FOR TAX YEAR 2022

DIASPORA GLOBAL INITIATIVE INC

Bill Posner CPA PA 13301 Woodruff Ct Germantown, MD 20874 (301)528-2701

Bill Posner CPA PA

13301 Woodruff Ct Germantown, MD 20874 Bill@BillPosnerCPA.com Phone: (301)528-2701 | Fax: (301)528-2703

May 09, 2023

DIASPORA GLOBAL INITIATIVE INC 11882 COUNTRY SQUIRE WAY CLARKSBURG, MD 20871-3334

Subject: Preparation of 2022 Tax Returns

DIASPORA GLOBAL INITIATIVE INC:

Thank you for choosing Bill Posner CPA PA to assist with the 2022 taxes for DIASPORA GLOBAL INITIATIVE INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for DIASPORA GLOBAL INITIATIVE INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of DIASPORA GLOBAL INITIATIVE INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (301)528-2701.

Sincerely,

Tzahi Hi fosner CPA

Tzahi M Posner CPA Bill Posner CPA PA

Accepted By:

REAINS

Officer

05 / 09 / 2023

Date

Bill Posner CPA PA

13301 Woodruff Ct Germantown, MD 20874 Bill@BillPosnerCPA.com Phone: (301)528-2701 | Fax: (301)528-2703

May 09, 2023

DIASPORA GLOBAL INITIATIVE INC 11882 COUNTRY SQUIRE WAY CLARKSBURG, MD 20871-3334

DIASPORA GLOBAL INITIATIVE INC:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for DIASPORA GLOBAL INITIATIVE INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (301)528-2701.

Sincerely,

Tzahi fu fosner CPA

Tzahi M Posner CPA Bill Posner CPA PA

Bill Posner CPA PA

13301 Woodruff Ct Germantown, MD 20874 Bill@BillPosnerCPA.com Phone: (301)528-2701 | Fax: (301)528-2703

May 09, 2023

DIASPORA GLOBAL INITIATIVE INC 11882 COUNTRY SQUIRE WAY CLARKSBURG, MD 20871-3334

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (301)528-2701.

Sincerely,

Tzahi Hi fosner CPA

Tzahi M Posner CPA Bill Posner CPA PA

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

tment of the Treas Internal Revenue Servic

artment of the Treasury nal Revenue Service	Do not enter social security numbers on this form Go to <i>www.irs.gov/Form990</i> for instructions a	Open to Public Inspection		
or the 2022 calendar year, or tax year beginning , 2022, and ending			_	, 20
Check if applicable:	C Name of organization DIASPORA GLOBAL INITIATIVE I	NC	D Employ	er identification number
Address change	Doing business as			27-3273058
Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
Initial return	11882 COUNTRY SQUIRE WAY			(202)615-6642
Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross r	eceipts

Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts	
Amended return	CLARKSBURG, MD 20871-3334			\$	102,148
Application pending	F Name and address of principal officer:		H(a) Is this a	group return for subordinates?	Yes X No
			H(b) Are all	subordinates included?	Yes No
Tax-exempt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	lf "No,"	attach a list. See instructi	ons
Website: WWW	.DIASPORAGLOBAL.ORG		H(c) Group	exemption number	
Form of organization:	Corporation Trust Association Other	L Year of formation: 201	7 м	State of legal domicile:	MD
art I Summar	у				
1 Briefly descr	ibe the organization's mission or most significant activities:	COMMITTED TO BUIL	DING A	BETTER WORLD	
	Amended return Application pending Tax-exempt status: X Website: WWW Form of organization: X art I Summar	Amended return CLARKSBURG, MD 20871-3334 Application pending F Name and address of principal officer: Tax-exempt status: S 501(c)(3) 501(c) () () (insert no.) 4947(a)(1) or Website: WWW.DIASPORAGLOBAL.ORG Form of organization: Corporation Trust Association Other art I Summary	Amended return CLARKSBURG, MD 20871-3334 Application pending F Name and address of principal officer: Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Website: WWW.DIASPORAGLOBAL.ORG Form of organization: X Corporation Trust Association Other L Year of formation: 201 art I Summary	Amended return CLARKSBURG, MD 20871-3334 Application pending F Name and address of principal officer: H(a) Is this a Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," Website: WWW.DIASPORAGLOBAL.ORG H(c) Group Form of organization: X corporation Trust Association Other L Year of formation: 2017 M art I Summary	Amended return CLARKSBURG, MD 20871-3334 \$ Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(b) Are all subordinates included? If "No," attach a list. See instruction Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Website: WWW.DIASPORAGLOBAL.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 2017 M State of legal domicile: art I Summary Summary Summary Summary Summary

ance					
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of	its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
s S	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
itie	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Activities	6	Total number of volunteers (estimate if necessary)		6	45
Ă.	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
1	8	Contributions and grants (Part VIII, line 1h)	204	,448	102,148
en	9	Program service revenue (Part VIII, line 2g)			0
Bevenue	0	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
ຂີ້ 1	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
1	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	204	,448	102,148
1	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
1	4	Benefits paid to or for members (Part IX, column (A), line 4)			0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
8 S	l6a	Professional fundraising fees (Part IX, column (A), line 11e)			0
1 Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)0			
ắ 1	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	236	,408	168,219
1	8	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	236	,408	168,219
1	9	Revenue less expenses. Subtract line 18 from line 12	(31,960)		(66,071)
r s		E	Beginning of Currer	nt Year	End of Year
t Assets or 1d Balances 7 C	20	Total assets (Part X, line 16)	82	,050	18,679
Sap 2	21	Total liabilities (Part X, line 26)	98,	,500	101,200
		Net assets or fund balances. Subtract line 21 from line 20	(16)	,450)	(82,521)

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.

	BERTIN M	BONJAWO				05-09-2023
Sign	Signature of officer					Date
Here	BERTIN M	BONJAWO, CH	IEF EXECUTIVE OFFICER			
Type or print name and title						
	Print/Type preparer's na	ame	Preparer's signature	Date	Check	if PTIN
Paid	Tzahi M Posm	ner CPA	Tzahi M Posner CPA	07-21-2023	self-emplo	P00593862
Preparer	Firm's name	Bill Po	sner CPA PA		Firm's EIN	
Use Only	Firm's address	13301 W	loodruff Ct		Phone no.	
	Germantown MD 20874 30				301-528-2701	
May the IRS	discuss this return w	vith the preparer	shown above? See instructions .			X Yes 🗌 No

Form	n 990 (2022) DIASPORA GLOBAL INITIATIVE INC	27-3273058 Page 2
Pa	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·
1	Briefly describe the organization's mission:	
	COMMITTED TO BUILDING A BETTER WORLD	
	Distribution of a first solution of a ffree days and the device device the second field of the second field of the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	Yes 👖 No
3		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	🗌 Yes 🕱 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	sured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 133,521 including grants of \$) (Revenue	ue \$)
	THE GLOBAL SCHOOL CONSTRUCTION PROGRAM BUILDS SCHOOLS TO SUSTAIN ITS NEEDS	AND KEEP OUR PROMISES
	MADE TO CHILDREN AROUND THE WORLD. THE DIASPORA WORLD CUP HAS BROKEN GROUN	D ON ITS FIRST SCHOOL
	MINUTES FROM THE CITY OF YAOUNDÉ IN CAMEROON. THE THREE-STORY EARTHQUAKE R	ESISTANT BUILDING IS
	COMPRISED OF 12 SMALL SET CLASSROOMS TO ACCOMMODATE 300 K-6 ELEMENTARY SCH	OOL AGE CHILDREN.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
40		λε ψ)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	Je \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 133,521	
EEA		Form 990 (2022)

Form	n 990 (2022) DIASPORA GLOBAL INITIATIVE INC	27-32730	58	F	Page 3
Pa	rt 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	х	
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		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
Ū	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		x
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		v
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	• • • • • •	1		X
8	complete Schedule D, Part III				
•		••••	8		X
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		X
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					
	complete Schedule D, Part VI	• • • • • •	11a		X
b	5 1 <i>y y</i>				
	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	x	
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	<i>x</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII		12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional •		12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a	x	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		10		-
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17		••••	10		
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 11e2 if "Xes," complete Schedule G. Part I. See instructions		17		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	•••••	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		10		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	••••	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		10		
	If "Yes," complete Schedule G, Part III.		19		X
20 a			20a		X
b		••••	20b		<u> </u>
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		X

Form	990 (2022) DIASPORA GLOBAL INITIATIVE INC 27-32	7305	8	P	age 4
Pa	rt 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 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots \dots \dots$	• -	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• 🛓	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		054		
00	If "Yes," complete Schedule L, Part I	• -	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		~		
07	controlled entity or family member or 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		Ŧ
20		•	21		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? <i>If</i> "Yes," complete Schedule L, Part IV.		200		Ŧ
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28a 28b		X X
b		•	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		200		Ŧ
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		28c 29		X
29 20		• –	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		30		Ŧ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		30		X X
		•	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32		
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	• –	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L.		33		Ŧ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	•	33		X
34	or IV, and Part V, line 1		34		Ŧ
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	•	35a		x
b			35b		
36	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	•	350		
30	related organization? If "Yes," complete Schedule R, Part V, line 2		36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	• –	30		x
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	• –	37		X
50	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par		•	50	Α	
rai	Check if Schedule O contains a response or note to any line in this Part V				
		•••	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	x	
		-		4	<u> </u>

Form	990 (2022) DIASPORA GLOBAL INITIATIVE INC 27-	327305	58	P	age 5
Par	t 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	••• _	2b		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	••• _	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	••• _	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•••	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•••	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•••	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	•••	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	•••	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	•••	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	•••• [7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	•••	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•••	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	•••	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • •	••• _	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	••••	8		
9	Sponsoring organizations maintaining donor advised funds.				
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				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
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				
C	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	•••	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		<u> </u>		1
	excess parachute payment(s) during the year?	•••	15		x
	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		x
<i>.</i> –	If "Yes," complete Form 4720, Schedule O.	-			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person 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.				

Forr	m 990 (2022) DIASPORA GLOBAL INITIATIVE INC 27-3273	058	F	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	r a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
. a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		А
D.	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		•
U	the year by the following:			
-		8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	_ A	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		•
	ACT D. I ONCICS (This Section D requests information about poincies not required by the internal nevenue obde.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	TUa		X
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11_		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	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	100		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-		
12	describe on Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy? Image: Comparization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Image: Comparization have a written document retention and destruction policy?	13		X
14		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?	45-		
a h	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40-	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	40-		
	with a taxable entity during the year?	16a		X
D	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	401		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed Maryland			
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.			
10	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial 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.			
	BERTIN M BONJAWO (202)615-6642, 11882 COUNTRY SQUIRE WAY, CLARKSBURG, MD 20871-333	4		

Form 990 (202	2) DIASPORA GLOBAL INITIATIVE INC	27-3273058	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, 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 E	mployees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess 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, box 6 of 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	rolatod organizati	011 001	npono	(C		iy oun				
				u) Posit						
(A)	(B)	(do n	ot checl			an one		(D)	(E)	(F)
Name and title	Average		unless					Reportable	Reportable	Estimated amount
	hours per week	office	er and a	ι dire	ector/t	rustee)		compensation from the	compensation from related	of other compensation
	(list any	o –	_	4	-	• -	-	organization (W-2/	organizations (W-2/	from the
	hours for	ndiv or dir	nstit	Officer	(ey e	igh h	Former	1099-MISC/ 1099-NEC)	1099-MISC/	organization and
	related	idua	utior	e	due	est c oyee	er	1099-INEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		U	iensa				
	dotted line)		e			ated				
(1) OMAR_I KOUSSOU	10.00									
CHIEF OPERATING OFFICER			:	x				3,000	0	0
(2) VALENTINE E MBOGNE										
BOARD CHAIR		x						0	0	0
(3) JONATHAN_T_MORRIS										
BOARD MEMBER		x						0	0	0
(4) DANIELLA H ANDERSON										
BOARD MEMBER		x						0	0	0
(5) BERTIN M_BONJAWO	40.00									
CHIEF EXECUTIVE OFFICER		x	:	x				0	0	0
(6) MARIA P ALVAREZ	10.00									
DIRECTOR OF COMMUNITY OUTREACH			:	x				0	0	0
(7) ROLAND A ZAMBO	20.00									
COUNTRY DIRECTOR - CAMEROON				x				0	0	0
(8) FRED_GOMEZ	10.00									
DIRECTOR OF SOCCER				x				0	0	0
(9) VINAYAK KAHANE	10.00									
CHIEF TECHNOLOGY OFFICER				x				0	0	0
(10)BHASKAR LAVHAT	10.00									
CHIEF SOFTWARE ARCHITECT				x				0	0	0
<u>(11)</u>										
(12)										
(13)				-						
<u>(14)</u>				+						

	90 (2022) DIASPORA GLOBAL I										-32730		Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp			s, an	nd I	Highest Comp	ensated	Employ	yees (continued,
	(A) Name and title	Name and title Average bc				son is	nan one s both ar /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	ion ed	Estimate of comp	(F) red amount f other pensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations 1099-MIS 1099-NEC	c/	organiz	m the zation and organizations
(15)													
<u>(16)</u>													
(17)													
(18)													
(19)													
(20)													
(21)		_ 											
(22)													
(23)													
(24)													
(25)													
1b	Subtotal		•••	•••	•••		•••	•					
C	Total from continuation sheets to Part VII, Sect		•••	•••	•••	•	•••	•					
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limit								3,000 ore than \$100.000	of	0		0
	reportable compensation from the organization				,							`	C Yes No
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>						-					3	x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
5	individual	compensatio	on from	n any	unre	elate	ed orga	aniz	ation or individual	• • • • • •		4 5	X
Secti	on B. Independent Contractors	s, complete	Scheu	uie a		Suc	n pers	on	•••••	••••	•••		X
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp (A)	ensation for	the cal	lenda	ar yea	ar e	nding	with	n or within the orga (B)	nization's tax	(year.	(C)	
	Name and business addres	SS							Description of service	es	С	ompensati	ion
2	Total number of independent contractors (includin received more than \$100,000 of compensation from	-			e list	ed a	above)) wh	10				

Form 99	<u>`</u>				INI	FIATIVE INC			27-32730	58 Page 9
Part	VIII	Statement of Rev	/eni	le						
		Check if Schedule O co	ontair	ns a response	e or n	ote to any line in this				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .	••	• • • • •	1a					
s	b	Membership dues	••		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	••	• • • • •	1c					
ũ, ũ	d	Related organizations .	••	• • • • •	1d					
Gifts ar A	е	Government grants (cont	ributi	ons)	1e					
inil, C	f	All other contributions, git	-							
er S		and similar amounts not i	ncluc	ded above	1f	102,148				
Gth	g	Noncash contributions in	clude	d in						
and a		lines 1a-1f		L	1g					
0 @	h	Total. Add lines 1a-1f	••	• • • • • •			102,148			
						Business Code				
e	2a	SCHOOL CONSTRUCT				236000				
Program Service Revenue	b									
Ser	C									
gram Serv Revenue	d									
Бещ	е									
Δ.		All other program service								
	g	Total. Add lines 2a-2f .	••	• • • • • •	• • •	•••••				
	3	Investment income (includ								
		other similar amounts) .				F				
		Income from investment of			•	F				
	5	Royalties	••		• • •					
		o .		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6C	1						
	d	Net rental income or (loss)_•_			••••				
	7a	Gross amount from		(i) Securitie	s	(ii) Other				
		sales of assets	7-							
		other than inventory	7a							
	D	Less: cost or other basis	76							
nue		and sales expenses								
evel		Gain or (loss)	-							
Other Revenue		Net gain or (loss) Gross income from fundra			•••	••••				
the	08	events (not including \$	-							
0		of contributions reported of								
		1c). See Part IV, line 18			8a					
	h	Less: direct expenses .			86					
		Net income or (loss) from								
		Gross income from gamin		raising evente	, .					
	Ju	activities, See Part IV, line			9a					
	Ь	Less: direct expenses .			9b					
		Net income or (loss) from				•••••				
			-	ing admitted						
	TUa	Gross sales of inventory, returns and allowances .			10a					
	h	Less: cost of goods sold			10					
		Net income or (loss) from								
	† Ť					Business Code				
s	11a									
ner	b									
scellanoi Revenue	c									
Miscellanous Revenue		All other revenue								
ž		Total. Add lines 11a-11d								
		Total revenue. See instru					102,148	0	0	0

Form 990 (2022)

Part IX

22) DIASPORA GLOBAL INITIATIVE INC Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all		nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to				
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees ••••••••••••				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a L		3,000		3,000	
b		2,400		2,400	
C d		1,102		1,102	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 . Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)			5	
12	Advertising and promotion	5		5	
12	Office expenses	1,673		1,673	<u> </u>
14		8,608		8,608	
15	Royalties	5,000		0,000	
16		16,503		16,503	
17		1,407		1,407	
18	Payments of travel or entertainment expenses			_,,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	SCHOOL CONSTRUCTION	131,567	131,567		
b	PROGRAM SUPPLIES	754	754		
С	REFEREE FEES	1,200	1,200		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	168,219	133,521	34,698	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🗍 if				
	following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	•••••	• • • •	
			(A)		(B)
		Outline and the state of the	Beginning of year		End of year
	1	Cash - non-interest-bearing	76,852	1	1,481
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4			4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		<i></i>	
	6	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
ts	7	Notes and loans receivable, net		8	
Assets	8	Prepaid expenses and deferred charges		9	
4	9	Land, buildings, and equipment: cost or other		9	
	10a	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation		10c	
	b 11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11	5,198	15	17,198
	16	Total assets. Add lines 1 through 15 (must equal line 33)	82,050	16	18,679
	17	Accounts payable and accrued expenses	02,030	17	10,079
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iliq		controlled entity or family member of any of these persons		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties	98,500	23	101,200
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	98,500	26	101,200
		Organizations that follow FASB ASC 958, check here			· · · · ·
		and complete lines 27, 28, 32, and 33.			
Ces	27	Net assets without donor restrictions	(16,450)	27	(82,521)
alar	28	Net assets with donor restrictions	, , , , , , , , , , , , , , , , , , ,	28	.
Ä		Organizations that do not follow FASB ASC 958, check here			
ņ		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
șts (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
VSS (31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	(16,450)	32	(82,521)
z	33	Total liabilities and net assets/fund balances	82,050	33	18,679
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DIASPORA GLOBAL INITIATIVE INC

Form 990 (2022)

Form	990 (2022) DIASPORA GLOBAL INITIATIVE INC	27-32730)58	Pa	age 12
Par	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		102,	,148
2	Total expenses (must equal Part IX, column (A), line 25)	2		168,	,219
3	Revenue less expenses. Subtract line 2 from line 1	3		(66,	,071)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(16,	,450)
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		(82,	,521)
Par	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: X Cash Occrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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				
b	Were the organization's financial statements audited by an independent accountant?		2b		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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA				n 990	(2022)

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

OMB No. 1545-0047

(For	m 990	0)	Complete if the o	rganization is a section	501(c)(3) organization or a set		(1) nonexemp	ot charitable trust.	2022
Depar	tment o	of the Treasury		-	h to Form 990 or Form				Open to Public
		enue Service	Go to		m990 for instructions a		test inform	nation.	Inspection
Name	of the	organization		0				Employer identificati	
DIAS	SPOR	A GLOBAL	INITIATIVE IN	IC				27-32730	58
Par	tl	Reason	for Public Cha	rity Status. (Al	II organizations mus	st comple	ete this p	art.) See instruct	tions.
The c	organiz	zation is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	x.)		
1	A	A church, conv	vention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)		
2	A	A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3	A	A hospital or a	cooperative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).		
4			earch organization o e, city, and state:	perated in conjunc	tion with a hospital desci	ribed in se	ction 170(b)(1)(A)(iii). Enter th	е
5	_	•		enefit of a college o	r university owned or op	erated by a	a aovernme	ental unit described in	1
		-)(1)(A)(iv). (Comple	-		· ···· · , ·	- J		
6		-		,	I unit described in section	on 170(b)(1)(A)(v).		
7			· •	•	art of its support from a g			rom the general public	2
			ection 170(b)(1)(A)					- ·	
8	A	A community t	rust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9	A	An agricultural	research organizati	on described in se	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant c	ollege
	0	or university of	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
	u	iniversity:							
10	re S	eceipts from a support from g	ctivities related to its ross investment inco	s exempt functions, me and unrelated l	33 1/3% of its support fro subject to certain excep pusiness taxable income e section 509(a)(2). (Co	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	DSS
11			•		to test for public safety. S	•		·).	
12	A	An organizatio	n organized and ope	rated exclusively for	or the benefit of, to perform	m the funct	tions of, or	to carry out the purpo	oses of
	o	one or more p	ublicly supported or	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2)	See section 509(a)	(3). Check
	tł	he box on line	s 12a through 12d th	nat describes the ty	pe of supporting organiza	ation and c	omplete lin	es 12e, 12f, and 12g	
а		Type I. A	supporting organizat	tion operated, supe	ervised, or controlled by i	ts supporte	ed organiz	ation(s), typically by	giving
		the suppor	ted organization(s) t	he power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the	
		supporting	organization. You I	nust complete Pa	rt IV, Sections A and B				
b) [Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by hav	ing
		control or	management of the s	supporting organiza	ation vested in the same p	persons that	at control o	r manage the suppor	ted
		organizati	on(s). You must co	mplete Part IV, Se	ctions A and C.				
с	: [Type III fu	nctionally integrat	ed. A supporting o	rganization operated in c	onnection	with, and	functionally integrate	d with,
		its support	ed organization(s) (see instructions). Y	ou must complete Par	t IV, Sectio	ons A, D,	and E.	
d		Type III n	on-functionally inte	grated. A support	ing organization operate	d in conne	ction with i	ts supported organiz	ation(s)
		that is not	functionally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivene	ess
		requireme	nt (see instructions)	You must compl	ete Part IV, Sections A	and D, an	d Part V.		
е	. [Check this	box if the organizati	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
		functionall	y integrated, or Type	III non-functionally	v integrated supporting of	rganizatior	1.		
f	Ent	ter the numbe	r of supported orgar	izations					• • • • •
g	Prc	ovide the follow	ving information abo	ut the supported or	ganization(s).				
	(i) Nam	ne of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Par		LOBAL INITI ations Descr		ions 170(b)(1	I)(A)(iv) and	27-327305 170(b)(1)(A)	
	(Complete only if you checked th						
	Part III. If the organization fails to				•		,
Sect	ion A. Public Support			· · · ·	•	/	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,760	169,176	703,661	219,958	102,148	1,216,70
2	Tax revenues levied for the	·					
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	21,760	169,176	703,661	219,958	102,148	1,216,70
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)						157,21
6	Public support. Subtract line 5 from line 4.						1,059,49
	ion B. Total Support		1	1	1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	21,760	169,176	703,661	219,958	102,148	1,216,70
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,216,70
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he			• • • • • • • •	• • • • • • • •	• • • • • • • •	•••••
	ion C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6		-			14	87.08 %
15	Public support percentage from 2021 Sch					15	90.87 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b							
17-	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 20	•					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	-		_
	organization						
b		•					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		
	organization						•••••
18	Private foundation. If the organization d						-
	instructions						

	le A (Form 990) 2022 DIASPORA GI					27-32730	058 Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)	1		
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify ι	under Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, 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						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons •						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	() _0.0	() = 0.10	(0) =0=0	(4) = 0 = 1	(0) =0==	(1) 1010
10a	Gross income from interest, dividends,						
iou	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
C	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 or	ganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as a	a section 50	1(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2022 (line 8	3, column (f), d	ivided by line 1	13, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part I	III, line 15	•••••		16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I		-	ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2021			•		18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2021. If the organizati	-	-				
	line 18 is not more than 33 1/3%, check this bo						·
20	Private foundation. If the organization di		-			-	

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

DIASPORA GLOBAL INITIATIVE INC Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing 1 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С 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. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

Schedu	le A (Form 990) 2022 DIASPORA GLOBAL INITIATIVE INC 27-3	273058	F	age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b	and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	oorted		

	cheelively operated, supervised, or controlled the organization of dotivities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2022

2a

2b

3a

3b

Yes

No

1

2

1

Yes No

EEA

	le A (Form 990) 2022 DIASPORA GLOBAL INITIATIVE INC		27-327.	BUSB Page 6
Part		-		· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organ	Izati	ons must complete Section	(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior 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		
Secti	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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	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		
_				

DIASPORA GLOBAL INITIATIVE INC

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedul	e A (Form 990) 2022 DIASPORA GLOBAL INITIATIV		27-327	3058 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supporte	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

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

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
DIASPORA GLOBAL INITIATIVE INC	27-3273058
Organization type (check one):	

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

			Employer identification number
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional spac	27-3273058 e is needed.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$57,	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Image: 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 Image: 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 2

Schedule B (Form 990) (2022)

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 2022

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service	
Name of the organization	

DIASE	ORA GLOBAL INITIATIVE INC		27-3273058
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(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	writing that the assets held in donor advised	1
	funds are the organization's property, subject to the organiz	-	
6	Did the organization inform all grantees, donors, and donor	-	
-	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		
Par			
I UI	Complete if the organization answered "Yes"	on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreati		historically important land area
			certified historic structure
	Protection of natural habitat		certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements $\ \ldots$		
С	Number of conservation easements on a certified historic st		· · 2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register \ldots		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the
	tax year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	C C	
Par		of Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 9		d balance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		
5	art, historical treasures, or other similar assets held for publi		
	· · · ·		
	provide the following amounts relating to these items:(i) Revenue included on Form 990, Part VIII, line 1		¢
~	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		yain, provide the
	following amounts required to be reported under FASB ASC	-	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		••••• \$

Schedu	le D (Form 990) 2022 DIASPORA GLOBAL						27-3273		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures,	or Ot	her Similar As	sets (co	ontinued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the fo	llowing that m	ake siç	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan or	exchange pr	ogram			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how the	v further the	organization	's exen	npt purpose in Part		
	XIII.	·			0				
5	During the year, did the organization solicit o	r receive donations	of art hist	orical treas	ures or other	similar			
•	assets to be sold to raise funds rather than t							☐ Yes	No
Par	t IV Escrow and Custodial Arra		partortic	organizatio					
1 41	Complete if the organization		' on For	m 990 P	art IV line	9 or i	reported an amo	ount on	Form
	990, Part X, line 21.					0, 01 1	oportou un une		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntributions	or other asset	e not			
Ia	included on Form 990, Part X?							. 🗌 Yes	No
h	If "Yes," explain the arrangement in Part XIII				•••••	•••	• • • • • • • • • •		
b	If Yes, explain the arrangement in Part XIII	and complete the id	bilowing ta	Die.			A		
_	Desile des habeses						Amo	Juni	
c	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F								
b	If "Yes," explain the arrangement in Part XIII	I. Check here if the e	explanatio	n has been	provided on P	art XIII	• • • • • • • • •	• • • •	, []
Par									
	Complete if the organization	answered "Yes'	' on ⊦or	m 990, P	art IV, line	10.	I		
		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	column (a)) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
c	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	•	ation that	are held an	d administere	d for th	9		
•••	organization by:						-	[Yes No
	(i) Unrelated organizations							3a(i)	100 110
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz							3b	
4		•				•••		30	
	Describe in Part XIII the intended uses of th t VI Land, Buildings, and Equip		ownent	unus.					
Fai			' on Eor	m 000 P	ort IV lino	110 (Soo Earm 000	Dart V I	ino 10
	Complete if the organization								
	Description of property	(a) Cost or oth			r other basis	• •	Accumulated	(d) Bool	value
	1	(investme	511()	(0	other)	d	epreciation		
1a				-					
b	Buildings	• •		-					
C	Leasehold improvements	••							
d	Equipment	••							
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	rt X, colur	nn (B), line	10c. ,		•••••		

Schedule	D	(Form	990)	2022

Investments - Other Securities. Complete if the organization answered "Yes" 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 end-of-year market value
(1)	Financial derivatives		
(2)	Closely-held equity interests		
	Other		
(A			
(B			
(C			
(D			
(E			
(F)			
(G			
(H			
Tota	al. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.).		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1SECURITY DEPOSIT	5,198
(2FACILITY DEPOSIT	10,000
(3) EPOSIT	2,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	17,198

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (0	Column (b) must equal Form 990, Part X, col. (B) line 25.)•	•

2. Liability for uncertain tax positions. In Part XIII, provide the text of the 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.

Schedu	le D (Form 990) 2022 DIASPORA GLOBAL INITIATIVE INC	27-3273058	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	^r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047 2022 Open to Public Inspection		
Name of the organization	er identification number				
	INITIATIVE INC Information on Activities Outside the United States. Complete if the organization	27-327			
	D, Part IV, line 14b.	answere			
1 For grantmake	rs. Does the organization maintain records to substantiate the amount of its grants and				
other assistance	, the grantees' eligibility for the grants or assistance, and the selection criteria used to				
award the grants	or assistance?	••••	🗴 Yes 🗌 No		

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	<i>`</i>	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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
			Program-Related		
(1)Sub-Saharan Africa		1	Investments	SCHOOL CONSTRUCTION	133,521
(2)					
(3)					
_(4)					
_(5)					
(6)					
(7)					
(8)					
(9)					
<u>(</u> 10)					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
<u>(17)</u>					
3a Subtotal		1			133,521
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			133,521

Schedule F (Form 990) 2022

Part II

DIASPORA GLOBAL INITIATIVE INC

27-3273058

Page **2**

	Part IV, lii	ne 15, for any rec	cipient who rece	ived more than \$5,0	000. Part II can b	pe duplicated if add	litional space is ne	eded.	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2				at are recognized as cha					
-				rantee or counsel has pr				· · · ·	
3	Enter total number	ot other organizatior	ns or entities •••			• • • • • • • • • • • •	••••		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Schedule F (Form 990) 2022

DIASPORA GLOBAL INITIATIVE INC

27-3273058

Part III Grants and Other A	ssistance to Individ	luals Outside	the United States	s. Complete if the	organization ans	27-3273058 wered "Yes" on Form 99	Page 90, Part IV, line 1
(a) Type of grant or assistance	(b) Region	CE IS NEEDED. (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)
1)							
2)							
3)							
1)							
)							
)							
)							
)							
)							
)							
2)							
3)							
5)							
5)							
7)							
3)							
A							Schedule F (Form 990)

Page 3

Schedule	F (Form 990) 2022 DIASPORA GLOBAL INITIATIVE INC	27-3273058	3		Page 4
Part	IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🗆	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	🛛	Yes		No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	🛛	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	🗆	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🛛	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	🛛	Yes		No
EEA		Schedu	ıle F (Fc	orm 99	0) 2022

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.
-	
-	
-	
-	

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DIASPORA GLOBAL INITIATIVE INC

Employer identification number 27-3273058

01. Form 990 governing body review (Part VI, line 11)

FORM 990 WAS PROVIDED TO ALL OFFICERS FOR REVIEW PRIOR TO FILING.

02. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE ON WEBSITE OR BY REQUEST.