS IN THEIR SECOND YEAR OF TRAINING.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

2020.05000 BATONGA FOUTDATTOPAYER COPY

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Name of the organization

BATONGA FOUNDATION

3. LAUNCHING THE "NOS VOIX COMPTENT" INITIATIVE (OUR VOICES COUNT) TO SUPPORT FRANCOPHONE WOMEN'S RIGHTS ORGANIZATIONS DURING THE GENERATION EQUALITY PROCESS AND FORUM. THIS INCLUDED HOSTING 4 WEBINARS EXPLAINING THE UNITED NATIONS' INITIATIVE AND HOW TO ENGAGE IN IT THAT HAD 270 PARTICIPANTS.

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

BATONGA HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM

990. UPON SUBMISSION OF THE DRAFT, THE FORM 990 IS REVIEWED BY THE

EXECUTIVE DIRECTOR. A COPY OF THE FINAL DRAFT IS DISTRIBUTED TO THE FULL

BOARD OF DIRECTORS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. POTENTIAL CONFLICTS OF INTEREST ARE ALSO REGULARLY MONITORED. SHOULD A CONFLICT EXIST, BOARD MEMBERS RECUSE THEMSELVES AND DO NOT PARTICIPATE IN DISCUSSIONS WITH OTHER BOARD MEMBERS, VOTE ON THE ISSUES, OR OTHERWISE INFLUENCE THE DECISION-MAKING PROCESS RELATED TO THE MATTER.

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

BATONGA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

032212 11-20-20

65,997.

Schedule O (Form 990 or 990-EZ) 2020

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2020.05000 BATONGA FOUTDATT PAYER COPY

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
BATONGA FOUNDATION	20-5927387
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	65,997.
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	23,059.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,268.
TOTAL EXPENSES	25,327.
EDUCATION:	
PROGRAM SERVICE EXPENSES	3,979.
MANAGEMENT AND GENERAL EXPENSES	501.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,480.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	106.
MANAGEMENT AND GENERAL EXPENSES	2,759.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,865.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	98,669.

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Schedule A

023171 04-01-20

Identification of Excess Contributions Included on Part II, Line 5

20-5927387

2020

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MASTERCARD FOUNDATION	756,121.	705,734
NOVO FOUNDATION	375,016.	324,629.
THE JOURNEY FUND	94,750.	44,363
THE WILLIAM H. DONNER FOUNDATION	205,000.	154,613.
otal Excess Contributions to Schedule A, Part II, Line 5		1,229,339

TAXPAYER COPY

STATE OF CALIFORNIA RRF-1					DEPARTME		JUSTICE GE 1 of 5
(Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:	ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312						
1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization's minimum tax of	mit this report annually no later than four months a s accounting period may result in the loss of tax e: f \$800, plus interest, and/or fines or filing penalties i703; Government Code section 12586.1. IRS exte	xemption and th s. Revenue & Ta	e assessment of a xation Code section			
BATONGA FOUNDAT	ION			ange of address ended report			
List all DBAs and names the organization 2202 18TH STREET Address (Number and Street)		0. 123	State Cha	arity Registration Nun	nber ст<u>0262657</u>		
WASHINGTON, DC	20009		Corporati	on or Organization N	0		
City or Town, State, and ZIP Code (818) 980-0340			Federal Employer ID No. 20-5927387				
Telephone Number	E-mail Address	ENEWAL FEE SCHEDULE (11 Cal.	Code Reas	s. sections 301-307.	311, and 312)		
Gross Annual Revenue	Fee	Make Check Payable to Departr Gross Annual Revenue				Fe	
Less than \$25,000 Between \$25,000 and \$100,00	0	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millior	\$50	Between \$1,000,0	001 and \$10 million ,001 and \$50 million	\$1 \$2 \$3	
PART A - ACTIVITIES		beriod (beginning $01/01/20$	20	. 10/21/0	020		
		97 Noncash Contributions \$				3,0	86
		ANIZATION DURING THE PERIOD					
		ou answer "yes" to any of the ques for each "yes" response. Please re				Yes	No
a . a .		ny contracts, loans, leases or other fi f, either directly or with an entity in w			•		x
2. During this reporting period or funds?	od, was there an	ny theft, embezzlement, diversion or r	nisuse of the	e organization's chari	table property		x
	od, were any org	ganization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting period commercial coventurer us		vices of a commercial fundraiser, fun	draising cou	insel for charitable pu	irposes, or		x
5. During this reporting perio	od, did the orga	nization receive any governmental fur	nding?	SEE SI	ATEMENT 1	х	
6. During this reporting perio	od, did the orga	nization hold a raffle for charitable pu	rposes?				x
7. Does the organization cor	nduct a vehicle o	donation program?					x
8. Did the organization cond generally accepted accou		dent audit and prepare audited finance for this reporting period?	cial stateme	nts in accordance wit	h		x
9. At the end of this reportin	g period, did the	e organization hold restricted net ass	ets, while re	porting negative unre	estricted net assets?		x
		e examined this report, including ac complete, and I am authorized to sig		ng documents, and t	o the best of my know	vledg	
Signature of Authorized Accest		LY BOVE		XECUTIVE D			
Signature of Authorized Agent	Printe	CU Maille	11	tle	Date		

TAXPAYER COPY

CA RRF-1	INFORMATION	REGARDING	GOVERNMENTAL	FUNDING	STATEMENT	1
		PART B,	LINE 5			

DURING THE YEAR ENDED DECEMBER 31, 2020, BATONGA RECEIVED GOVERNMENT FUNDING IN THE AMOUNT OF \$6,990 FROM THE U. S. EMBASSY OF BENIN.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020 Check if Applicable: Name of Organization: Employer Identification Numb X Address Change BATONGA FOUNDATION 20-5927387 Name Change Mailing Address: NY Registration Number: Initial Filing 2202 18TH STREET, NW, NO. 123 46-87-71 Final Filing City / State / ZIP: Telephone: Amended Filing WASHINGTON, DC 20009 202 670-8457 Reg ID Pending Website: Email:	er (EIN):				
X Address Change BATONGA FOUNDATION 20-5927387 Name Change Mailing Address: NY Registration Number: Initial Filing 202 18TH STREET, NW, NO. 123 46-87-71 Final Filing City / State / ZIP: Telephone: Amended Filing WASHINGTON, DC 20009 202 670-8457	er (EIN):				
Initial Filing 2202 18TH STREET, NW, NO. 123 46-87-71 Final Filing City / State / ZIP: Telephone: Amended Filing WASHINGTON, DC 20009 202 670-8457					
Final Filing City / State / ZIP: Telephone: Amended Filing WASHINGTON, DC 20009 202 670-8457					
Check your organization's					
registration category: 7A only EPTL only DUAL (7A & EPTL) X EXEMPT* Confirm your Registration Category Charities Registry at <u>www.Charities</u> A					
2. Certification					
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification rec two signatories.	uires				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belie they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.	;				
President or Authorized Officer: MONICA WINSOR PRESIDENT					
Signature Print Name and Title Date					
EMILY BOVE					
Chief Financial Officer or Treasurer: EXECUTIVE DIRECTOR					
Signature Print Name and Title Date					
3. Annual Reporting Exemption					
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or b					
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or					
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.					
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit					
contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments					
See the following page					
See the following page for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co	venturer				
See the following page for a checklist of Schedules and Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial construction for fund raising activity in NY State? If yes, complete Schedule 4a.	venturer				
See the following page for a checklist of Schedules and attachments to	venturer				
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial conformation for fund raising activity in NY State? If yes, complete Schedule 4a.	venturer				
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial conformation for fund raising activity in NY State? If yes, complete Schedule 4a. 5. Fee	venturer				
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial conformed for fund raising activity in NY State? If yes, complete Schedule 4a. See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single check or mone					
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial conformation for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee See the checklist on the next page to calculate your 7A filing fee: EPTL filing fee: Total fee:					
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial conformation for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee See the checklist on the next page to calculate your 7A filing fee: EPTL filing fee: Total fee:					

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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¹ 2020.05000 BATONGA FOUTDATIONAYER¹COPY

Page 1

CHAR500

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

\$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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Schedule 4b: Government Grants www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
BATONGA FOUNDATION	46-87-71
2. Government Grants	
Name of Government Agency	Amount of Grant
1. U.S. EMBASSY OF BENIN	1. 16,657.
2. U.S. DEPARTMENT OF STATE	2. 3,495.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 20,152.

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