Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address BATONGA FOUNDATION change Name 20-5927387 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2202 18TH STREET, NW 123 (818) 980-03406,462,346. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended WASHINGTON, DC 20009 H(a) Is this a group return return
Application
pending F Name and address of principal officer: ALETA WILLIAMS Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.BATONGAFOUNDATION.ORG **H(c)** Group exemption number K Form of organization: X Corporation Other > L Year of formation: 2006 M State of legal domicile: DC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: WE EQUIP YOUNG WOMEN AND GIRLS Activities & Governance IN BENIN WITH KNOWLEDGE AND SKILLS THEY NEED TO BE AGENTS OF CHANGE. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) ..... Number of independent voting members of the governing body (Part VI, line 1b) 11 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 3 5 Total number of volunteers (estimate if necessary) 11 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** Contributions and grants (Part VIII, line 1h) 759,597. 6,460,820. 8 Revenue 0. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 207. 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,319. 11 759,597. 6,462,346. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,156. 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 341,197. 399,478. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 308,100. 511,086. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 914,720. 649,297. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 110,300. 5,547,626. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 20, 463,086. 11,670,190. 20 Total assets (Part X, line 16) 245,649. 5,666,044. 21 Total liabilities (Part X, line 26) 巨巨 217,437. 6,004,146. 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part 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. Signature of officer Date Sign ALETA WILLIAMS, PRESIDENT AND BOARD CHAIR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 11/10/22 | "self-employed FRANK H. SMITH P00639053 Paid Firm's name MARCUM, LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000WASHINGTON, DC 20036 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

15251110 150872 192102

# Form 990 (2021) 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		X
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		X
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		X
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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2021) BATONGA FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
04-	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	051		X
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	$\vdash$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a	- 21	$\vdash$
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
ı uı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a companied of floto to dry life in this tart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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	<u> </u>
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Form 990 (2021) BATONGA FOUNDATION

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 3									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b								
	la 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										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
C		30								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х						
<b>L</b>	any contributions that were not tax deductible as charitable contributions?	6a								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Cla								
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		7.7						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year			7.7						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	9 Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

BATONGA FOUNDATION 20-5927387 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	-		

17	List the states	with which a cor	y of this Form 990	is required to be filed	<b>►</b> CA	, NY
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18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

	Own website	Another's website	□ A □ Upon request	Uther (explain on Schedule O)	
)	Describe on Schedule C	) whether (and if so, how) the	e organization made its gov	erning documents, conflict of interest policy	. a

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	STEPHANIE C. LORD - (818) 980-0340
	2202 18TH STREET, NW, 123, WASHINGTON, DC 20009

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	per Position (do not check more than or box, unless person is both a officer and a director/truster				than dis both	n an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EMILY BOVE	40.00	-				K	٩	105 000		•
EXECUTIVE DIRECTOR	2 00	$\vdash$	-67	Х		700	U	125,000.	0.	0
(2) ALETA WILLIAMS PRESIDENT AND BOARD CHAIR	2.00	X	C	х	b.			0.	0.	0
(3) MARY LOUISE COHEN	2.00	Δ	. 1	Δ	700		5	88 m 18 0.	0.	0
TREASURER	2.00	Х	٨.	Х	4			0.	0.	0
(4) NADIA AHIDJO	1.00	25	-	-	Ô	k.		A	0.	
TRUSTEE	2.00	Х	4	W	7	Ρ.	C	0.	0.	0
(5) COLIN CLARKE	1.00	e.	N.	V	۲,	. 6	T	32		
TRUSTEE	- 67	X	1,79	40	J.	р.	U	0.	0.	0
(6) ROMUALD HAZOUME	1.00	7	_4	N		7				
TRUSTEE	VIII.	X	V	V	100			0.	0.	0
(7) JEAN HEBRAIL	1.00		P							
TRUSTEE	9-	Х						0.	0.	0
(8) ANGELIQUE KIDJO	1.00									
TRUSTEE		X				╙		0.	0.	0
(9) KAREN RICHARDSON	1.00								_	_
TRUSTEE		X	_	_	_	╙		0.	0.	0
(10) JOEL SAMUELS	1.00									
TRUSTEE	1 00	Х	_	_	_	┝	_	0.	0.	0
(11) KATRINA SHARKEY	1.00	-							_	0
TRUSTEE (12) MONICA WINSOR	1.00	X				$\vdash$		0.	0.	0
TRUSTEE	1.00	X						0.	0.	0
TRUSTEE		^				$\vdash$		0.	0.	U
		1								
		$\vdash$				$\vdash$				
		1								
		t				T				
		1								
		t				T				
		1								

Part VII   Section A. Officers, Directors, Ti	(B)	рюу	ees,	and ((		gnes	St C		_ `			/ <b>C</b> \
<b>(A)</b> Name and title	Average			Pos	itior			( <b>D</b> ) Reportable	( <b>E</b> ) Reportable	٠		( <b>F)</b> mated
Name and title	hours per			heck i ss per				compensation	compensation			unt of
	week	_	cer ar	nd a di	irecto	or/trus	stee)	from	from related			ther
	(list any hours for	irecto						the organization	organizatior (W-2/1099-MI			ensation m the
	related	e or d	stee			nsated		(W-2/1099-MISC/	1099-NEC			nization
	organizations	truste	nal tru		oyee	om pe		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	<b>'</b>	_	related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
	iii ie)	프	i si	#0	Ke	[분]등	굔					
		1										
				$\vdash$		├						
						┞						
		1										
								-43				
				$\vdash$		_		IF m	lit m			
		+					a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/2			
						C	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9			
		_	L,	4		70	L.	D " (1) 1/2				
		. 4	C	M	b.			IN THE REAL				
1b Subtotal	.40%	ħ			7	-		125,000.		0.		0.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								125,000.		0.		0.
2 Total number of individuals (including bu	7606.27	ose	liste	d ab	ove	e) wh	no re	eceived more than \$100,	000 of reportable	е		1
compensation from the organization	40	N.	74	-	á	Ŋ,	Ü	A.			T v	<u>1</u> 'es   No
3 Did the organization list any former office	er, director, trust	ee. k	cev e	lame	ove	e. or	r hia	hest compensated emp	lovee on			00 110
line 1a? If "Yes," complete Schedule J fo	ATTION, TOUTHER,										3	Х
4 For any individual listed on line 1a, is the	sum of reportab	le co										
and related organizations greater than \$											4	X
5 Did any person listed on line 1a receive	·				•			•	dual for services		_	
rendered to the organization? If "Yes," C Section B. Independent Contractors	omplete Schedul	e J f	or su	ıch r	oers	on					5	X
Complete this table for your five highest	compensated inc	depe	nde	nt cc	ontra	acto	rs th	nat received more than \$	3100,000 of com	pensat	tion from	1
the organization. Report compensation f	or the calendar ye	ear e	endir	ng w	ith c	or wi	ithin T		ear.			
(A) Name and busine	ess address	NC	ONE	7.				<b>(B)</b> Description of s	services	C	(C) compens	ation
		140	2111									
2 Total number of independent contractor		ot lir	nited	d to t		_	sted	above) who received me	ore than			
\$100,000 of compensation from the orga	anization >				(	J					Farm 90	90 (2021)

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a					
ants				-			
S S				-			
fts, C r Am		9		-			
ig ig			6,978.	-			
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	0,370.	-			
	f	All other contributions, gifts, grants, and	4E2 042				
			<u>453,842.</u>	-			
ont od (	_	Noncash contributions included in lines 1a-1f 1g \$		6 460 000			
<u>ğ</u> ğ	h	Total. Add lines 1a-1f		6,460,820.			
			Business Code				
e	2 a						
Program Service Revenue	b	·					
S	c	·					
am	c	I					
ogr B	e	. <u> </u>					
P	f	All other program service revenue			4		
		Total. Add lines 2a-2f		4			
	3	Investment income (including dividends, interes		4/8	10.	199	
		other similar amounts)		207.	W . C . W	9 > "	207.
	4	Income from investment of tax-exempt bond p		C 0 0 3	16.00		
	5	Royalties		10.0	VIII.2"		
		(i) Real	(ii) Personal				
	6 -	Gross rents 6a	- Th.				
		Less: rental expenses 6b	# 107 -				
		Rental income or (loss) 6c	130 L	1			
			# # P	A. W. A.	NJ.		
		Net rental income or (loss)  Gross amount from sales of  (i) Securities	(ii) Other	762.76			
	7 8		(ii) Other				
		assets other than inventory 7a	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
	10	Less: cost or other basis	11 2 m				
nu l		and sales expenses 7b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-			
eve	C	Gain or (loss)	A A A A				
her Revenue		Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18		_			
		Less: direct expenses8b					
		Net income or (loss) from fundraising events	<b>&gt;</b>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	<b></b>				
			<b>Business Code</b>				
snc	11 a	MISCELLANEOUS	900099	1,319.			1,319.
ne	b						-
Miscellaneous Revenue	c						
Sc	c	All other revenue					
Σ	-	Total. Add lines 11a-11d	<b></b>	1,319.			
	12	Total revenue. See instructions		6,462,346.	0.	0.	1,526.

132009 12-09-21

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 50. 50. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 4,106. 4,106. Benefits paid to or for members ..... Compensation of current officers, directors, 90,000. 125,000. 35,000. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 219,475. 158,990. 60,485. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  $9, \overline{413}.$ 10,194. 781. Other employee benefits 9 17,613. 44,809. 27,196. 10 Payroll taxes 11 Fees for services (nonemployees): Management 3,522. 3,522. Legal 29,708. 26,732. 2,976. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 364,777 354,302. 8,475. 2,000. column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 22,257. 18,268. 3,819. 170. Office expenses 13 13,276. 7,785. 3,139. 2,352. Information technology 14 15 Royalties 8,144. 15,101. 6,957. 16 Occupancy 20,630. 18,896. 1,734. 17 ..... 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,671. 9,671. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 4,606. 2,500. 2,106. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 7,487. 6,118. 1,352. MISCELLANEOUS 17. 6,943. STAFF DEVELOPMENT 4,932. 1,736. 275. 6,130. 5,573. 557. PUBLICATION & PRINTING 5,837. 2,126. 3,711. STIPENDS 1.141. 23. 1,118. All other expenses 914,720. 738,195. 171,711. 4,814. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part	ιχ	Balance Sneet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		393,343.	1	1,619,470
	2	Savings and temporary cash investments		0.	2	75,713
	3	Pledges and grants receivable, net		69,743.	3	4,325,590
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	lified persons (as defined			
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	-		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11	-1	12	
	13	Investments - program-related. See Part IV, line	e 11	1.00	13	
	14	Intangible assets		77 D 1 0	14	
	15	Other assets. See Part IV, line 11		0.	15	5,649,417
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	463,086.	16	11,670,190
	17	Accounts payable and accrued expenses	- TO, TOOLS - TOOLS - AT	0.	17	28,350
	18	Grants payable		0.45 6.40	18	
	19	Deferred revenue		245,649.	19	0
	20	Tax-exempt bond liabilities	AL TORRE TO DESCRIPTION OF A PRODUCT OF	Call Dr.	20	
	21	Escrow or custodial account liability. Complete	THE TAXABLE PARTY AND ADDRESS OF THE PARTY AND	887.	21	
es	22	Loans and other payables to any current or for	A 7007 July 700, N. 70, 77 July 700, 71			
≣		trustee, key employee, creator or founder, sub	87			
Liabilities		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	DEL TO LINE THE TOTAL THE		24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	es 17-24). Complete Part X	_	.	E 627 604
		of Schedule D		245,649.		5,637,694
$\dashv$	26	Total liabilities. Add lines 17 through 25		245,045.	26	5,666,044
ပ္က		Organizations that follow FASB ASC 958, ch	leck nere			
)   	07	and complete lines 27, 28, 32, and 33.		217,437.	07	1 705 012
alal	27			217,457.	27 28	1,705,912 4,298,234
g	28	Net assets with donor restrictions		0.	28	4,230,234
<u>.</u>		Organizations that do not follow FASB ASC	958, check here			
<u>P</u>	00	and complete lines 29 through 33.	_		00	
ets	29	Capital stock or trust principal, or current fund			29	
SS	30	Paid-in or capital surplus, or land, building, or e			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		217,437.	31	6,004,146
	32	Total liabilities and not assets/fund balances		463,086.	32	11,670,190
	33	Total liabilities and net assets/fund balances		±03,000•	<b>JJ</b>	Form <b>990</b> (202)

	1330 (2021)		0,00	, ,	agc
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	6,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2			20.
3	Revenue less expenses. Subtract line 2 from line 1	3			26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2:	17,4	137.
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	2	39,0	83.
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	6,0	04,1	46.
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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis	٠,			
b	Were the organization's financial statements audited by an independent accountant?	<b>&gt;</b>	2t	)	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	;	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
	Act and OMB Circular A-133?		3a	ı	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	,	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization BATONGA FOUNDATION 20-5927387 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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.)

Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities	(f) Total 2503903.
membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  355,424. 623,271. 304,791. 759,597. 460,820.	2503903.
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  355,424. 623,271. 304,791. 759,597. 460,820.	2503903.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2503903.
ization's benefit and either paid to or expended on its behalf	2303303.
or expended on its behalf	
··········	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 355, 424. 623, 271. 304, 791. 759, 597. 460, 820.	2503903.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	1050356.
6 Public support. Subtract line 5 from line 4.	1453547.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total
7 Amounts from line 4 355, 424. 623, 271. 304, 791. 759, 597. 460, 820.	2503903.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 9. 207.	216.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.) 787.	2,106.
11 Total support. Add lines 7 through 10	2506225.
12 Gross receipts from related activities, etc. (see instructions)	76,482.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	58.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	51.17 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	tion
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10	0% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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			_	4.		
6	Total. Add lines 1 through 5				M .	3	
78	Amounts included on lines 1, 2, and			9.0	10. 1	199	
	3 received from disqualified persons			. C. B. B.	- G [ ]	9 > "	
k	Amounts included on lines 2 and 3 received			C. 11 11 2	18.32		
	from other than disqualified persons that			11 10	611/20		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		41	A) 46	D		
(	Add lines 7a and 7b		W B4 B	8 11 11	1825		
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support	To.	Z 12 1	( (2) )	Miss		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	18.10	THE STATE OF	e Chin			
10a	Gross income from interest,	7	J. M. D.	A 6 1 1 2 .			
	dividends, payments received on securities loans, rents, royalties,	4	18 M. 18	100			
	and income from similar sources		20.21.84				
k	Unrelated business taxable income	~ 1280	Dan				
	(less section 511 taxes) from businesses	1.22	<i>y</i> -				
	acquired after June 30, 1975	791					
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

132023 01-04-22

#### 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disqualified person (as defined on 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.)

	Yes	NO
1		
2		
0-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
104		
 10b	~ 000\	

Fai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		.4		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
		VIII PO VEIDO		Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
а		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 ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting (	<u>Org</u> a	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 ( explain in <b>Pa</b>	art VI). See instructions
	All other Type III non-functionally integrated supporting organizations must co		·	
Sect	on 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	on 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	.4	
С	Fair market value of other non-exempt-use assets	1c	2. 10	
d	Total (add lines 1a, 1b, and 1c)	1d	P10. II	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	*CI#3.	
3	Subtract line 2 from line 1d.	3	E 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	Ň	10 × 41	
	see instructions).	4	" 1	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	18/22	
6	Multiply line 5 by 0.035.	6	30	
7	Recoveries of prior-year distributions	7	J.	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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-functionally in	ntegra	ated Type III supporting organi	zation (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

Part VI

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
FOUNDATION FOR A JUST SOCIETY	150,000.	99,875.
MASTERCARD FOUNDATION	506,231.	456,106.
NOVO FOUNDATION	375,000.	324,875.
THE JOURNEY FUND	74,750.	24,625.
THE WILLIAM H. DONNER FOUNDATION	195,000.	144,875.
	100	
	E CHADLE	
	1/32	
	3 4	
	Waln.	
Li Olli Li Olli Li		
Total Excess Contributions to Schedule A, Part II, Line 5		1,050,356.

## Schedule A

## **Identification of Unusual Grants**

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Description of Grant	Date of Grant	Amount
MASTERCARD FOUNDATION	UNUSUAL GRANT	10/31/21	6,000,000.
MADIENCAND FOUNDATION	ONODOAL GRANT	10/31/21	0,000,000.
	Va	Ma	
	1 CO 1 CI S		
	Till o Displice		
	Marie III Care Die		
	O BUNDADOS		
li U	Mr. Man.		
Total Unusual Grants	1		6,000,000.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

BATONGA FOUNDATION

20-5927387

Organization type (check one):				
Filers of	:	Section:		
Form 990	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
		527 political organization		
Form 990	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules	Maria China China		
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.		
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year		
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).		

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

#### BATONGA FOUNDATION

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	\$6,000,000.	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	FOUNDATION FOR A JUST SOCIETY  25 EAST 22ND STREET  NEW YORK, NY 10010	\$150,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

#### BATONGA FOUNDATION

20-5927387

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-11-	21	Ψ	Schedule B (Form 990) (2021

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** BATONGA FOUNDATION 20-5927387 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021) 123454 11-11-21

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BATONGA FOUNDATION

**Employer identification number** 20-5927387

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	·		
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		-1
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	C 11 11 12 14 16 17	2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		organization during the tax
	year ▶	1.11	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	·	12000	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<b>.</b> .
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or C	Other S	imilar Assets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that m	ake signi	ficant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's	s exempt	purpose in Part	XIII.		
5									
D.	to be sold to raise funds rather than to be ma						Yes	No	
Pai	t IV Escrow and Custodial Arrang		ete if the organization	on answered "Ye	es" on Fo	rm 990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi						1		
	on Form 990, Part X?						Yes	∟ No	
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount		
	Designing helence					10	Amount		
	Additions during the year					1c 1d			
	Additions during the year Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						Yes	No	
	If "Yes," explain the arrangement in Part XIII.				•				
Par						<u>.</u>			
		(a) Current year	(b) Prior year 🥌	(c) Two years b	oack (d)	Three years back	(e) Four	ears back	
1a	Beginning of year balance		- C	8	200	3 > .			
b	Contributions		2.07	D 18					
С	Net investment earnings, gains, and losses			182	Э×				
d	Grants or scholarships	4	7	4000	.4.				
е	Other expenditures for facilities	0.70	1 1 1 1	1800	W.				
	and programs	BT 05	D . 61	D. "273	N.				
f	Administrative expenses	- Br Kis		" 8B1.					
g	End of year balance	HHBD.	D. 1852						
2	Provide the estimated percentage of the curr	**************************************	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%	ALK.						
С		%	1/20.						
	The percentages on lines 2a, 2b, and 2c sho	705.76 77 705.							
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered	for the o	rganization	Г	res No	
	by:							res NO	
	(i) Unrelated organizations						3a(i)	+-	
h	(ii) Related organizations	tions listed as requir	ad an Cahadula D2				3a(ii) 3b		
4	Describe in Part XIII the intended uses of the						SD		
	t VI Land, Buildings, and Equipm		willent fulfus.						
	Complete if the organization answered		), Part IV, line 11a. S	See Form 990, P	art X, line	e 10.			
	Description of property	(a) Cost or o	<u> </u>	t or other		umulated	(d) Book	value	
	2000p.i.o. or proporty	basis (investr	. ,	(other)		ciation	,_,	. 2.00	
1a	Land								
	Buildings	I							
	Leasehold improvements								
	Equipment	I							
	Other	I							
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	Oc.)				0.	
							D /Farm	000) 2021	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 BATONGA FOUN	NDATION	20	)-5927387 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities.			- Tago -
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(-)	(-)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of en	2-01-year market value
(1)			
(2)			
(3)		- 1	
(4)		100 1100	
(5)		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(6)	<u> </u>	V III III II III	
(7)		# B & 4 ( 1 2 2 ) L	
(8)	P 20.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(9)	- 4. A	1000	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	W. W. D.		
Part IX Other Assets.	1 4 . B I B	KI P ON BY	
Complete if the organization answered "Yes" of	COLUMN TO THE RESERVE TO THE PARTY OF THE PA	11d. See Form 990, Part X, line 15.	T
Table Table	Description		(b) Book value
(1) DUE FROM AFFILIATES	all the		5,649,417.
(2)	2 N N 20	93.	
(3)	TEN GOV.		
(4)	20. 4/822		
(5)	A. B. D.		
(6)	*		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	5,649,417.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			5,637,694.
(3)			· · ·
(4)			1
(5)			
(6)			1
(7)			<u> </u>
(8)			<del> </del>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

5,637,694.

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial S	•	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b				
С	Recoveries of prior year grants	2c		
d	/	2d		
е	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	7	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XII Reconciliation of Expenses per Audited Financial 3	12.) Statements With Expanses	5	
Pa			per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а				
b		- AND 100	-	
С		TOTAL TRANSPORT TOTAL TO	- Let	
d	, , , , , , , , , , , , , , , , , , , ,	A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	100000		
a	, , , , , , , , , , , , , , , , , , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	and the second of the second o	4.	
c		2 7864. * E.786.3.796.F		
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.)	5	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Dort IV lines 1h and 2h: Dort V	line 4: Port V line 2: Por	+ VI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, IIII 4, Fait A, IIII 2, Fai	ι Λι,
111163	s zu and 45, and Fart An, lines zu and 45. Also complete this part to provide	e arry additional information.		
	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*		
	" Off 2 40 My			
	Eller Francisco			

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

**Employer identification number** 

2 72 77	ONGA FOUNDAT	TON				20-592738	7
Par	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organi	zation answered "\	/es" on
	Form 990, Part IV			·			
1	•	•		ds to substantiate the amount of its gra		. —	
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	ide the
	United States.						
3				n be duplicated if additional space is n		de d'atantin (a)	(6) T-+-1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
					YOUNG WOMEN EMPOWERMENT ADOLESCENT	PROGRAM AND	
UB-	SAHARAN AFRICA	1	11	PROGRAM SERVICES	LEADERSHIP	PROGRAM	288,309.
					19910		
					N. N.		
			111	111111111111111111111111111111111111111			
			EOFF.	To Dally and			
3 a	Subtotal	1	11				288,309.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	11				288,309.

132071 12-20-21

Schedule F (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	<b>(b)</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)
				aPY	HOE			
			o Ali'I	S. DIS				
			DR. VIII	0.31:2				
			E.O.s. Iso.					
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee o	ecognized as charities by the tor counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			

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

Part III	Grants and Other Assistance Part III can be duplicated if a			ites. Complete i	if the organization answered "Yes" or	n Form 990, Part	IV, line 16.	
(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	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					in Va			
					L COLECTION			
				DRE	THE STE ONE			
			1	OR BE	Office.			

Page 4

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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

# Schedule F (Form 990) 2021 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. PART III, (ACCOUNTING METHOD): BATONGA REPORTED THE EXPENDITURES BASED ON THE ACCOUNTING METHOD USED IN ITS FINANCIAL STATEMENTS WHICH IS ON AN ACCRUAL BASIS.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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 I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

3. AMPLIFYING AFRICAN VOICES, PARTICULARLY THOSE OF FRANCOPHONE AFRICAN

WOMEN, THROUGH OUR CONVERSATIONS FOR AFRICA PLATFORM AND OUR NOS VOIX

COMPTENT ADVOCACY INITIATIVE.

CONVERSATIONS FOR AFRICA IS A HIGH-LEVEL VIDEO SERIES WHICH BROUGHT TOGETHER AFRICAN ACTIVISTS, ARTISTS AND LEADERS TO EXPLORE TOGETHER THE MOST PRESSING ISSUES FACING THE CONTINENT PARTICULARLY AS THEY ARE EXPERIENCED BY WOMEN AND GIRLS. PUBLISHED ON YOUTUBE IN MAY 2021, FIRST CONVERSATION IN THE SERIES FEATURED GHANAIAN HIP-HOP ARTIST AND AUTHOR BLITZ BAZAWULE AND BURUNDIAN POET AND HUMAN RIGHTS ACTIVIST KETTY NIVYABANDI, WAS MODERATED BY BATONGA FOUNDER AND GRAMMY-AWARD WINNING SINGER/SONGWRITER ANGELIQUE KIDJO, AND EXPLORED SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN AFRICA. CONVERSATION 2 WAS ALSO FACILITATED BY ANGELIQUE KIDJO, FOCUSED ON THE TOPIC OF GENDER BASED VIOLENCE ON THE AFRICAN CONTIENT, AND FEATURED UGANDAN FEMINIST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization BATONGA FOUNDATION

Employer identification number 20-5927387

ACTIVIST, STRATEGIST AND CONSULTANT JESSICO HORN, SOUTH AFRICAN LAWYER,
ACTIVIST AND MODEL, THANDO HOPA, AND SENEGALESE FORMER DIVISION 1

BASKETBALL PLAYER TURNED MODEL AND ARTISTIC DIRECTOR, BADARA NDIAYE.

CONVERSATIONS FOR AFRICA'S SECOND CONVERSATION ON GENDER-BASED VIOLENCE
WAS PUBLISHED IN LATE JUNE 2021. THE THIRD AND FINAL CONVERSATION IN

OUR GENERATION EQUALITY FORUM SERIES WAS RECORDED IN OCTOBER AND WAS

PUBLISHED IN MARCH 2022. HOSTED BY FRDRIQUE LEININGER, EDITOR-IN-CHIEF

OF ELLE MAGAZINE IN CTE D'IVOIRE, CONVERSATION 3 BROUGHT TOGETHER

AFRICAN GRASSROOTS YOUTH LEADERS, ANIKA DOROTHY JENNE, CHANCELINE

MEVOWANOU & SYLVAIN OBEDI, TO DISCUSS HOW THE GENERATION EQUALITY FORUM

SERVED AFRICAN YOUTH AND HOW FUTURE EVENTS AND INSTITUTIONS CAN

EFFECTIVELY MAKE AND HOLD SPACE FOR AFRICAN YOUTH.

BATONGA'S NOS VOIX COMPTENT (OR "OUR VOICES COUNT") INITIATIVE WAS

LAUNCHED IN 2020 WITH THE INTENTION OF BUILDING A CRITICAL MASS OF

INFORMED PARTICIPATION AND ENGAGEMENT AMONG FRANCOPHONE AFRICAN WOMEN'S

ORGANIZATIONS AND ACTIVISTS BEFORE THE GENERATION EQUALITY FORUM IN

2021. PHASE 10F THE NOS VOIX COMPTENT INITIATIVE, IN 2020, INVOLVED

RAISING AWARENESS OF THE FORUM ITSELF AMONG FRANCOPHONE AFRICAN WOMEN'S

ORGANIZATIONS AND ACTIVITIES THROUGH A SERIES OF WEBINARS AND

NEWSLETTERS. PHASE 2, WHICH CONCLUDED IN APRIL OF 2021, INVOLVED THE

CONSULTATION AND COLLECTION OF DATA FROM 2490 WOMEN FROM 18 COUNTRIES &

LED BY 10 ON-THE-GROUND PARTNER ORGANIZATIONS. THIS CONSULTATION AIMED

TO CAPTURE THE PRIORITIES AND NEEDS OF FRANCOPHONE AFRICAN WOMEN SO

THAT THEIR VOICES COULD BE HEARD AT THE GEF LATER THAT YEAR. THE

RESULTS OF THIS CONSULTATION WERE SUMMARIZED IN A REPORT WITH STRONG

DATA AND RECOMMENDATIONS.

THE ONLINE CONSULTATION INCLUDED 862 WOMEN FROM 18 COUNTRIES

**Employer identification number** Name of the organization 20-5927387 BATONGA FOUNDATION 80% URBAN 20% RURAL THE ON-THE-GROUND CONSULTATION INCLUDED 1628 WOMEN FROM 3 COUNTRIES (CAMEROON, SENEGAL & BENIN) 71% RURAL 28.6% URBAN PHASE 3 OF THE NVC INITIATIVE CENTERED AROUND THE GENERATION EQUALITY FORUM ITSELF IN JUNE 2021 AND THE ADVOCACY OF NVC'S MEMBERS. NVC'S LEADERS AND MEMBERS PRESENTED AND AMPLIFIED TWO ADVOCACY REPORTS, THE NVC CONSULTATION RECOMMENDATIONS, AND THE DIGITAL INCLUSION RECOMMENDATIONS FOR HOW TO ENSURE THAT LOW INTERNET ACCESS COMMUNITIES COULD BE MORE FULLY ENGAGED IN INTERNATIONAL EVENTS SUCH AS THE FORUM. NVC PARTNERED WITH UN WOMEN WEST AFRICA TO TRY AND ENGAGE GOVERNMENTS WHO WERE STILL NOT OFFICIALLY PART OF THE PROCESS. AS A RESULT, NVC MEMBERS MET WITH 6 REPRESENTATIVES FROM 6 NATIONAL GOVERNMENTS, BENIN, SENEGAL, CAMEROON, BURKINA FASO, DRC, AND FRANCE TO PRESENT THESE REPORTS. NVC PLAYED A FACILITATION ROLE IN 3 OFFICIAL GEF EVENTS AS WELL. FINALLY, AFTER THE FORUM, NOS VOIX COMPTENTS MEMBERS FORMED SEVEN MEMBER-LED ADVOCACY WORKING GROUPS TO ENABLE ACTIONS AROUND THE ADVOCACY GOALS OUTLINED BY THE CONSULTATIONS WITH OVER 300 WORKING GROUP REGISTRANTS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2021, THE THREE PRIMARY ACTIVITIES FOR BATONGA INCLUDED:

EMPOWERING ADOLESCENT GIRLS TO BE LEADERS AND AGENTS OF CHANGE IN THEIR

Name of the organization BATONGA FOUNDATION

Employer identification number 20-5927387

OWN LIVES AND COMMUNITIES THROUGH KNOWLEDGE AND SKILL BUILDING,

CREATING SOLIDARITY NETWORKS BETWEEN GIRLS, AND PROVIDING ACCESS TO

LOCAL MENTORS AND RESOURCES.

IN 2020, BATONGA'S ADOLESCENT GIRLS' LEADERSHIP CLUBS (AGLC) HAD

RECONFIGURED THEMSELVES INTO 173 MINI-CLUBS TO DECREASE THE NUMBER OF

GIRLS PER GROUP DURING THE PEAK OF THE COVID-19 PANDEMIC IN BENIN. IN

Q1 OF 2021, AGLCS RETURNED TO THEIR ORIGINAL CONFIGURATION WITH 103

CLUBS ACROSS 15 COMMUNITIES SERVING 2,506 ACTIVE PARTICIPANTS GIRLS

AGES 12-18 YEARS OLD. THE AGE BREAKDOWN OF BATONGA'S GIRLS' LEADERSHIP

CLUB PARTICIPANTS IN 2021 WAS AS FOLLOWS:

1,180 12-13-YEAR-OLDS

788 14-15-YEAR-OLDS

538 16-18-YEAR-OLDS

IN 2021, BATONGA'S ADOLESCENT GIRLS' LEADERSHIP CLUBS:

PROVIDED ACCESS TO WEEKLY GIRL-ONLY SAFE SPACES WHERE THEY GAIN A LOCAL

FEMALE MENTOR'S SUPPORT, PHYSICAL AND EMOTIONAL SECURITY, AS WELL AS

RIGHTS, HEALTH, AND FINANCIAL LITERACY KNOWLEDGE;

BUILT PEER NETWORKS AND SOCIAL CAPITAL THAT GAVE GIRLS A SENSE OF

SOLIDARITY WITH THEIR PEERS AND CREATED SUPPORTIVE SOCIAL NETWORKS AND

SAFETY NETS FOR OTHERWISE SOCIALLY ISOLATED GIRLS; AND

IMPROVED 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.

THE AGLCS SPENT THE MAJORITY OF 2021 EXPLORING CITIZENSHIP, CIVIC

ENGAGEMENT, AND LEADERSHIP THROUGH OUR "BUDDING CITIZENS" PROJECT

FUNDED THROUGH OUR PARTNERSHIP WITH THE OPEN SOCIETY FOUNDATION OF WEST

**Employer identification number** Name of the organization 20-5927387 BATONGA FOUNDATION AFRICA. BATONGA'S PROGRAM STAFF WORKED CLOSELY WITH A LOCAL BENINESE ARTIST TO DEVELOP A RICHLY ILLUSTRATED CURRICULUM MODULE EXPLORING 11 LESSONS ON CRITICAL TOPICS AROUND GIRLS' LEADERSHIP, BEING AN ACTIVE AND ENGAGED CITIZEN, AND EXPLORING CIVIC DUTIES IN BENIN. MENTORS SPENT THE YEAR WORKING THROUGH THIS CURRICULUM MODULE WITH GIRLS CLUBS IN-PERSON AS WELL AS VIA BATONGA'S RADIO LESSON PROGRAM. BATONGA'S MENTORS RECORDED A SERIES OF HOUR-LONG CONVERSATIONAL EXPLORATIONS OF THE TOPICS COVERED IN THE BUDDING CITIZENS CURRICULUM WHICH WERE BROADCAST ON 4 LOCAL RADIO STATIONS IN CENTRAL BENIN 48 TIMES IN 2021. DURING EACH CLUB SESSION, MENTORS ASKED GIRLS IF THEY HAD LISTENED TO THAT WEEK'S RADIO LESSON BROADCAST AND OVER THE COURSE OF 2021 THERE WAS AN AVERAGE LISTENERSHIP RATE OF 75% OF GIRLS. ANOTHER KEY COMPONENT OF OUR CITIZENSHIP AND CIVIC ENGAGEMENT PROJECT IN 2021 WAS THE DESIGN AND IMPLEMENTATION OF 25 GIRL-LED COMMUNITY SERVICE AND IMPROVEMENT PROJECTS ACROSS 15 COMMUNITIES, INDIRECTLY IMPACTING OVER 42,000 RESIDENTS, INCLUDING THINGS FROM COMMUNITY SENSITIZATIONS AROUND GIRLS RIGHTS TO THE CONSTRUCTIONS OF SAFETY BARRIERS ON LOCAL ROADS THAT HAD HIGH RATES OF ACCIDENTAL FATALITIES. GIRLS ALSO PARTICIPATED IN A SONG WRITING COMPETITION IN WHICH THEY WROTE EDUCATIONAL LYRICS ABOUT GIRLS' RIGHTS AND CIVIC DUTIES TO LOCAL TRADITIONAL MUSIC, THE WINNERS OF WHICH WE PERFORMED AT THE END OF YEAR COMMUNITY FESTIVALS. THESE 15 COMMUNITY FESTIVALS ENGAGED PARENTS, LOCAL LEADERS, AND OTHER COMMUNITY MEMBERS AND GAVE PARTICIPANT GIRLS THE OPPORTUNITY TO PRESENT THEIR PROJECTS, SONGS, SKITS, AND OTHER LEARNINGS AND EXPERIENCES FROM THEIR YEAR LONG EXPLORATION OF CITIZENSHIP AND LEADERSHIP. BATONGA ALSO FOUNDED A YOUNG LEADERS NETWORK, A GROUP OF 100 ADOLESCENT GIRLS FROM ACROSS THE 15 COMMUNITIES IN CENTRAL BENIN WHERE BATONGA CURRENTLY OPERATES GIRLS' CLUBS. THESE GIRLS APPLIED THROUGH THEIR MENTORS TO

Name of the organization

BATONGA FOUNDATION

Employer identification number 20-5927387

JOIN THE LEADERS NETWORK AND WERE CHOSEN BASED ON THEIR MOTIVATION AND DEDICATION TO IMPROVING THEIR COMMUNITIES AND ADVOCATING FOR THE RIGHTS OF GIRLS AND WOMEN. THE LEADERS NETWORK HAS THUS FAR MET WITH LOCAL GOVERNORS TO PRESENT AND SHARE LEARNINGS FROM GIRL-MANAGED COMMUNITY SERVICE PROJECTS IN THEIR VILLAGES AND WHAT THEY SEE AS THE HIGHEST PRIORITY ISSUES FACING WOMEN AND GIRLS IN THEIR REGION. FINALLY, THE IMPACT OF THIS YEAR-LONG PROJECT WAS DOCUMENTED THROUGH A SERIES OF VIDEOS. A SHORT DOCUMENTARY ON THE IMPACT OF GIRLS' COMMUNITY PROJECTS AND SUBSEQUENT EXPLORATIONS OF THEIR OWN LEADERSHIP SKILLS, AS TOLD THROUGH THE EXPERIENCES OF GIRLS' AND THEIR COMMUNITIES, WAS FILMED OVER THE COURSE OF PROJECT IMPLEMENTATION AND WILL BE BROADCAST ON LOCAL TELEVISION STATIONS IN 2022. ANOTHER SET OF SHORT INFORMATIONAL VIDEOS, CONSISTING OF INTERVIEWS WITH GIRLS, THEIR FAMILIES, MENTORS AND LOCAL LEADERS, EXPLORES THE MEANING OF CITIZENSHIP, LEADERSHIP, AND GENDER EQUALITY. THESE VIDEOS WILL BE ACCESSIBLE TO PROGRAM PARTICIPANTS VIA ANDROID TABLETS MANAGED BY THEIR MENTORS.

2. PILOTING AND HONING A NEW PROGRAM FOR THE ECONOMIC EMPOWERMENT AND PROFESSIONAL DEVELOPMENT OF YOUNG WOMEN ENTREPRENEURS.

OFFICIALLY LAUNCHED AT THE END OF 2020, BATONGA'S NEWEST PROGRAM

CONCLUDED ITS YEAR LONG PILOT PHASE IN NOVEMBER OF 2021. THE AIM OF

THIS PILOT WAS TO TEST DIFFERENT STRATEGIES FOR ENGAGING AND SUPPORTING

RURAL WOMEN ENTREPRENEURS AND PROFESSIONALLY ACTIVE YOUNG WOMEN IN

BENIN AS THEY JOURNEY TOWARDS PROFESSIONAL AND FINANCIAL INDEPENDENCE

AND SELF-SUFFICIENCY. BATONGA LAUNCHED AND FACILITATED THE MANAGEMENT

OF 50 GROUPS CALLED YOUNG WOMEN'S BUSINESS CIRCLES ACROSS OUR 15

IMPLEMENTATION COMMUNITIES AND RECRUITED 1,121 YOUNG WOMEN PARTICIPANTS

15251110 150872 192102

Name of the organization Employer identification number BATONGA FOUNDATION 20-5927387

AGES 18-30 YEARS OLD.

YOUNG WOMEN WHO ENGAGED WITH BATONGA'S ECONOMIC EMPOWERMENT MODEL

GAINED ACCESS TO SAFE, WOMEN-ONLY SPACES IN WHICH THEY CAN LEARN

TOGETHER, SHARE EXPERIENCES WITH ONE ANOTHER, AND LAUNCH AND TEST SMALL

BUSINESS VENTURES IN A LOW-RISK ENVIRONMENT. THROUGH THEIR CIRCLES,

PARTICIPANTS WORKED TO BUILD THEIR SKILLS AND WORK READINESS WHILE

GENERATING A MORE STABLE AND SUSTAINABLE INCOME OF THEIR OWN.

FROM THE 1121 YW ORIGINALLY ENROLLED, 1090 YOUNG WOMEN REMAINED

ACTIVELY ENGAGED ALL YEAR (ATTENDING AT LEAST ONE SESSION PER MONTH) IN

THE YWBCS WITH A 97.23% ATTENDANCE RATE AT THE END OF THE PILOT PHASE

IN NOVEMBER 2021. EACH OF THE 50 BUSINESS CIRCLES RECEIVED A SMALL

BUSINESS SEED FUND (\$200 USD) AND WORKED WITH THEIR BUSINESS COACH TO

DEVELOP INDIVIDUAL AND/OR COLLECTIVE BUSINESS PLANS IN WHICH TO INVEST

THEIR FUND. WITHIN A 12 MONTH PERIOD, THE CIRCLES GENERATED A 65%

INCREASE WITH A TOTAL PROFIT OF \$6763. IN THE CONTEXT OF RURAL BENIN,

THIS ACHIEVEMENT IS SIGNIFICANT. THIS INCREASE IN THIS SHORT TIME

PERIOD HAS PROVED THAT THE MODEL WORKS FOR OUR TARGET GROUP.

47 YWBC DECIDED TO SHARE THEIR PROFITS AT THE END OF THE FIRST YEAR OF
OPERATION (A TOTAL OF \$6,551), BEFORE STARTING NEW ACTIVITIES. THE 3
REMAINING YWBCS HAVE DECIDED TO CONTINUE THEIR SMALL BUSINESSES FURTHER
BEFORE SHARING THEIR PROFITS AS THEY WISH TO GENERATE MORE PROFITS. BY
POSTPONING THE SHARING OF THEIR PROFITS, THEY HOPE TO GAIN MORE SEED
FUNDING FOR THEIR INDIVIDUAL SMALL BUSINESSES AFTER PROFITS SHARING.

AS THE PILOT YEAR CAME TO A CLOSE, WE CONDUCTED A POST-TEST SURVEY TO

Name of the organization

BATONGA FOUNDATION

Employer identification number 20-5927387

HELP US UNDERSTAND THE IMPACTS AND ACHIEVEMENTS OF OUR PILOT. NOTABLY, THE NUMBER OF WOMEN WHO DESCRIBED THEIR PERSONAL INCOMES AS "INSUFFICIENT TO MEET THEIR NEEDS" DECREASED BY NEARLY HALF FROM PRETEST TO POST-TEST. WHILE ATTITUDES ABOUT INCOME ARE NECESSARY BUT NOT SUFFICIENT TO BRING ABOUT ECONOMIC CHANGE IN WOMEN'S LIVES, THIS CHANGE IN PERCEPTION DENOTES PROGRESS TOWARDS BREAKING YOUNG WOMEN OUT OF THE CYCLE OF POVERTY IN WHICH THEY CONTINUE TO HAVE TO MAKE DIFFICULT OR COMPROMISING DECISIONS IN ORDER TO MEET THEIR FINANCIAL NEEDS. YOUNG WOMEN ALSO ARE INTEGRATING THESE SKILLS INTO THEIR EVERYDAY LIVES OUTSIDE OF THEIR CIRCLES; 68% OF RESPONDENTS REPORT THEY ARE CONFIDENT IN HOW TO KEEP RECORDS OF THEIR SALES AND SUSTAIN THEIR SMALL BUSINESSES THROUGH THEIR BUSINESS MANAGEMENT TOOLS AND LEARNINGS FROM THE CIRCLE. THEIR CONFIDENCE IN THEIR SKILLS IS CLEAR IN THEIR ACTIONS AS WELL; 102 YOUNG WOMEN HAVE TAKEN THEIR SHARE OF THEIR INCOME FROM THEIR CIRCLE BUSINESS AND HAVE INVESTED IT IN LAUNCHING THEIR OWN INDEPENDENT SMALL BUSINESS. THESE ARE 102 YOUNG WOMEN WHO WERE NOT PREVIOUSLY ENGAGED IN ENTREPRENEURSHIP BUT WHO, THROUGH THEIR PARTICIPATION IN THEIR CIRCLE, HAVE GAINED THE SKILLS, CONFIDENCE, AND CAPITAL TO STRIKE OUT ON THEIR OWN.

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

Name of the organization BATONGA FOUNDATION

Employer identification number 20-5927387

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 B, LINE 15A:

THE OFFICERS OF THE BOARD OF DIRECTORS DO NOT RECEIVE ANY COMPENSATION FOR THEIR MEMBERSHIP TO THE BOARD OF DIRECTORS.

FOR THE EXECUTIVE DIRECTOR'S COMPENSATION, THE COMPENSATION COMMITTEE OF
THE BOARD (THE BOARD CHAIR, FOUNDER AND COMMITTEE CHAIRS) REVIEWS AND
DISCUSSES COMPENSATION ON AN ANNUAL BASIS.

FOR TEAM MEMBERS BELOW THE E.D., THE ORGANISATION HAS WORKED WITH A THIRD

PARTY CONSULTANT TO IDENTIFY A SALARY GRID THAT IS ALIGNED WITH THE

EMPLOYMENT MARKET IN EACH COUNTRY OF OPERATION (USA AND BENIN FOR 2021).

MANAGERS USE THIS SALARY GRID TO DECIDE ON LEVEL OF COMPENSATION FOR

EXISTING AND NEW HIRES.

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

BATONGA MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE TO THE PUBLIC UPON REQUEST.

OUR FINANCIAL STATEMENTS ARE PUBLISHED YEARLY IN THE ANNUAL REPORT. BATONGA

ALSO SHARED ADDITIONAL DETAILED FINANCIAL STATEMENTS WITH DONORS (BOTH

INDIVIDUALS AND INSTITUTIONAL) UPON REQUEST.

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES

354,302.

MANAGEMENT AND GENERAL EXPENSES

7,011.

Schedule O (Form 990) 2021 Page 2 Name of the organization Employer identification number BATONGA FOUNDATION 20-5927387 FUNDRAISING EXPENSES 2,000. TOTAL EXPENSES 363,313. AUDIO/VISUAL: PROGRAM SERVICE EXPENSES 1,464. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 1,464. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 364,777.

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BATONGA FOUND	ATION					20-59273	887	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-yea		Direct c	<b>(f)</b> controlling ntity	)
		Van	lia.					
		Chicke	3/10					
		A S. II OHL						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, b	pecause it had one	or more	related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5 contr	olled
				501(c)(3))			Yes	No
LA FONDATION BATONGA HAIE VIVE COTONOU, BENIN	YOUNG WOMEN'S ECONOMIC	BENIN !	501(C)(3)	FOREIGN CHARITY	BATONGA FOUNDA		x	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

	11 "" " (D.) 10 1 T 11 D. 11	0 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	IIV II F 000	Deat IV Pres 04 Income 9	the earlier and a consequence to the Area I
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	, Part IV, line 34, because it	nad one or more related
Part III	organizations treated as a partnership during the tax year.			,	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes No	
					at the same of the						
				- 4	1.						
					1000						
					Char.						
				4 1 10.	41/32						
				will a st	1000						
			- 10	B. B . 10	1. 1.						
			10		Bleff Br.						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	Х
	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
•						
k	Lease of facilities, equipment, or other assets from related organization(s)		110 - 110		1k	Х
	Performance of services or membership or fundraising solicitations for related organization(s				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s	s)			1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
					10	X
		× 81	A Charles			
р	Reimbursement paid to related organization(s) for expenses				1p	X
	Reimbursement paid by related organization(s) for expenses				1q	X
	Willow Control of the		2			
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	is line, including covered re	elationships and transaction thresholds.		
	Name of related organization Tran	(b) nsaction nse (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved	
(1)						
(2)						
(3)						
(4)						
(E)						
(5)						
(6)						
3216	3 11-17-21	4.0		Schedule	R (Form 9	90) 2021

Schedule R (Form 990) 2021 BATONGA FOUNDATION 20-5927387 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No		(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	(j) General or managing partner? Yes No	(k) Percentage ownership
				01	in.				
			F. T. C.	2/2	CALE SILVE				
		The state of the s	BRITING	SIE S	Distr.				
		EOB	P. B. O. B.						

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

## 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

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5 (For Registry Use Only)

BATONGA FOUNDATION Name of Organization			ange of address nended report		
List all DBAs and names the organization uses or has used	-				
2202 18TH STREET, NW, NO. Address (Number and Street)		State Cha	arity Registration Number CT 0262657		
WASHINGTON, DC 20009		Corporati	ion or Organization No.		
City or Town, State, and ZIP Code					
(818) 980-0340 Telephone Number E-mail Address		Federal E	Employer ID No. 20-5927387		
ANNUAL REGISTRATION REN	   IEWAL FEE SCHEDULE (11 Cal. (   Make Check Payable to Departm		s. sections 301-307, 311, and 312)		
Total Revenue Fee Total	tal Revenue	Fee	Total Revenue	Fee	<u>е</u>
· · · · · · · · · · · · · · · · · · ·	tween \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80	
	tween \$1,000,001 and \$5 million tween \$5,000,001 and \$20 million		Between \$100,000,001 and \$500 million Greater than \$500 million		,000 ,200
PART A - ACTIVITIES	Arroom Cojoocjoo I ama Co	4,00	Q[[]]	Ψ.,	
For your most recent full accounting period	od (beginning 01/01/202	21 enc	ling 12/31/2021 ) list:		
Total Revenue (including noncash contributions) \$ 6,462,346  Program Expenses \$	Noncash Contributions \$	133	0 Total Assets \$ 11,670 enses \$ 914,720	),1	90
PART B - STATEMENTS REGARDING ORGANIZ	ZATION DURING THE PERIOD O	F THIS RE	PORT		
Note: All questions must be answered. If you	answer "ves" to any of the quest	tions belov	w. vou must attach a separate page		
providing an explanation and details for				Yes	No
During this reporting period, were there any of and any officer, director or trustee thereof, eigen any financial interest?					X
During this reporting period, was there any the or funds?	heft, embezzlement, diversion or m	isuse of th	e organization's charitable property		х
During this reporting period, were any organi	ization funds used to pay any pena	ılty, fine or	judgment?		Х
During this reporting period, were the service commercial coventurer used?	es of a commercial fundraiser, fund	Iraising cou	unsel for charitable purposes, or		х
5. During this reporting period, did the organiza	ation receive any governmental fund	ding?	SEE STATEMENT 1	х	
6. During this reporting period, did the organiza	ation hold a raffle for charitable pur	poses?			Х
7. Does the organization conduct a vehicle don					Х
Did the organization conduct an independen generally accepted accounting principles for		al stateme	nts in accordance with		х
9. At the end of this reporting period, did the or	rganization hold restricted net asse	ets, while re	eporting negative unrestricted net assets?		Х
I declare under penalty of perjury that I have ex and belief, the content is true, correct and com			ng documents, and to the best of my know	/ledge	е
	, a addioi in ou to oig		PRESIDENT AND BOARD		
	A WILLIAMS	C	CHAIR		
Signature of Authorized Agent Printed N.	lame	Т	itle Date		

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2021

Open to Public Inspection

# 1.General Information

For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2021 and Ending (	mm/dd/yyyy) 12/31/	2021				
Check if Applicable:	Name of Organization:	3,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Employer Identification Number (EIN):				
Address Change	BATONGA FOUNDA	TION		20-5927387				
Name Change	Mailing Address:			NY Registration Number:				
Initial Filing	2202 18TH STRE	ET, NW, NO. 1	23	46-87-71				
Final Filing	City / State / ZIP:			Telephone:				
Amended Filing	WASHINGTON, DO	20009		202 670-8457				
Reg ID Pending	Website:			Email:				
	WWW.BATONGAFOU	NDATION.ORG		INFO@BATONGAFOUNDAT				
Check your organization's			[ <del>**</del> ]	Confirm your Registration Category in the				
registration category:	7A only EPTL	only DUAL (7A &		Charities Registry at <u>www.CharitiesNYS.com</u> .				
2. Certification								
	cation requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires				
two signatories.			- 1					
We certify under p	enalties of perjury that we rev	iewed this report, including	all attachments, and to the	best of our knowledge and belief,				
they ar	e true, correct and complete i	n accordance with the laws	TOTAL TOTAL TOTAL CO.	4. DUNDUNUM				
		A.	ALETA WILL:	TOTAL THE PROPERTY OF THE PROP				
President or Authorized	Officer:		PRESIDENT					
	Signature	/ D.	BOOK TO AT THE TOTAL TRANSPORT	e and Title Date				
		4. A	COLIN CLAR	KE				
Chief Financial Officer or		- W. W. D	TRUSTEE	1711				
	Signature	TO LINE .	Print Nam	e and Title Date				
3. Annual Reporting	Exemption	100 000	A. F. M.					
	100	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both				
		BBA ATTION TO THE TOTAL TO		ed Char500. No fee, schedules, or				
				e exemption, you must file applicable				
	its and pay applicable fees.	D RO. 41 8 4 1	•	. ,,				
	10 ~	14 DBB						
3a. 7A filir	g exemption: Total contributi	ons from NY State including	g residents, foundations, go	overnment agencies, etc. did not				
1		d not engage a professiona	al fund raiser (PFR) or fund	raising counsel (FRC) to solicit				
contribution	ons during the fiscal year.							
		ts did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time				
during the	fiscal year.							
4. Schedules and A	ttachments							
	itaciiiieiits							
See the following page for a checklist of	Yes X No 4a. Did	valur avaanization was a nee	faccional fund valour fund v	raising counsel or commercial co-venturer				
	schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single sheet as recent and				
1				Make a single check or money order				
next page to calculate yo	ur			novable to:				
next page to calculate yo fee(s). Indicate fee(s) you	ur     \$	\$	\$	payable to: "Department of Law"				

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

2021.05000 BATONGA FOUNDATION

168451 01-10-22 1019

Page 1

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

# **CHAR500**

Annual Filing Checklist

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.
- 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:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
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	0 and up to \$1,000,000
Audit Report if you received total revenue and support greater than \$1,000,000	0 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total rev	4 100 100 100 100 100 100 100 100 100 10
No Review Report or Audit Report is required because total revenue and supp	2700L VOL 97 10" 10L VOL VOL VO. "
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	11/32
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	74 Classic Control of the Charles of the Control of
\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	<b>DUAL</b> filers are registered under both 7A and EPTL.
\$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	<b>EXEMPT</b> filers have registered with the NY Charities Bureau
\$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	and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These
\$750, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at <a href="https://www.charitiesNYS.com">www.CharitiesNYS.com</a> .
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21
28 Liberty Street	- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

# **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

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

Nar	ne of Organization:	NY Registration Number:
В	ATONGA FOUNDATION	46-87-71

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. DEPARTMENT OF STATE	1. 6,978.
2.	2.
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: 6,978.