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DIASPOR	A 08/19/201	0 11	03	ΑM
Form	990			

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008 Open to Public Inspection

<u>A</u>	For the 2008 c	alendar year, or tax year beginning $10/01/08$, and ending 9	<u>/30/09</u>)			
В	Check if applicable	Please C Name of organization			D Empio	yer identific	ation number
\sqcup	Address change	use IRS DIASPORA ARTS COALITION	N, INC	,			
\Box	Name change	print or Doing Business As			65-	<u>087145</u>	<u> </u>
\exists	Initial return	type. Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Teleph	one number	
\vdash	inidal return	See PO BOX 171162					
Ш	Termination	Specific Instruc- City or town, state or country, and ZIP + 4			G Gross recei	pts \$	55,239
	Amended return	tions. MIAMI FL 33017					
\Box	Application pending	F Name and address of principal officer			H(a) Is this a	a group return for	r
	,,				affiliate		Yes X No
					H(b) Are all include		Yes No
						attach a list (se	e instructions)
ī	Tax-exempt sta	tus X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527	··			•	,
J	Website >				H(c) Group	exemption numb	er 🕨
ĸ	Type of organization		IL Y	ear of formation		M State of lega	
_		Summary				W Diato or logo	
	1	describe the organization's mission or most significant activities					
•							
2							
na							
Ş.	2 Check	this box if the organization discontinued its operations or disposed of	more than	25% of its sees	. .		
Activities & Governance	3 Numbe	r of voting members of the governing body (Part VI, line 1a)	more man	25% 01 its asse	1 1		
•ඊ ග	4 Numbe				3		
ij	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)			4		
ξį	5 Total ni	umber of employees (Part V, line 2a)			5		
ĕ		umber of volunteers (estimate if necessary)			6		
	1	ross unrelated business revenue from Part VIII, line 12, column (C)			7a		
_	b Net unr	elated business taxable income from Form 990-T, line 34		D-1	7b		0
	9 Contrib	utions and grants (Port VIII. line 1h)	ŀ	Prior Ye	7,537	Curre	55,230
ne	8 Contrib	utions and grants (Part VIII, line 1h)	-		1,331		33,230
Revenue	9 Program	m service revenue (Part VIII, line 2g)	-				
Ŗ	10 Investm	nent income (Part VIII, column (A), lines 3, 4, and 7d)	-				
		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	}		25		<u> </u>
	12 Total re	evenue—add lines 8 through 11 (must equal Part VIII_column (A), line 12)		5	7,562		<u>55,239</u>
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-RECEIVED]				
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)	iOl				
es	15 Salarie:	s, other compensation, employee benefits (Part 💢 column (A), lines 5–10)	S				
penses	16a Profess	sional fundraising fees (Part IX, column (A), line 📆 🖒 🗚 🗸 🗸 🗸 🗸 🗓 📗	SS-0				
ă X		indraising expenses (Part IX, column (D), line 25)					•••••
Ä	17 Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)OGDEN, UT	=		1,967		<u>61,345</u>
	18 Total ex	xpenses Add lines 13-17 (must equal Part IX, column (A), line-25)	ᆜ	53	1,967		<u>61,345</u>
	19 Revenu	le less expenses. Subtract line 18 from line 12			5,595		-6,106
Net Assets or				Beginning o		End	of Year
Sset	g 20 Total as	ssets (Part X, line 16)	_		5,889		<u>1,155</u>
₽ V	21 Total lia	abilities (Part X, line 26)	L				
Z	22 Net ass	sets or fund balances Subtract line 21 from line 20			6,889		1,155
		Signature Block			 		
	U	nder penalties of perjury, I declare that I have examined this return, including accompanyin nd belief, it is true, correct, and complete Declaration of preparer (other than officer) is bas	ng schedules	and statements, a	nd to the bes	t of my knowl	edge
	١,	nd belief, it is true, correct, and complete "beclaration of preparer (other than officer) is bas	sed on all into	imation of which p	reparer nas i	any knowledg	е
Sig	-						
He	re /	Signature of officer			Date		
		ANDRE MONTELL (Micardo	TREAS	URER			
		Type or print name and∕ittle					
_	-	reparer's	Date	Check			lentifying number
Pa	ıld _{sı}	gnature	8/19	/10 self- employ	ed 🕨 🗌	(see instruct	ions) 51444
	eparer's –	Patrace Accounting & Tax Se	_				0348948
Us		DO De CACOOC	+	<u> </u>	EIN	<u>~ ~0(</u>	,540,40
		self-employed), PO BOX 246286 ddress, and ZIP+4 Pembroke Pines, FL 33024			Phone	954-20	90-8047
Mar		uss this return with the preparer shown above? (see instructions)			no 🕨	934-23	
_		Act and Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>				Yes No m 990 (2008) /
		,				ror	444 (ZUU0)

65-0871451

Forn	1990 (2008) DIASPORA ARTS COALITION, INC. 65-08/1451			age 3
Pa	art IV Checklist of Required Schedules		r	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
•	complete Schedule A	1 2	^	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
•	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	ļ	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			.
40	Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return	40		x
42	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S.?	13 14a	- -	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	!	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	142		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	· '	x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete	1		
	Schedule J	23	 -	X
24a		Ì	ł	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			٠,,
	24b-24d and complete Schedule K If "No," go to question 25	24a	├─-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
С		24-		1
	to defease any tax-exempt bonds? Did the exempt ten act as an "on healf of" yeaver for heads cutetanding at any time during the year?	24c	 	-
d 250	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) and 501(c)(4) 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
L	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25 <u>a</u>	 	1
þ	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	100		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	art IV Checklist of Required Schedules (continued)		Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	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
3	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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	_34_	<u> </u>	X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	ļ	X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

****	n 990 (2008) DIASPORA ARTS COALITION, INC 65-0871451			Page
<u></u>	art V Statements Regarding Other IRS Filings and Tax Compliance		1	_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
·u	H.C. Information Date on Ed. C. C. C.	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 1b	\dashv		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
•	gaming (gambling) winnings to prize winners?	4		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,1c	├	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b		2 _b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	20	 	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	ĺ	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	†	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
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
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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	5 The second of			
_	\$75?	7a		X
þ	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			l
	required to file Form 8282?	7c		X
	7d	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1		
8	required?	7h		X
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			ĺ
	organization, have excess business holdings at any time during the year?			v
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		X
а	Did the organization make any taxable distributions under section 4966?	0-		v
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		X
10	Section 501(c)(7) organizations. Enter	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	┥ ;		!
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·			
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the the			
	circumstances, processes, or changes in Schedule O. See instructions	l I			
1a	Enter the number of voting members of the governing body	1a			
b	Enter the number of voting members that are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct			
	supervision of officers, directors or trustees, or key employees to a management company or other pe	erson?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior For	m 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	5?	5		X
6	Does the organization have members or stockholders?		6		_ X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers			
	of the governing body?		7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	ons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	uring			
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	_X_	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such c	hapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org	anızatıons			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		<u>X</u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		<u> </u>
Sec	tion B. Policies	,. .			
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that coul	d give			
	rise to conflicts?	. "	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,"			
	describe in Schedule O how this is done		12c		77
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?	1	14		X
15	Did the process for determining compensation of the following persons include a review and approval	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decision			37
a	The organization's CEO, Executive Director, or top management official?		15a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Other officers or key employees of the organization?		15b		<u></u>
40-	Describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements a targetic participate in a joint venture or similar arrangements a targetic participate in a joint venture or similar arrangements.	ient		- 1	7.7
	with a taxable entity during the year?	-4-	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate participation in contract the participation in contract to proceed the participation of the participation in the participation in the participation of the participation in th				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	eguard		- 1	
	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 None	(504/-)/0\ b.\			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T	(501(C)(3)\$ only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
40	Own website Another's website Upon request	م معالمه مع			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onnict of interest			
20	policy, and financial statements available to the public	d rooprdo of the			
20	State the name, physical address, and telephone number of the person who possesses the books and	a records of the			
	organization >				

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the o	(B)		(C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	 Officer	a Key employee	Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHNNY SANDE	RS - P						O	0	0
ED HAYNES -	VP						0	0	0
JOE MCNAIR -	2NDVP						0	0	0
RUBY LIMERE	- s						0	0	0
ANDRE MONTEI	L - T		 				0	0	0
									·
									
				-					
			 						· · · · · · · · · · · · · · · · · · ·
	<u> </u>								
									· · · · · · · · · · · · · · · · · · ·
		-	-						34.4.4.
				-	+				·
_					\vdash				

Par	t VII Section A	. Officers, Directors, Tru	stee	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)			
•	(A)	(B)				C)	h = 4 = =	I. A	(D)	(E)		(F)	
	Name and title	Average hours per week	or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	stimated nount of other other opensation om the anization d related anizations	
											_		
			_										
			_			_							
			-	-	 		_				_		
			-										
			-	_									
			+										
			-		_		-						
			+				-						
1b	Total				<u> </u>			<u> </u>					
2	Total number of ind organization ▶ 0	ividuals (including those ii	n 1a)	who	rece	eived	l mor	e th	an \$100,000 in reportable o	compensation from the			
3		list any former officer, di	recto	rort	ruste	ee, k	ey e	mplo	oyee, or highest compensa	ted		Yes	
4	For any individual list	a? If "Yes," complete Schootsted on line 1a, is the sum	n of re	port	able	com	npens	satio	on and other compensation s," complete Schedule J fo	from		3	X
5	individual Did any person liste	ed on line 1a receive or ac	crue	com	pens	atio	n fror	n ar	ny unrelated organization fo		,	4	X
Sec	services rendered to tion B. Independent	o the organization? If "Yes Contractors	s," co	mple	te S	chec	lule .	for	such person			5	<u> </u>
1	Complete this table compensation from	the organization	pensa	ated	ınde	pend	dent	cont	ractors that received more				
		(A) Name and business address						-	Descrip	(B) otion of services	_	(C) Compens	ation
					_								
					-			-					
2	Total number of ind compensation from	•	ludını	g tho	se ır	1) \	who i	ece	ived more than \$100,000 in	1			
DAA	compensation from	the organization >			_							0 Form 99 ((2008)

	rt VI	Statement of Rev	enue						
				- ~		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इंड	1a	Federated campaigns	1a				revenue	-	012, 010, 01017
E	b	Membership dues	1b						,
am, g	С	Fundraising events	1c			,			
igi	d	Related organizations	1d						
sim's	e	Government grants (contributions)	1e		49,800				
ig e	f	All other contributions, giffs, grants, and similar amounts not included above.			F 430				
텵		1	1f		5,430				
Program Service Revenue Contributions, gifts, grants	g	Noncash contributions included in lines 1 Total. Add lines 1a—1f	a-1f \$			55,230			
ē		Total. Add lines Ta-TI		-	Busn. Code	33,230			***************************************
en	2a				240				**-
Se.	b								
ję.	С								
Ser	d								<u> </u>
ag	е								
ğ	f	All other program service rev	enue						
	<u> </u>	Total. Add lines 2a-2f		 	<u> </u>				
	3	Investment income (including	divide	nds, intere	est, and				
		other similar amounts)							
	4	Income from investment of to	ax-exen	npt bond p	roceeds P				
	5	Royalties (i) Real		(1) E	Personal				
	6a	Gross Rents	-	(11) 1	ersonal				
	b	Less rental exps		 					
	C	Rental inc or (loss)	-	 					
	d	Net rental income or (loss)		1	>				
		Gross amount from (i) Securit	ies	(11)) Other				
		sales of assets other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising e	vents						
JE .		(not including \$							
eve		of contributions reported on line							
Ř	١.	See Part IV, line 18	a						
Other Revenue	1	Less direct expenses Net income or (loss) from fu	b	·	•				İ
0		Gross income from gaming activi		ig events				-	
	34	See Part IV, line 19	a	,					
	ь	Less direct expenses	b						
		Net income or (loss) from ga	ımıng a	ctivities	<u> </u>				
		Gross sales of inventory, les			-				
	1	returns and allowances	a	1					
	b	Less cost of goods sold	t	·					
	С	Net income or (loss) from sa		nventory	<u> </u>				
	<u> </u>	Miscellaneous Rever	ue		Busn. Code	f	_		
	11a	INTEREST				9	9		
	b								-
	С	All albanances							
	d	All other revenue				9			-
	12	Total. Add lines 11a-11d Total Revenue. Add lines 1	1 2a 3	4 5 6d	7d 8c				
	'4	9c, 10c, and 11e	., <u>-</u> y, J	, -, 0, 00,	. 4, 66,	55,239	9	o	o
		00, 100, and 110				,		·	

Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).

					
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fungraising expenses
1	and the second s				- SAPORIOGO
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	
	U.S. 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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				···
C	Accounting				
u e	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees				A
g	Other		, , , , ,		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				***
16	Occupancy	6,280		6,280	
17	Travel				····
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	OUTSIDE SERVICES	12,900	12,900		
b	ADMINISTRATIVE FEES	9,270	9,270		
c	MUSIC IN THE PARK	7,940	7,940		
d	MARKETING & PUBLICITY	4,728	4,728		
е	OFFICE SUPPLIES / MATERIA	3,694		3,694	
	All other expenses	16,533	8,265	8,268	
25	Total functional expenses. Add lines 1 through 24f	61,345	43,103	18,242	
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

	an /	Statistics Sheet	***				
••			(A) Beginning of year		(B End of		
	1	Cash—non-interest bearing	6,889	-			1 5 6
	2	5	0,009	1		1,	133
	3	Savings and temporary cash investments Pledges and grants receivable, net		2			
	4			3			
	-	Accounts receivable, net		4	•		
	5	Receivables from current and former officers, directors, trustees, key		_			
	_	employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
	_ ا	Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net	<u> </u>	7			
SS	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges		9			
		Land, buildings, and equipment cost basis 10a	_				
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D 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		15			
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,889	16		1,	155
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19		-	
	20	Tax-exempt bond liabilities		20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		21	-		
Ħ	22	Payables to current and former officers, directors, trustees, key				••••	
ap		employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26			
S		Organizations that follow SFAS 117, check here ▶ X and		20		<u>-</u>	
uces		complete lines 27 through 29, and lines 33 and 34.					
ar	27	Unrestricted net assets	6,889	27		1,:	155
Balar	28	Temporarily restricted net assets	3,333	28		<u> </u>	
<u>_</u>	29	Permanently restricted net assets		29			
Fund	- "	Organizations that do not follow SFAS 117, check here ▶		29			
Ľ		and complete lines 30 through 34.					
o 0	30	Capital stock or trust principal, or current funds	<u> </u>				
Assets				30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ā	32	Retained earnings, endowment, accumulated income, or other funds	6 900	32			
Net	33	Total net assets or fund balances	6,889	33		1,:	
_	34 art)	Total liabilities and net assets/fund balances Lipinancial Statements and Reporting	6,889	34		1,:	155
	ar Ç 🖍	r mancial Statements and Reporting				V [
1	Acc	counting method used to prepare the Form 990 Cash X Accrual	Other			Yes	No
28		ere the organization's financial statements compiled or reviewed by an independent according			22	1	x
L.		ere the organization's financial statements audited by an independent accountant?	Juntaill'		2a 2b		X
,		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsible	ulity for aversiaht of				
`		e audit, review, or compilation of its financial statements and selection of an independen	· ·		3.		
2-		a result of a federal award, was the organization required to undergo an audit or audits a			_2c		
Jč			as sectionin in				
		Single Audit Act and OMB Circular A-133?			3a		
) IT "	Yes," did the organization undergo the required audit or audits?			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number DIASPORA ARTS COALITION, INC 65-0871451 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (vi) Is the (ii) EIN (iv) Is the organization (v) Did you notify (vii) Amount of (i) Name of supported (iii) Type of organization organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support above or IRC section (i) organized in the governing document? col (i) of your (see instructions)) support? US? No Yes Yes No Yes No

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

Total

Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 Gifts, grants, contributions, and membership fees received (Do not 49,800 49,800 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 49,800 49,800 Total, Add lines 1-3 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 48,804 shown on line 11, column (f) Public support. Subtract line 5 from line 4 996 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 49,800 49,800 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 49,800 Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 2.0000 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test—2008. 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-2007. 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—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

DIASPORA ARTS COALITION, INC

Employer identification number

65-0871451

Form 990 - Organization's Mission

The purposes of the organization are fostering, preserving, promoting, encouraging and supporting Black and multicultural arts and artists through education, performance, presentation and advocacy; increasing the knowledge, appreciation and practice of the arts especially the arts representative of Black and multicultural artists and arts organizations.

Form 990, Part III, Line 3

The Diaspora Arts Coalition (DAC), in accordance with our mission, has and continues to provide leadership support, training, capacity building, audience development, joint marketing and networking opportunities for individual artists and arts organizations in Miami Dade County and South Florida at large. DAC has been directly involved in the planning and execution of community events and happenings, including Kwanzaa Celebrations, Dr. Martin Luther King, Jr. (Parades, Ceremonies, etc.); Black History Month Events, Women's History Month Events, Dade County Fair Arts & Education Showcases, National Jazz Month Events, Black Music Month Events, Summer Arts Training Programs for Youth & Adults, in addition to numerous activities such as art exhibits, plays, concerts, afterschool programs and the like.

DIASPORA DIASPORA ARTS COALITION, INC 65-0871451 FYE: 9/30/2009		Federal Statements	tement	S.		8/16/2010 6:51 PM
	Form 990, Part		- All Othe	IX, Line 24f - All Other Expenses		
Description		Total Expenses	ըտ	Program Service	Management & General	Fund Raising
ARTISTIC	် လ	3,600	တ	3,600	တ	٠ V
TRAVEL & LODGE	-	_		•	3,466	
HISPANIC HERITAGE		2,265		2,265		
PRINTING					1,397	
UTILITIES		1,344			1,344	
COUNTY FAIR		1,200		1,200		
SUMMER WORKSHOP		1,000		1,000		
LICENSES & FEES		923			923	
INSURANCE		589			589	
BANK FEES		549			549	
TAP DANCE		200		200		
Total	် တ	16,533	တ	8,265	\$ 8,268	0 \$