Bill Posner CPA PA

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

February 13, 2025

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

Subject: Preparation of 2024 Tax Returns

DIASPORA GLOBAL INITIATIVE INC:

Thank you for choosing Bill Posner CPA PA to assist with the 2024 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 2024 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 2024 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 H Posner CPA Tzahi M Posner CPA Bill Posner CPA PA Accepted By: Officer 02 / 13 / 2025 Date

Bill Posner CPA PA

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February 13, 2025

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

DIASPORA GLOBAL INITIATIVE INC:

Enclosed is the 2024 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 H fosner CPA

Tzahi M Posner CPA Bill Posner CPA PA

Bill Posner CPA PA

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

February 13, 2025

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 H Absner CPA

Tzahi M Posner CPA Bill Posner CPA PA

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2024

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service For the 2024 calendar year, or tax year beginning 2024, and ending 20 Check if applicable: C Name of organization DIASPORA GLOBAL INITIATIVE INC D Employer identification number Address change Doing business as 27-3273058 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 11882 COUNTRY SQUIRE WAY (202)615-6642Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return CLARKSBURG, MD 20871-3334 103,198 Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? X No H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: WWW.DIASPORAGLOBAL.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2017 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: COMMITTED TO BUILDING A BETTER WORLD Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 17 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 103,198 90,810 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 90,810 103,198 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 91,646 102,397 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 102,397 91,646 Revenue less expenses. Subtract line 18 from line 12 (836) 801 **Beginning of Current Year** End of Year Net Assets or Fund Balances 20 17,843 21,140 21 Total liabilities (Part X, line 26) 101,200 103,696 22 Net assets or fund balances. Subtract line 21 from line 20 . . . (83,357 (82,556)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 02-13-2025 Sign Signature of officer Here BERTIN M BONJAWO, CHIEF EXECUTIVE OFFICER Type or print name and title Date Preparer's name Preparer's signature PTIN **Paid** Tzahi M Posner CPA Tzahi M Posner CPA 02-13-2025 P00593862 self-employed Preparer Firm's name Bill Posner CPA PA Firm's EIN **Use Only** 13301 Woodruff Ct Firm's address Phone no. Germantown MD 20874 301-528-2701 May the IRS discuss this return with the preparer shown above? See instructions X No Yes

27-3273058

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		77
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-		X
0	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,	_		Α
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	···· σ··· γ··· ··· ··· ··· ··· ··· ··· ·			
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		
h	Schedule D, Parts XI and XII	12a		X
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • •	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	Α
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174	Λ	
~	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

27-3273058

Form 990 (2024) DIASPORA GLOBAL INITIATIVE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete 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?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		
26	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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	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	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Dor	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	oncor ii ochodule o containe a response of note to any illie iii tille i art v	• • •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

Par	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 ()		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $\cdot \cdot \cdot$		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \dots \dots		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 $O \cdot \cdot \cdot$		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er,			
	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 (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$		6a		X
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	7d			
е	$ \ \text{Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?} \bullet $		7e		
f	$ \ \text{Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?} \boldsymbol{.} .$		7 f		
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	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \text{Did a donor advised fund maintained by the} \\$				
	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:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b	٠		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
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.	1 1			
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	12h			
•	Enter the amount of reserves on hand	13b	-		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	L	14a		v
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q .		14a		X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		טדו		
. •	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		х
	If "Yes," complete Form 4720, Schedule O.	-			
17	Section 501(c)(21) organizations. Did the trust, or 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.				

Part VI

Se	ction A. Governing Body and Management			
4.			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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
3	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			
	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,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		ı	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • • •	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
С	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		Α
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	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.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	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	ŧ		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	rson is	nan one s both ar Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) VALENTINE E MBOGNE									
BOARD CHAIR		X					0	0	0_
(2) DANIELLA H ANDERSON							_	_	_
BOARD MEMBER		Х					0	0	0
(3) JONATHAN T MORRIS							_		_
BOARD MEMBER		Х					0	0	0
(4) BERTIN M BONJAWO	40.00						_		_
CHIEF EXECUTIVE OFFICER	4	Х		X			0	0	0
(5) OMAR I KOUSSOU	10.00						_		_
CHIEF OPERATING OFFICER				X			0	0	0
(6) VINAYAK KAHANE	10.00						_		_
CHIEF TECHNOLOGY OFFICER	4			X			0	0	0
(7) BHASKAR LAVHAT	10.00						_		_
CHIEF SOFTWARE ARCHITECT				X			0	0	0
(8) FRED GOMEZ	10.00						_		_
DIRECTOR OF SOCCER				X			0	0	0_
(9) MARIA P ALVAREZ	10.00								
DIRECTOR OF COMMUNITY OUTREACH				X			0	0	0_
(10)ROLAND A ZAMBO	20.00								
COUNTRY DIRECTOR - CAMEROON				X			0	0	0_
(11)									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

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(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F Estimated of o comper from	d amount other nsation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organiza	
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u> _												
<u>(19)</u>												
(20)												
<u>(21)</u>												
(22)												
<u>(23)</u>												
(24)												
(25)												
1b c d	Subtotal	ion A ot limited to				• • •	• • •	•	0 received more th	0 nan \$100,000 o	F	0
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu.	tor, trustee, I					-				3	es No
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater th	eportable cor an \$150,000	mpensa ? If "Y	ation <i>'es,"</i>	and com	othe	er com	npen	sation from the			
5	individual	compensatio	n from	any	unr	elate	ed orga				5	x
	on B. Independent Contractors		to do o		4				ula a 4 a a 5 al a	H #100 0	20 -4	
1	Complete this table for your five highest corcompensation from the organization. Report	-	-									x year.
	(A)						Ī		(B)		(C)	
	Name and business addres	58							Description of servic	es	Compensation	
2	Total number of independent contractors (in	-					ose li	stec	d above) who			
EEA	received more than \$100,000 of compensa	tion from th	e orga	anız	atıo	n					Form 99	90 (2024)

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to any l	ine in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f g h 2a b c d e	Fundraising events	b c c d d e e f 103,198 g \$	103,198			
Prog	f						
Other Revenue	b c d 7a b	Less: rental expenses	(ii) Personal				
	c 9a b c 10a	Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 1					
Miscellanous Revenue	е	All other revenue	-	102 102			0
	12	Total revenue. See instructions		103,198	0	0	, Ο

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Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or n	ote to any line in thi	s Part IX		X
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	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):				
а	Management				
b	Legal				
С	Accounting	1,312		1,312	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	8,700		8,700	
12	Advertising and promotion				
13	Office expenses	18,848		18,848	
14	Information technology	155		155	
15	Royalties				
16	Occupancy	38,921		38,921	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,896		8,896	
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	25,240	25,240		
b	REFEREE FEES	270	270		
С	BANK FEES	55		55	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	102,397	25,510	76,887	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)				

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Form 990 (2024) Part X

В	alance Sheet		

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	645	1	3,942
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,198	15	17,198
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,843	16	21,140
	17	Accounts payable and accrued expenses		17	•
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	101,200	23	103,696
	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	101,200	26	103,696
		Organizations that follow FASB ASC 958, check here			
ø		and complete lines 27, 28, 32, and 33.			
эсе	27	Net assets without donor restrictions	(83,357)	27	(82,556)
alar	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here			
-un-		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	(83,357)	32	(82,556)
Z	33	Total liabilities and net assets/fund balances	17,843	33	21,140

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Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		103,	198
2	Total expenses (must equal Part IX, column (A), line 25)		102,	397
3	Revenue less expenses. Subtract line 2 from line 1			801
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		(83,	357)
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		(82,	556)
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual 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	, ,	. 2b		Х
	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
EEA		Form	9 90 ((2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** DIASPORA GLOBAL INITIATIVE INC 27-3273058 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

27-3273058 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

	on A. Public Support						T
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	703,661	219,958	102,148	90,810	103,198	1,219,775
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	703,661	219,958	102,148	90,810	103,198	1,219,775
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)						
6	Public support. Subtract line 5 from line 4.						1,219,775
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	703,661	219,958	102,148	90,810	103,198	1,219,775
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						1,219,775
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	re					
	on C. Computation of Public Suppo	-					
14	Public support percentage for 2024 (line 6					14	100.00 %
15	Public support percentage from 2023 Sch					15	100.00 %
16a	33 1/3% support test - 2024. If the organ						
	box and stop here. The organization qua	-		•			_
b	33 1/3% support test - 2023. If the organ						
	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	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						_
	organization						_
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions						<u></u>

Schedule A (Form 990) 2024

27-3273058

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513						
4	Tax revenues levied for the 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.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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						
46	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				61.	.: 50.1/) (0)
14	First 5 years. If the Form 990 is for the or						
<u> </u>	organization, check this box and stop her				• • • • • • • •	• • • • • • •	
	on C. Computation of Public Suppor			10 1 (0)		4=	
15	Public support percentage for 2024 (line 8	, , , , , , , , , , , , , , , , , , , ,	•	, , , , , , , , , , , , , , , , , , , ,		15	<u>%</u>
16	Public support percentage from 2023 Sch				• • • • • • •	16	<u>%</u>
	on D. Computation of Investment Inc			lima 40 1	(f))	47	
17	Investment income percentage for 2024 (I			-		17	%
18	Investment income percentage from 2023					18	%
19a	33 1/3% support tests - 2024. If the orga						
	17 is not more than 33 1/3%, check this b	-	-	-			
b	33 1/3% support tests - 2023. If the organizati						
00	line 18 is not more than 33 1/3%, check this bo	-	_			-	
_20	Private foundation. If the organization di	a not check a	pox on line 14,	19a, or 19b, c	neck this box a	and see instruc	tions

EEA Schedule A (Form 990) 2024

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	Section	A. All	Supporting	Organizations
---	---------	--------	------------	----------------------

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	NO
-	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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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	41.		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
- Ou	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
00	7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
9a	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	Эа		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	35		
•	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	3.0		
-	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		

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.)

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons describe	ed 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		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 13			
provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or me	mbership of one or		
more supported organizations have the power to regularly appoint or elect at least a majority of the org	ganization's officers,		
directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported of	organization(s)		
effectively operated, supervised, or controlled the organization's activities. If the organization had mo	ore than one supported		
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were	-		
supported organizations and what conditions or restrictions, if any, applied to such powers during the	-		
2 Did the organization operate for the benefit of any supported organization other than the s			
organization(s) that operated, supervised, or controlled the supporting organization? If "Ye			
VI how providing such benefit carried out the purposes of the supported organization(s) the	·		
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a major	-		
or trustees of each of the organization's supported organization(s)? If "No," describe in Pa			
or management of the supporting organization was vested in the same persons that contri	_		
the supported organization(s).	1		
Section D. All Type III Supporting Organizations		1	
•		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
organization's tax year, (i) a written notice describing the type and amount of support provided during the			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie			
organization's governing documents in effect on the date of notification, to the extent not previously pro			
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected			
organization(s) or (ii) serving on the governing body of a supported organization? If "No,"			
how the organization maintained a close and continuous working relationship with the sup			
3 By reason of the relationship described on line 2, above, did the organization's supported	9		
a significant voice in the organization's investment policies and in directing the use of the			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the	-		
supported organizations played in this regard.	3		
Section E. Type III Functionally Integrated Supporting Organizations	fact during the year (acc inct	atia	
 1 Check the box next to the method that the organization used to satisfy the Integral Part Te a ☐ The organization satisfied the Activities Test. Complete line 2 below. 	est during the year (see mst	ucuo	nisj.
 a	holow		
		۵)	
 C ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 2 Activities Test. Answer lines 2a and 2b below. 	erninental entity (see ilistruction	Yes	No
	exampt nurnoses of	169	INO
a Did substantially all of the organization's activities during the tax year directly further the e the supported organization(s) to which the organization was responsive? If "Yes," then in			
those supported organizations and explain how these activities directly furthered their	-		
how the organization was responsive to those supported organizations, and how the organizations.			
that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization			
involvement, one or more of the organization's supported organization(s) would have been			
"Yes," explain in Part VI the reasons for the organization's position that its supported organization's			
have engaged in these activities but for the organization's involvement.	2b		
 Parent of Supported Organizations. Answer lines 3a and 3b below. 	20		
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 V	, 55.5.5, 51		
"" 100 of 100 of the supported organizations. If 100 of 110, provide details in 1 art v	/ <u>[</u> 3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activitie			

(see instructions).

27-3273058

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(expla</i>	nin in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izatio	ons must complete Sectio	ns A through E.
Sooti	on A - Adjusted Not Income		(A) Prior Year	(B) Current Year
3601	on A - Adjusted Net Income		(A) FIIOI Teal	(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
3601	On D - William Asset Amount		(A) I HOI TEAI	(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):			
a	Average monthly value of securities	1a		
	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		
7	☐ Check here if the current year is the organization's first as a non-functiona	lly in	tegrated Type III supporti	ng organization

Schedule A (Form 990) 2024 EEA

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	nued)	T
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

EEA Schedule A (Form 990) 2024

EEA Schedule A (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury

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

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization DIASPORA GLOBAL INITIATIVE INC 27-3273058 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public adhibition d Loan or exchange program b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicil or receive donations of art, historical treasures, or other similar asserts to be add to raise funds rather from to be maintened as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization any exemption of the organization any exemption of the organization of the org	Par	t III Organizations Maintaining Co	llections of Art, H	istorical Trea	sures, or O	ther Similar Ass	sets (con	tinued)			
a Public exhibition d Land or exchange program b Scholarly research e Other c Preservation for tulure generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as pant of the organization's collection? Yes No Part VI Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apent fundse, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X III and complete the following table. C Beginning balance Ic Amount C Beginning balance Ic Amount C Beginning balance Ic Inding balance Ic Distributions during the year Ie Distributions during the year Ie Distribution during the year Ie Distribution during the year Ie Distribution of using the year If Beginning of year balance India India India India Distribution of the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance India India India India India Distributions India India India India India India India Distributions India India India India India India India India India Distributions India In	3		and other records, check	any of the follow	ing that make si	gnificant use of its					
b Scholarly research e Other											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of ant, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	а	Public exhibition	d		hange program						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b										
XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \\ Ves \ No \\ Part VV \ Escrow and Custodial Arrangements \\ Complete if the organization an asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, ousbdian, or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, ousbdian, or other intermediary for contributions or other assets not included on Form 990, Part X! If a different intermediary for contributions or other assets not included on Form 990, Part X! If a different intermediary for contributions or other assets not included on Form 990, Part X! If a different intermediary for contributions or other assets not include an amount on Form 990, Part X! If a different intermediary for contributions or other assets not include an amount on Form 990, Part X! If a different include an amount on Form 990, Part X! If a different include an amount on Form 990, Part X! If a secrow or custodial account liability? \ Ves \ No https://explain.eta.arrangement in Part XIII. Check here if the explanation has been provided in Part XIII \ No has years back \ (a) Four years back \ (b) Four years back \ (d) Three years back \ (e) Four years back \ (e) Three years back \ (e)	С	- ·									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete If the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X! III and complete the following table. c Beginning balance	4		ctions and explain how the	ney further the org	anization's exer	npt purpose in Part					
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent fursies, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X If Yes No If "Yes," explain the arrangement in Part XIII and complete the following table. 2 Beginning balance Te Individual organizations (angent by eyear 1d Individual organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Distributions (angent by eyear Individual organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds Distributions (angent by eyear Individual organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Cornet year (b) Prov year (c) Two years back (d) Three years back (e) Four ye	5		ceive donations of art hi	etorical treasures	or other similar						
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trushee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance 1e Amount 1e Amoun	J						☐ Ves	□ No			
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par		· · · · · · · · · · · · · · · · · · ·	io organization o							
included on Form 990, Part X? Ves No If "Yes," explain the arrangement in Part XIII and complete the following table.		Complete if the organization and		orm 990, Part	IV, line 9, or	reported an amo	ount on Fo	orm			
b if "Yes," explain the arrangement in Part XIII and complete the following table. Amount Amount Amount	1a	Is the organization an agent, trustee, custodian, o	or other intermediary for	contributions or o	ther assets not						
c Beginning balance Id Amount Ic Amount Ic Amount Ic Id Id Id Id Id Id Id							Yes	☐ No			
C Beginning balance	b	If "Yes," explain the arrangement in Part XIII and	d complete the following	table.		T					
d Additions during the year Ending balance Distributions during the year Tending balance Tend						Amo	ount				
e Distributions during the year f Ending balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance b Contributions c Net investment earnings, gains, and losses and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance programs Are there endowment % b Permanent endowment % c Term endowment ines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations (iv) Related organizations (iv) Related organizations (iv) Related organizations (iv) Cost or other basis (iv) Cos	С										
f Ending balance	d										
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_	• •									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Endowment Fund		-									
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-				•					
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Administrative expenses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back			neck nere if the explanati	on nas been prov	ided in Part XIII	• • • • • • • •	• • • • •				
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back by Contributions (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions (e) Four years back (e) Contributions (e) Four years back (e) Contributions (e) Four years back to the four years b	Fai		swered "Ves" on Ec	rm 990 Part	IV line 10						
Beginning of year balance		'				(d) Three years back	(a) Four year	re back			
b Contributions	1a		a) Current year (b)	Thoryear (c)	I WO years back	(u) Three years back	(e) I our yea	ars back			
c Net investment earnings, gains, and losses	_										
and losses											
d Grants or scholarships e Other expenditures for facilities and programs	·	0.0									
e Other expenditures for facilities and programs	d										
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		'									
f Administrative expenses		•									
g End of year balance	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	g	·									
b Permanent endowment		-	year end balance (line 1	g, column (a)) hel	d as:	1					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Sad(ii) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	а	Board designated or quasi-endowment	%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Beated organizations? (iv) Unrelated organizations? (iv) Unrelated organizations? (iv) Beated organizations? (iv) Beated organizations? (iv) Unrelated organizations? (iv) Beated organizations? (iv) Unrelated organizations? (iv) Beated organizations? (iv) Beated organizations and interest of the organization and interest of the organizations? (iv) Unrelated organizations? (iv) Beated organizations. (iv) Cost or other basis (iv) Accumulated (iv) Book value (iv) Beated organization and iv) Beated organizations and iv) Beated organization and iv) Beated organizations are leaded organizations and iv) Beated organizations are leaded organizations and iv) Beated organizations and iv) Beated organizations are leaded organizations and iv) Beated organizations are leaded organizations and iv) Beated organizations	b	Permanent endowment %									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations?	С	Term endowment%									
organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations (iii) Action of the past XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Related organizations (iii) Related		The percentages on lines 2a, 2b, and 2c should	equal 100%.								
(ii) Related organizations? (iii) Asa(ii) (iii) Asa(iii) (iii) Asa(iii) (iii) Asa(iii) (iii) Asa(iii) (iii) Asa(iii) Asa(iiii) Asa(iii) Asa(iii) Asa(iii) Asa(iii)	3a	Are there endowment funds not in the possession	on of the organization tha	at are held and ad	lministered for th	ie					
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		organization by:					Ye	es No			
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) Unrelated organizations?					3a(i)				
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (other) (d) Book value		(ii) Related organizations?					3a(ii)				
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (b) Equipment (c) Accumulated depreciation (d) Book value	b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on	Schedule R?			3b				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Description of property (f) Accumulated depreciation (g) Accumulated depreciation (h) Book value (other) (other)	4_			funds.							
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par					_					
ta Land (investment) (other) depreciation b Buildings C Leasehold improvements C Equipment C Other		Complete if the organization and	swered "Yes" on Fo	orm 990, Part	IV, line 11a.	See Form 990, F	Part X, line	e 10.			
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	''	' '			(d) Book va	lue			
b Buildings		Land	(mivesument)	(other)		aopi scialion					
c Leasehold improvements	_										
d Equipment											
e Other											
			 al Form 990_Part X_line	10c. column (R))							

Part VII	Investments - Other Securities		000 D		- 000 D - 1 V I' - 10
	Complete if the organization answere	a "Yes" on For	m 990, Part IV	line 11b. See Form	1 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	` '	ethod of valuation: d-of-year market value
(1) Financial	derivatives				
(2) Closely he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, col. (E	3))			
Part VIII	Investments - Program Related Complete if the organization answere	d "Voe" on For	m 000 Part IV	lina 11a Saa Farm	000 Part V line 12
		u res onroi			
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
(1)				0001011011	a or your marrier raise
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 13, col. (E	3))			
Part IX	Other Assets	,,	'		
	Complete if the organization answere	d "Yes" on For	m 990, Part IV	line 11d. See Form	n 990, Part X, line 15.
	•	escription			(b) Book value
(1)SECURIT	TY DEPOSIT				5,198
(2)FACILIT	TY DEPOSIT				10,000
(3)DEPOSI	<u>r</u>				2,000
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 15, col. (E	3))			17,198
Part X	Other Liabilities				
	Complete if the organization answere line 25.	d "Yes" on For	m 990, Part IV	, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book	value		
	income taxes	(4) 20011			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, line 25, col. (B)) • •				

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

Part			Return	
	Complete if the organization answered "Yes" on Form 990, Pa			
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	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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.)	4b		
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, Pa			
1		• • • • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- 1		
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
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:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	-	
b	Add lines 4a and 4b	4b	4-	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	
Part		• • • • • • • • • • • • •	J	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1h and 2h: Part V line 4: F	Part X line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		art X, iii o	
_, r art	74, miles 2d and 15, and 1 dit 741, miles 2d and 15. 7466 complete time part to provide an	y additional information.		

SCHEDULE F (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

DIAS	PORA GLOBAL INITIATIVE	INC			27-32730	58
Part	I General Information of	n Activities	Outside the I	United States. Complete if t	he organization answered '	'Yes" on
	Form 990, Part IV, line	14b.				
1	For grantmakers. Does the org	anization mair	ntain records to s	substantiate the amount of its gr	rants and	
	other assistance, the grantees' el	igibility for the	grants or assista	nce, and the selection criteria us	sed to	
	award the grants or assistance?					Yes No
2	For grantmakers. Describe in Foutside the United States.	art V the orga	unization's proce	dures for monitoring the use of i	its grants and other assistance	
•	Asticities and Decision (The falls	tee Beat Pee	O Labella and the of	Product WoodsProduction	and d	
3	Activities per Region. (The follow (a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
	(a) Fiegon	of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(17) 3a	Subtotal					
b	Total from continuation					
~	sheets to Part I					
С	Totals (add lines 3a and 3b)					

	(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
)									
)									
)									
)									
)									
)									
5)									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
3)							
4)							
5)							
6)							
7)							
3)							
3)							
0)							
))							
2)							
3)							
4)							
5)							
5)							
7)							
3)							(Form 000) (Poy 12.1

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 the Instructions for Form 926) 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 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 ☐ 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 the Instructions for Form 8865) No Did the organization have any operations in or related to any boycotting countries during the tax year? If 6

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the

instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) (Rev. 12-2024)

No

Pail V	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)

(Rev. December 2024) Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

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 instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** DIASPORA GLOBAL INITIATIVE INC 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. 03. List of other fees for services expenses (Part IX, line 11g) INFORMATION TECHNOLOGY SPECIALISTS FOR COMPLEX WEBSITE DEVELOPMENT \$13,370 DEVELOP VIDEOS WITH SONGS FOR WEBSITE \$1,000