Form **990-EZ**

Short Form **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.

OMB No. 1545-1150 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| Α | For the | 2017 calenda | r year, or tax year beginning | , 2017, an | d ending | | | , 20 | |
|------------|----------------|--|---|------------------------|---------------------|-------------------|----------|------------------------------|--|
| В | Check if ap | pplicable: C Name of organization D En | | D Employ | er iden | tification number | | | |
| | Address ch | nange | Diaspora World Cup Inc | | | 27- | 32730 |)58 | |
| | Name char | nge | Number and street (or P.O. box, if mail is not delivered to street addre | ess) | Room/suite | E Teleph | one nun | nber | |
| X | Initial return | n | | | | | | | |
| | Final return | n/terminated | 20403 Apple Harvest Circle | | С | (30 | 1)990 | 0-9818 | |
| | Amended r | return | City or town, state or province, country, and ZIP or foreign postal code | 9 | | F Group | Exempti | ion | |
| | Application | n pending | Germantown, MD 20876 | | | Numbe | r 🕨 | | |
| G | Accounti | ing Method: | X Cash Accrual Other (specify) ► | | | Check ► | X if th | e organization is not | |
| I | Website | e: ► <u>www.</u> c | diasporaworldcup.org | | | required to | attach S | Schedule B | |
| J | Tax-exe | empt status (d | check only one) - \mathbf{x} 501(c)(3) \square 501(c)() \blacktriangleleft (inser | rt no.) 4947(a)(1) | or 527 | (Form 990, | 990-EZ | ', or 990-PF). | |
| K | Form of | organization: | | tion Other | | | | | |
| L | Add lines | s 5b, 6c, and 7 | 7b to line 9 to determine gross receipts. If gross receip | ots are \$200,000 or i | more, or if tota | assets | | | |
| (Pa | art II, colu | umn (B) below | v) are \$500,000 or more, file Form 990 instead of Form | n 990-EZ | | | . ▶ \$ | 34,885 | |
| P | art I | Revenue | e, Expenses, and Changes in Net Assets | s or Fund Bala | nces (see th | e instructio | ns for F | Part I) | |
| | | Check if t | the organization used Schedule O to respond to | any question in t | his Part I | | | <u>x</u> | |
| | 1 | Contributions | s, gifts, grants, and similar amounts received | | | | 1 | 3,954 | |
| | 2 | Program ser | vice revenue including government fees and contracts | | | | 2 | 30,931 | |
| | 3 | Membership | dues and assessments | | | | 3 | | |
| | 4 | Investment in | ncome | | | | 4 | | |
| | 5a | Gross amour | nt from sale of assets other than inventory | 5a | ւ | | | | |
| | b | Less: cost or | other basis and sales expenses | 5k |) | | | | |
| | С | Gain or (loss | | 5c | | | | | |
| | 6 | | | | | | | | |
| | а | Gross incom | e from gaming (attach Schedule G if greater than | | | | | | |
| ne | | \$15,000) | | 6a | ı | | | | |
| Revenue | b | Gross incom | e from fundraising events (not including \$ | | of contribution | ns | | | |
| æ | | from fundrais | sing events reported on line 1) (attach Schedule G if the | e | - | | | | |
| | | | gross income and contributions exceeds \$15,000) | 6k | , | | | | |
| | С | | | 60 | ; | | | | |
| | | | or (loss) from gaming and fundraising events (add lines | s 6a and 6b and sub | tract | | | | |
| | | | • | | | | 6d | | |
| | 7a | , | | 7a | 1 | | | | |
| | | Less: cost of | • | 7t |) | | | | |
| | С | Gross profit | or (loss) from sales of inventory (Subtract line 7b from | line 7a) | | | 7c | | |
| | 8 | Other revenu | ue (describe in Schedule O) | · • • • • • • • • | | | 8 | | |
| | 9 | Total revenu | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 • • • • • | | | > | 9 | 34,885 | |
| | 10 | | O aluba de Company de | | | | 10 | • | |
| | 11 | Benefits paid | to or for members | | | | 11 | | |
| | 12 | Salaries, other | | | | | 12 | | |
| Expenses | 13 | | fees and other payments to independent contractors | | | | 13 | 4,383 | |
| Š | 14 | | | | | | 14 | 10,042 | |
| Ä | 15 | | | | | | 15 | 242 | |
| | 16 | | ses (describe in Schedule O) | | | | 16 | 16,830 | |
| | 17 | | ses. Add lines 10 through 16 | | | > | 17 | 31,497 | |
| | 18 | | · | | | | 18 | 3,388 | |
| şţ | 19 | | r fund balances at beginning of year (from line 27, colu | | | - | | 2,300 | |
| SSE | | | | • • • • • • • • • | | | 19 | | |
| Net Assets | 20 | | es in net assets or fund balances (explain in Schedule | | | | 20 | | |
| | 21 | | r fund balances at end of year. Combine lines 18 throu | | | | 21 | 3,388 | |
| _ | | | , | | | | 1 | -, 500 | |

| Farm 000 F7 (0047) | | | | 27. 2 | 272 | Dogo 2 |
|--|---------------------------|------------------------------------|----------|---|--------------|--|
| Form 990-EZ (2017) Diaspora World Cup Inc Part II Balance Sheets (see the instructions for Part II) | | | | 27-3 | 2/3 | 058 Page 2 |
| Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to res | nand to any guantin | a in thia Dart | - 11 | | | П |
| Check if the organization used Schedule O to res | porid to arry question | TIII IIIIS Fait | | | | (D) Find of |
| 22 Cash, savings, and investments | | | (A) begi | nning of year 0 | 22 | (B) End of year |
| 23 Land and buildings | | | | 0 | 23 | 3,388 |
| 24 Other assets (describe in Schedule O) | | | | 0 | 24 | 0 |
| 25 Total assets | | | | 0 | 25 | |
| 26 Total liabilities (describe in Schedule O) | | | | 0 | 26 | 3,388 |
| 27 Net assets or fund balances (line 27 of column (B) must agree | | H | | 0 | 27 | 3,388 |
| Part III Statement of Program Service Accomplishme | | | + 111\ | | 21 | 3,300 |
| Check if the organization used Schedule O to res | • | | , | 🗆 | | Expenses |
| What is the organization's primary exempt purpose? Use soccer | | | | | (Req | uired for section |
| | | | _ | <u> </u> | 501(| c)(3) and 501(c)(4) |
| Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title | e services provided, the | • | s, | | orga othe | nizations; optional for rs.) |
| 28 Inspire underserved youth in poorest commu | nities worldwi | de | | | | |
| by building schools and soccer fields in h | opes of ending | | | | | |
| Illiteracy using the Power of Soccer. | | | | | | |
| (Grants \$) If this amount inc | cludes foreign grants, cl | heck here . | | ▶ □ | 28a | 31,498 |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| (Grants \$) If this amount inc | cludes foreign grants, cl | heck here . | | ▶ □ | 29a | |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| (Grants \$) If this amount inc | cludes foreign grants, cl | heck here . | | ▶ □ | 30a | |
| 31 Other program services (describe in Schedule O) | | | | | | |
| (Grants \$) If this amount inc | cludes foreign grants, cl | heck here . | | ▶ □ | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | | | | 32 | 31,498 |
| Part IV List of Officers, Directors, Trustees, and Key Emplo | oyees (list each one ev | en if not com | pensate | d - see the insti | ructio | ns for Part IV) |
| Check if the organization used Schedule O to respond t | to any question in this P | art IV | | | | |
| | (b) Average | (c) Reportab | le | (d) Health benefits | , | / \ = :: |
| (a) Name and title | hours per week | compensatio | | ontributions to empl | | (e) Estimated amount of other compensation |
| | devoted to position | (Forms W-2/109 (if not paid, er | ′ | benefit plans, and deferred compensa | | other compensation |
| Bertin M Bonjawo | | | | | | |
| Chief Executive Officer | 60.00 | | o | | o | 0 |
| Omar I Koussou | | | | | | |
| Chief Operating Officer | 20.00 | | o | | O | 0_ |
| Vinayak Kahane | | | | | | |
| Chief Technology Officer | 10.00 | | O | | 0 | 0 |
| Bhaskar Lavhat | | | | | | |
| Chief Software Architect | 10.00 | | O | | 0 | 0 |
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| Pai | Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the | | | |
|------|--|--------------|-----|----|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | ĺ |
| | change on Schedule O (see instructions) | 34 | | Х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | Х |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | Х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | Х |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| 00 u | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | Х |
| h | If "Yes," complete Schedule L, Part II and enter the total amount involved | Jour | | |
| 39 | Section 501(c)(7) organizations. Enter: | - | | i |
| а | Initiation fees and capital contributions included on line 9 | | | i |
| | Gross receipts, included on line 9, for public use of club facilities | _ | | i |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | - | | |
| 40 a | section 4911 ► ; section 4912 ► ; section 4955 ► | | | i |
| h | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| b | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | Х |
| _ | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 400 | | Λ |
| · | on organization managers or disqualified persons during the year under sections 4912, | | | i |
| | 4955, and 4958 | | | |
| ч | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| u | 40c reimbursed by the organization ••••••••• | | | i |
| ۵ | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| · | transaction? If "Yes," complete Form 8886-T | 40e | | Х |
| 41 | List the states with which a copy of this return is filed | 100 | | |
| | The organization's books are in care of ▶ Bertin Bonjawo Telephone no. ▶ 301-9 | 90-9 | 818 | |
| | Located at ▶ 20403 Apple Harvest Circle Suite C, Germantown, MD ZIP+4 ▶ 20876 | J J J | 010 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| _ | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | |
| | Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | Х |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | | X |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | Х |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| | explanation in Schedule O | 44d | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Х |
| b | 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," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ (see instructions) | 45b | | X |

| Form 9 | 990-EZ (201 | 7) Diaspora World (| Cup Inc | | | | 27-3 | 273058 | F | age 4 |
|---------|-------------|--|---------------------------------------|--|-------------------------|--------------------------|----------------|----------------|---------|--------------|
| | | | | | | | | | Yes | No |
| 46 | | organization engage, directly or indirectly, in | | ties on beha | lf of or in opp | osition | | | | 17 |
| Do | | idates for public office? If "Yes," complete Section 501(c)(3) organizations | | • • • • • | • • • • • | • • • • • | | 46 | | X |
| Pai | | All section 501(c)(3) organizations | | one 47 - 4 | 9h and 52 | and com | nlete the | tables for | lines | |
| | | 50 and 51. | must answer questi | 0113 47 4 | 35 and 32 | ., and con | ipicte tric | tables for | 111100 | |
| | | Check if the organization used Sch | nedule O to respond | to any qu | estion in t | his Part V | | | | . 🗆 |
| | | | | | | | | | Yes | No |
| 47 | Did the | organization engage in lobbying activities o | r have a section 501(h) e | lection in eff | ect during the | e tax | | | | |
| | year? If | "Yes," complete Schedule C, Part II | | | | | | 47 | | |
| 48 | Is the o | rganization a school as described in section | 170(b)(1)(A)(ii)? If "Yes, | ' complete S | chedule E | | | 48 | | X |
| 49 a | Did the | organization make any transfers to an exem | npt non-charitable related | organization | ? | | | 49a | | |
| b | | was the related organization a section 527 | · · | • • • • • • | • • • • • • | • • • • • • | • • • • • • | 49b | | |
| 50 | • | te this table for the organization's five highes | | • | | | - | | | |
| | employe | ees) who each received more than \$100,000 | O of compensation from th | e organizatio ⊺ | n. If there is | | | | | |
| | | | (b) Average | (c) Rep | | (d) Health contributions | | (e) Estimate | ed amou | nt of |
| | | (a) Name and title of each employee | hours per week devoted to position | | ensation /1099-MISC) | benefit plans, comper | | other co | mpensat | tion |
| | | | | (, , , , , , , , , , , , , , , , , , , | | 33.11 | | | | |
| NON | R | | | | | | | | | |
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| | T-4-1 | washawa fadhawa wanda wasa waid ayaa Madoo oo | | | | | | | | |
| f =4 | | umber of other employees paid over \$100,00 | · · · · · · · · · · · · · · · · · · · | nt contracto | ro who ooob | rossived me | ra than | | | |
| 51 | • | te this table for the organization's five highes 00 of compensation from the organization. If | | | is who each | received mo | re man | | | |
| | | | · | | | | | | | |
| | (a) | Name and business address of each independent contra | actor | (b) | Type of service | • | ((| c) Compensatio | n | |
| | | | | | | | | | | |
| NON | E | | | | | | | | | |
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| | | | | | | | | | | |
| 52 | | umber of other independent contractors each organization complete Schedule A? Note: | • | | | | | | | |
| JZ | | ted Schedule A | | | | | , | ► X Yes | П | No |
| Unde | | s of perjury, I declare that I have examined this ret | | | | | | | | 110 |
| | | d complete. Declaration of preparer (other than o | | | = | | | -9 | ., | |
| | | Bertin M Bonjawo | • | | • | | 02-15 | -2018 | | |
| Sig | n | Signature of officer | | | | Date | | | | |
| Her | e | Bertin M Bonjawo, Chief B | Executive Office | • | | | | | | |
| | | Type or print name and title | | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | | heck if | PTIN | | |
| Paid | | Tzahi M Posner CPA | | | 02-16-20 | 18 s | elf-employed | P005938 | 362 | |
| | parer | Firm's name Bill Posner CPA | | | | Firm's E | IN ► | | | |
| Use | Only | Firm's address ► 13301 Woodruff (| | | | | _ | | | |
| | 4h - 1DC | Germantown MD 20 | | | | Phone r | o. 301– | 528-2701 | | NI- |
| way | ine IHS (| discuss this return with the preparer shown a | bove? See instructions | • • • • | • • • • • • | |) | ► ∐ Yes | X | No |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2017 Open to Public

OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization **Employer identification number**

| <u>Dia</u> | spo | ra World Cup Inc | | | | | 27-32730 | | |
|------------|-----------|---|---------------------------------------|----------------------------------|------------------|----------------|---|--------------------|--|
| Pa | rt I | Reason for Public Charity | y Status (All or | ganizations must co | omplete | this part | .) See instruction | S. | |
| The | orgai | nization is not a private foundation bec | ause it is: (For lines | s 1 through 12, check onl | y one box. |) | | | |
| 1 | | A church, convention of churches, or | association of chu | rches described in sect | ion 170(b) | (1)(A)(i). | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 3 | | A hospital or a cooperative hospital s | service organization | n described in section 1 | 70(b)(1)(A | A)(iii). | | | |
| 4 | П | A medical research organization ope | • | | | | (1)(A)(iii). Enter the | | |
| | | hospital's name, city, and state: | , , , , , , , , , , , , , , , , , , , | | | | | | |
| 5 | | An organization operated for the bene | efit of a college or u | iniversity owned or oners | ated by a c | overnmen | tal unit described in | | |
| · | Ш | section 170(b)(1)(A)(iv). (Complete | _ | anivorsity owned or opere | alou by a g | ,0 00111111011 | tar armit accombca m | | |
| | | | , | nit described in eastless | 170/6\/1\ | (A)() | | | |
| 6 | <u></u> □ | A federal, state, or local government | · · | | | . , . , | 41 | | |
| 7 | X | An organization that normally receive | • | | /ernmentai | unit or froi | m the general public | | |
| _ | | described in section 170(b)(1)(A)(vi | | • | | | | | |
| 8 | 님 | A community trust described in secti | | | | | | | |
| 9 | | An agricultural research organization | | | | | | ege | |
| | | or university or a non-land-grant colle | ege of agriculture (s | see instructions). Enter the | e name, cit | ty, and stat | e of the college or | | |
| | _ | university: | | | | | | | |
| 10 | | An organization that normally receive | s: (1) more than 33 | 3 1/3% of its support from | n contributi | ons, memb | ership fees, and gros | S | |
| | | receipts from activities related to its e | exempt functions - s | subject to certain exception | ons, and (2 | 2) no more | than 33 1/3% of its | | |
| | | support from gross investment income | e and unrelated bu | siness taxable income (le | ess section | 1511 tax) f | rom businesses | | |
| | | acquired by the organization after Ju | ne 30, 1975. See s | section 509(a)(2). (Com | plete Part | III.) | | | |
| 11 | | An organization organized and opera | ated exclusively to | test for public safety. Se | e section | 509(a)(4). | | | |
| 12 | | An organization organized and opera- | ted exclusively for t | the benefit of, to perform | the functio | ns of, or to | carry out the purpos | es | |
| | | of one or more publicly supported org | ganizations describ | oed in section 509(a)(1) | or sectio | n 509(a)(2) |). See section 509(a |)(3). | |
| | | Check the box in lines 12a through 12 | 2d that describes th | e type of supporting orga | anization a | nd comple | te lines 12e, 12f, and | 12g. | |
| | а | Type I. A supporting organization | n operated, superv | ised, or controlled by its | supported | organizat | ion(s), typically by giv | ving | |
| | | the supported organization(s) the | power to regularly | appoint or elect a major | ity of the o | lirectors or | trustees of the | | |
| | | supporting organization. You mu | st complete Part | IV, Sections A and B. | | | | | |
| | b | Type II. A supporting organization | n supervised or co | entrolled in connection w | ith its supp | orted orga | anization(s), by havin | g | |
| | | control or management of the sur | porting organization | on vested in the same pe | rsons that | control or r | nanage the supported | d | |
| | | organization(s). You must comp | | • | | | • | | |
| | С | Type III functionally integrated | | | nection w | ith. and fu | nctionally integrated | with. | |
| | | its supported organization(s) (see | | · | | | | • | |
| | d | Type III non-functionally integr | • | • | | | | ion(s) | |
| | | that is not functionally integrated. | | | | | | ` ' | |
| | | requirement (see instructions). Y | | • | | • | | | |
| | е | Check this box if the organization | | | | | Type II Type III | | |
| | • | functionally integrated, or Type III | | | | . ч. туро т, | . , , , , , , , , , , , , , , , , , , , | | |
| | f | Enter the number of supported organ | | | | | | | |
| | g g | Provide the following information about | | | | | | | |
| | _ | Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of | |
| | | , marile of supported organization | (11) 2.11 | (described on lines 1-10 | listed in you | • | support (see | other support (see | |
| | | | | above (see instructions)) | docum | ent? | instructions) | instructions) | |
| | | | | | Yes | No | | | |
| | | | | | 103 | 140 | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| ·-· | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
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| Tota | ı | | | | | | | | |

27-3273058

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,954 3,954 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 Total. Add lines 1 through 3 3,954 3,954 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) Public support. Subtract line 5 from line 4 . . 3,954 **Section B. Total Support (b)** 2014 (d) 2016 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (e) 2017 (f) Total Amounts from line 4 3,954 3,954 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 . 3,954 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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 qua | alify under I | Part II. |
|---|---------------|----------|
| If the organization fails to qualify under the tests listed below, please complete Part II.) | | |

| Se | ction A. Public Support | , | | , , , , | | , | |
|------|--|---------------------|----------------------|--------------------|---------------------|-----------------|-----------|
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose | | | | | | |
| 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.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 in line 10b, whether or not the business is regularly carried on • • • | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here | • | | | | , , , | ▶ □ |
| Se | ction C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2017 (line 8, co | olumn (f) divided b | y line 13, column (| f)) | | 15 | % |
| 16 | Public support percentage from 2016 Schedu | | | | | 16 | % |
| Se | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2017 (line | | • | | | | % |
| 18 | Investment income percentage from 2016 S | chedule A, Part II | II, line 17 • • • • | • • • • • • • • | • • • • • • • • | 18 | % |
| 19a | 33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box | | | | | | ▶ □ |
| b | 33 1/3% support tests - 2016. If the organize line 18 is not more than 33 1/3%, check this | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did r | not check a box o | n line 14, 19a, or 1 | 9b, check this box | and see instruction | ons | ▶ 🗌 |

Part IV Supporti

Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Van | NI- |
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| A (Form 990 | or 990-E | : Z) 2017 |

27-3273058

| | | | Yes | No |
|-------------|--|--------|--------|--------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | | | | |
| 2 | 7 11 0 11 | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 000 | the supported organization(s). | 1 | | |
| 3e C | tion D. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 162 | INO |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: | struc | tions) | |
| а | The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | | |
| b | ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | struct | ions). |
| 2 | | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| _ | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| _ | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ٥. | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Sched | ule A (Form 990 or 990-EZ) 2017 Diaspora World Cup Inc | | 27-327 | 3058 | Page |
|------------|--|---------|-------------------------|-------------------|---------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | ganiz | ations | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | n Nov. 20, 1970 (explai | n in Part VI). \$ | See |
| | instructions. All other Type III non-functionally integrated supporting organization | zations | s must complete Section | ıs A through E | Ξ. |
| Caa | tion A. Adjusted Not Income | | (A) Drier Veer | (B) Curren | ıt Year |
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (option | ıal) |
| 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 | | | | |
| СО | llection of gross income or for management, conservation, or | | | | |
| ma | aintenance 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 | | | |
| 800 | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Curren | ıt Year |
| Sec | tion B - Willimum Asset Amount | | (A) FIIOI Teal | (option | ıal) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| ins | structions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| c | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other | | | | |
| fa | actors (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 1-1/2% of line 3 (for greater amount, | | | | |
| se | e instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by .035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sec | tion C - Distributable Amount | | | Current Y | 'ear |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 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 | | | |

instructions).

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| Schedu | ıle A (Form 990 or 990-EZ) 2017 Diaspora World Cup Inc | | 27-327 | 3058 | Page 7 | | |
|--------------|--|-----------------------------|---------------------|--------------|--------|--|--|
| Par | t V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organia | zations (continued) | | | | |
| Sec | tion D - Distributions | | | Current Yea | ar | | |
| _1_ | Amounts paid to supported organizations to accomplish exer | mpt purposes | | | | | |
| 2 | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizat | ions | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | |
| 8 | Distributions to attentive supported organizations to which th | e organization is respons | sive | | - | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | |
| | | | (ii) | (iii) | | | |
| S | section E - Distribution Allocations (see instructions) | (i) | Underdistributions | Distributab | le | | |
| | , | Excess Distributions | Pre-2017 | Amount for 2 | | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | | | | |
| | Underdistributions, if any, for years prior to 2017 | | | | | | |
| _ | (reasonable cause required - explain in Part VI). See | | | | | | |
| | instructions. | | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | | |
| a | Excess distributions carryover, if arry, to 2017 | | | | | | |
| | From 2013 | | | | | | |
| | F 0044 | | | | | | |
| | F::-::- 004F | | | | | | |
| | 5 0010 | | | | | | |
| | Total of lines 3a through e | | | | | | |
| | | | | | | | |
| | Applied to underdistributions of prior years | | | | | | |
| | Applied to 2017 distributable amount | | | | | | |
| - | Carryover from 2012 not applied (see instructions) | | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributions for 2017 from | | | | | | |
| | Section D, line 7: \$ | | | | | | |
| | Applied to underdistributions of prior years | | | | | | |
| | Applied to 2017 distributable amount | | | | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | | | | |
| | and 4c. | | | | | | |
| | Breakdown of line 7: | | | | | | |
| | Excess from 2013 | | | | | | |
| b | Excess from 2014 | | | | | | |

c Excess from 2015d Excess from 2016e Excess from 2017

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Diaspora World Cup Inc

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 27-3273058

01. Description of other expenses (Part I, line 16) Description Amount Prizes 5,000 Program Supplies 1,531 Travel 1,634 1,625 Meetings Facilities Rental 6,425 Bank Fees 340 Licenses & Permits 275