

BATLAGAE TRUST W

N? 1 FAX No: 011-29800?

NEW BOX'No: P.O. BOX 1251 JHB. 2000

Karla Ann Fales 19/08/92

Grant Eligibility

WK Kellogg Foundation

Battlecreek USA

Dear Ms Fales

I apologise for the delay in responding to your request for information. Unfortunately the

documentation did not reach us and the first we became aware of it was when Mr Mkwe followed this up with us.

With regard to the information you have requested, the following applies:

1. A copy of our Deed of Trust is attached.

2/3. A copy of our half yearly report is attached. We have only been in existence since October 1991 so cannot furnish information which precedes this date, this includes financial statements. An interim financial report is enclosed. Our first financial audit will take place at the end of 1992.

4. To date the Trust has received monies from the following agencies for 1992:-

Swedish International Development Agency R493,260.00

Norwegian Foreign Ministry R391,239.00

Australian International Development Ass Bureau R542,472.00

Norwegian Foreign Ministry R391,239.00

Finnish International Development Agency R897,745.00

Dutch Anti-Apartheid Movement (AABN) v. R 60,000.00

. Catholic Institute for International Relations \$ R 51,000.00

Total R2,826,955.00

These are monies donated to place teacher/counsellors in 2 schools accommodating returnees.

Batlagae is also administering R1,000,000.00 on behalf of the National Coordinating Committee for the Repatriation of Political exiles (NCCR).

5. The Trust has applied to the Receiver of Revenue for tax-exempt status and is awaiting their decision.

We hope that our request will be favourably received and look forward to hearing from you.

Yours Sincerely

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Executive Director cc. John Samuel

Trustees: MichaelCorkc(Chairman) JohnSamuel Barbara Watson William Scirli NcilMcGurk

Executive Director: Mohammed lely

QUESTIONNAIRE

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Any toraLgn organization receiving a gzant from the Kellogg Foundation must have the same characteristics or eligible 0.5. Organization: as defined in Section: 501(c)(3) and 509(a) of thc U.s. Internal Revenue Code.

The criteria tor a 501(c)(3) organization is as follows: "

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That said organization conduct its operations excludatvclly as a non-protic organization, and be organized and operated exclusively for educational and charitable purposes, with no part or igs revenues or earnings inuring to the benefit of any private individual. with no substantial para of its activities involving carrying on propaganda or otherwise attempting to influencc legislation, and with no parulctpltn in pclitical campaigns on behalf of any candidates for public attica.

Can you certify that: 1.!( B.(Lahih 4'5!

continues to Operate as a 501(c)(3) organizatiOn as described abQVe7

Yes J No

4- w

Please also complete the following Lnformation:

A. check to applicable entity box below and Attach a ace: of the egganization's organiz\$ng document and bxlaws as indicated for bhe ontLty(a).

\_\_\_, Corporation - Attach Articles of Incorporation and bylaws

ha Trust \_ Attach Trust: indenture

Other - Atcch constitution or lrtLCIOS o: astociation and bylaws

B. 1. What are or will be the organization'n aaurcos of financial support?"

Lth in order of size by ncource and give approximate amOunta. Please include the name or the contributor and typo o: arginization (if applicable). Attached copies of the most recent financial Statement and those to: the preceding four years.

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2. Describe the organization'

a fundnralalng program, if any, both actual

and planned, and explain t

0 what extent it has been put into efzoct.

(Include details of tundrraising activities auch As mailings, use of fund-raising committees, use of professional fund rILsera, etc.)

Please translate the portion of your organizing document which discusses fund-raising also.

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3. Provide a detailed narrative description of the organization's past, present, and proposed future activities, and the purposes for which it was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (Do not repeat the purposes and activities of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity. (Reference to pamphlets or annual reports which contain this information need not be acceptable and should be included with an English translation or an English summary.)

4. Are any persons serving as members of the governing body by reason of being public officials or being appointed by public officials?

Yes: No No

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If "Yes," name those persons and explain the basis of their selection or appointment.

How many members of the organization's governing body assigned income or assets to the organization, or is it anticipated that any current or future member of the governing body will assign income or assets to the organization? Reference to the section of the organizing document and translate that section into English.

Yes No "0

Wm"...

If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned

5. Does the organization control or is it controlled by any other organization? Reference to the section of the organizing document and translate that section into English.

u...\_ No m

Is the organization the subject of a special relationship to another direct state or other factors?

Yes if No

If either

or the organization, or does it have organization by reason of: internal

n

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of these questions in answered "Yes," explain.

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6. Is the organization financially accountable to any other organization?  
Yes No Jil\_

If "Yes," explain and identify the other organization. Include details concerning accountability or attach copy or report: if any have been submitted. Reference to the section of the organizing document and translate that section into English.

A community Doum

7- (a) Have the recipient: of services or products been required at will  
' they be required to pay to: the organization's benefits, services, or products?  
You NO NO

If "Yes," explain how the charges are determined.

(b) Does or will the organization limit its benefits, services, or products to specific classes of individuals?  
Yes if 5 or . . .  
N .

If "Yes," explain how the recipient: or beneficiaries are or will be selected- But in community MI Imam: must be S.Armu.

8. Is the organization a membership organization?  
YGB NO m2

If "yes," complete the following and reference to the section of the organizing document and translate that section into English:  
(a) Describe the organization's membership requirements and attach a schedule of membership fees and dues.  
(b) Describe your present and proposed effort: to attract members, and attach a copy of any draft letter of invitation or letter to members  
used to: this purpose. P. Otis 81 mntirlal

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(c) Are benefits, services, or products limited to members?  
on NO K .

If "NO," explain,  
. Reference to  
Enclosed. Translate that section into  
YGO No NO . . . . .

If "yes," explain L'AISMI IS MhiuTthb mm Govammsa-r  
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Please Check the descriptions that apply to your organization which would classify it as a 509(a) organization.

1. A church

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2. \_\_\_ A school

3. \_\_\_ A hospital

4. A medical research organization:

5. A governmental unit

6. An organization Operated for the benefit Of a college or university

owned or operated by a governmental unit.

7. v/ An organization that normally receives a support from a governmental unit or from

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substantial part of its'

the general. public, Gavdumag

8. An organization that normally receives no more than 1/3 of its

support from gross investment income and more than 1/3 of its

support from contributions, membership fees, And gross receipts from activities related to its exempt functions.

9.

An organization 0

permitted solely for the benefit or

with one or more

and in connection-

of the Organizations described in

1 through 8.

I declare by my signature to sign this questionnaire on

behalf of the above questionnaire

including

Please sign here, giving name, title, / signature /

and authority of signatory

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FAX SHEET

The W.X. Kellogg Foundation is considering a grant to your organization.  
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stntua" of your organization as compare to a United State: non profit  
organization.

Complete the attached questionnaire and return 1: with the information  
requested below:

1. Send an English translation 0: your organization's Bylaw: and/or  
Articles 0! Incorporatton. If these nia lengthy documents, please  
translate only thou. portLons dosazibinq the purport of th-  
organizacion. the sources or financtll support, the distributLOn of  
assets upon dissolution or liquidation, and the make-up and powers  
of the governing body, as well as any inaormation regarding the  
organization's tnx-excmpt status.
2. A copy 0: the most recent annual report and chose for the preceding  
' . fours years including a statement. of revenues/anomo.
3. Financial information showing aourcea of support (contributions,  
income, etc.) to: the current and precudlng tour fincal yours.
4. Please provide a list of contributors indicating the name or the  
contributor, the type of entit
6. Any other information on the organization

'9 tax or 10 :1 status

would be greatly appreciAted. 9

ploaae return the information to:

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The W.K. Kellogg Foundation is considering a grant to your Organization. The Foundation is required by law to determine if your organization has "equivalent tax status" of your organization as compared to a United States non-profit organization.

Complete the attached questionnaire and return it with the information requested below:

1. Send an English translation of your organization's Bylaws and/or Articles of Incorporation. If these are lengthy documents, please translate only those portions describing the purpose of the organization, the sources of financial support, the distribution of assets upon dissolution or liquidation, and the make-up and powers of the governing body, as well as any information regarding the organization's tax-exempt status.

A copy of the most recent annual report and those for the preceding four years including a statement of revenues/income.

Financial information showing sources of Support (contributions, income, etc.) for the current and preceding four fiscal years.

Please provide a list of contributors indicating the name of the contributor, the type of entity (foundation, school, government, etc.) and the year and amount of the contribution.

Any type of tax-exempt determination from the U.S. Internal Revenue Service or from the tax authorities in the organization's country.

Any other information on the organization's tax or legal status would be greatly appreciated.

Please return the information to:

Karla Ann Fales

Grant Eligibility/Compliance

W.K. Kellogg Foundation

One Michigan Avenue East

Battle Creek, MI U.S.A. 49017

FAX: 616-968-0413, please mail original

This is a routine procedure of the Foundation and should not be considered assurance of final funding. Please return this information as soon as possible. Please contact Ann McKinstry or Karla Fales at 616-968-1611 if you have specific questions.

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