### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

A For the 2020 calendary year, or tax year beginning    A Check thip to be a programmed property of the company	B Check if applicable: Address change Name change Initial return Final return/terminate Amended return	C Name of organization DIVERSE LEARNERS COOPERATIVE  Doing business as	D	Employer identification number				
Doing business starge   Name change   Nam	Address change Name change Initial return Final return/terminate Amended return	Doing business as						
Name change notation that are the control to the	Name change Initial return Final return/terminate Amended return		8					
Belial return   Boll   BROOKS CHAPEL RD   3083   1610   329 - 4310	Initial return Final return/terminate Amended return	Number and street (or P.O. box if mail is not delivered to street address)		83-2190926				
City or town, state or province, country, and ZiP or foreign postal code    Amended return   Private and address of principal officer   Private   Pri	Final return/terminate Amended return	Number and street (or 1.0. box in mains not delivered to street address)	Room/suite <b>E</b>	E Telephone number				
RRENTWOOD, TN 37027   Garca receipts \$ 451, 255.     Application pending   Filter and address of principal officer.   RROOKE ALLEM, 811 RROOKS CHAPEL RD, BRENTWOOD, TN 37027  High) and subcrishates includer?   Yes   No   Tax-ewempt status:   Significant activities   Significant activities:   Significant activities:   No   Tax-ewempt status:   Significant activities:   Significa	Amended return	8011 BROOKS CHAPEL RD	3083 (	(610)329-4310				
Application pending   Pilame and address of principal officer   Reprocks Allia (ROCKS Allia)   Reproductions (Rocks Allia)   Rep		d City or town, state or province, country, and ZIP or foreign postal code						
RECORD ALLEN, 811 BROOKS CHAPEL RD, RERNYMOOD, TN 37027   H(s) Are all subcordinates included?   Yes   No   No   Website: * N/A	Application panding	BRENTWOOD, TN 37027	G	Gross receipts \$ 451,255.				
Tax-ewempt status:   Strip(s)(s)   Strip(s)(s)   4 (ensert no.)   4947(a)(1) or   527   H1 No." attach a list. See instructions   Website: N/A   Website:	Application pending	F Name and address of principal officer:	H(a) Is this a group	return for subordinates?  Yes  No				
Website:   N / A		BROOKE ALLEN, 811 BROOKS CHAPEL RD, BRENTWOOD, TN 37	027 <b>H(b)</b> Are all subd	ordinates included?  Yes No				
Summary    The proof organization   Trust   Association   Other   L Year of formation:   2018   M State of legal domicile: TN	I Tax-exempt status:	X 501(c)(3)	If "No," atta	ach a list. See instructions				
Briefly describe the organization's mission or most significant activities: \$\frac{b}{b}\$ intension is intension in the properties of the program of the pr	J Website: ► N/A		H(c) Group exer	mption number ►				
Briefly describe the organization's mission or most significant activities:	K Form of organization:	X Corporation       ☐ Trust       ☐ Association       ☐ Other ►       L Year of form	nation: 2018 <b>M</b>	State of legal domicile: TN				
Tesources, and networks that leverage best practices for diverse learners and increase teacher retention.    Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	Part I Summ	ary						
b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 94,336. 220,112. 9 Program service revenue (Part VIII, line 2g) 133,985. 178,743. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 52,400. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 247,365. 343,363. 16 Professional fundraising fees (Part IX, column (A), line 1+9 10 247,365. 343,363. 17 Other expenses (Part IX, column (A), line 11e) 247,365. 343,363. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 271,366. 371,013. 19 Revenue less expensess. Subtract line 18 from line 12 24,001. 27,650. 10 Total assets (Part X, line 16) 271,366. 371,013. 10 Revenue less expenses. Subtract line 18 from line 12 46,000. 0. 10 Net assets or fund balances. Subtract line 21 from line 20 23,409. 123,642.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Pr	1 Briefly de	escribe the organization's mission or most significant activities: The Divers	e Learners Cooperative connects	teachers and leaders with professional learning,				
b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 94,336. 220,112. 9 Program service revenue (Part VIII, line 2g) 133,985. 178,743. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 52,400. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 247,365. 343,363. 16 Professional fundraising fees (Part IX, column (A), line 1+9 10 247,365. 343,363. 17 Other expenses (Part IX, column (A), line 11e) 247,365. 343,363. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 271,366. 371,013. 19 Revenue less expensess. Subtract line 18 from line 12 24,001. 27,650. 10 Total assets (Part X, line 16) 271,366. 371,013. 10 Revenue less expenses. Subtract line 18 from line 12 46,000. 0. 10 Net assets or fund balances. Subtract line 21 from line 20 23,409. 123,642.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Pr	g resourc	es, and networks that leverage best practices for diverse le	earners and inc	rease teacher retention.				
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b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 94,336. 220,112. 9 Program service revenue (Part VIII, line 2g) 133,985. 178,743. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 52,400. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 247,365. 343,363. 16 Professional fundraising fees (Part IX, column (A), line 1+9 10 247,365. 343,363. 17 Other expenses (Part IX, column (A), line 11e) 247,365. 343,363. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 271,366. 371,013. 19 Revenue less expensess. Subtract line 18 from line 12 24,001. 27,650. 10 Total assets (Part X, line 16) 271,366. 371,013. 10 Revenue less expenses. Subtract line 18 from line 12 46,000. 0. 10 Net assets or fund balances. Subtract line 21 from line 20 23,409. 123,642.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Pr	<b>3</b> 4 Number	of independent voting members of the governing body (Part VI, line 1)	b)					
b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 94,336. 220,112. 9 Program service revenue (Part VIII, line 2g) 133,985. 178,743. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 52,400. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 247,365. 343,363. 16 Professional fundraising fees (Part IX, column (A), line 1+9 10 247,365. 343,363. 17 Other expenses (Part IX, column (A), line 11e) 247,365. 343,363. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 271,366. 371,013. 19 Revenue less expensess. Subtract line 18 from line 12 24,001. 27,650. 10 Total assets (Part X, line 16) 271,366. 371,013. 10 Revenue less expenses. Subtract line 18 from line 12 46,000. 0. 10 Net assets or fund balances. Subtract line 21 from line 20 23,409. 123,642.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Pr	.≝ 5 Total nui	mber of individuals employed in calendar year 2020 (Part V, line 2a)		<b>5</b> 7				
b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 94,336. 220,112. 9 Program service revenue (Part VIII, line 2g) 133,985. 178,743. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 52,400. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 247,365. 343,363. 16 Professional fundraising fees (Part IX, column (A), line 1+9 10 247,365. 343,363. 17 Other expenses (Part IX, column (A), line 11e) 247,365. 343,363. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 271,366. 371,013. 19 Revenue less expensess. Subtract line 18 from line 12 24,001. 27,650. 10 Total assets (Part X, line 16) 271,366. 371,013. 10 Revenue less expenses. Subtract line 18 from line 12 46,000. 0. 10 Net assets or fund balances. Subtract line 21 from line 20 23,409. 123,642.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Pr	6 Total nui	mber of volunteers (estimate if necessary)		6 0				
8 Contributions and grants (Part VIII, line 1h)			-	<b>7a</b> 52,400.				
8 Contributions and grants (Part VIII, line 1h)	<b>b</b> Net unre	lated business taxable income from Form 990-T, Part I, line 11		<b>7b</b> 0.				
9    Program service revenue (Part VIII, line 2g)			Prior Year	Current Year				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>ω</u> 8 Contribu		94,3	36. 220,112.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ਰੂ 9 Program	service revenue (Part VIII, line 2g)	133,9	85. 178,743.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10 Investme							
13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11 Other re			0. 52,400.				
14 Benefits paid to or for members (Part IX, column (A), line 4)			228,3	21. 451,255.				
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)								
16a Professional fundraising fees (Part IX, column (A), line 11e)   1,200.   17 Other expenses (Part IX, column (D), line 25)   1,200.   24,001.   27,650.   18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   271,366.   371,013.   19 Revenue less expenses. Subtract line 18 from line 12   -43,045.   80,242.   8eginning of Current Year   End of Year   20 Total assets (Part X, line 16)   69,609.   123,642.   21 Total liabilities (Part X, line 26)   69,609.   123,642.   22 Net assets or fund balances. Subtract line 21 from line 20   23,409.   123,642.   20 Total part III   Signature Block   Signature Block   Signature Block   Signature Block   Signature of officer   Date   BROOKE ALLEN, PRESIDENT   Type or print name and title   Print/Type preparer's name   Preparer's signature   Brandon A. Craig, CPA   Brandon A. Craig, CPA   Brandon A. Craig, CPA   Signature Signature   Date   Date   Dotte (Check if print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Brandon A. Craig, CPA   Date   Date   Dotte (Check if print/Type preparer's name   Preparer's signature   Brandon A. Craig, CPA   Date   Date   Date   Dotte (Check if print/Type preparer's name   Print/Type								
17 Other expenses (Part X, Collumin (A), lines Tra-Trd, Tin-24e)	g 15 Salaries,		247,3	65. 343,363.				
17 Other expenses (Part X, Collumin (A), lines Tra-Trd, Tin-24e)	ଅଧି <b>16a</b> Professio							
17 Other expenses (Part X, Collumin (A), lines Tra-Trd, Tin-24e)	<b>b</b> Total fur							
19   Revenue less expenses. Subtract line 18 from line 12	- 17 Other ex							
Total assets (Part X, line 16)	· · · · · · · · · · · · · · · · · · ·		271,3	66. 371,013.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  BROOKE ALLEN, PRESIDENT Type or print name and title  Print/Type preparer's name  Brandon A. Craig, CPA  Brandon A. Craig, CPA  Brandon A. Craig, CPA  Firmle Park CREATER  Fir	19 Revenue	less expenses. Subtract line 18 from line 12						
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Sign Here  Paid Preparer  Print/Type preparer's name Brandon A. Craig, CPA Brandon A. Cr								
Sign Here    BROOKE ALLEN, PRESIDENT   Type or print name and title   Print/Type preparer's name   Preparer's signature   Brandon A. Craig, CPA   Brandon A. Craig, CPA   Total Self-employed   Polision and the property   Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN   Self-employed   Polision and the property   Print/Type preparer's name   Preparer's signature   Brandon A. Craig, CPA   Total Self-employed   Polision and the property   Polision								
Sign Here    Signature of officer   Date								
Here    BROOKE ALLEN, PRESIDENT	Sign Sign			29/2021				
Type or print name and title  Paid Preparer's name Brandon A. Craig, CPA Preparer  Brandon A. Craig, CPA Brandon A. Craig, CPA Brandon A. Craig, CPA  Figure 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Hama		Date					
Paid Preparer Print/Type preparer's name Preparer's signature Brandon A. Craig, CPA Brandon A. Craig, CPA Brandon A. Craig, CPA Brandon A. Craig, CPA  Firm's name A CRAIGO WAY CRANGE WAY								
Preparer  Brandon A. Craig, CPA  Firmle Fine Company CERNICE TAX		·	Date	DTIN				
Preparer Funda and Application				nieck 🗀 ii ]				
I Firm's name ► CRAIGS TAX SERVICE, INC.   Firm's EIN ► 62-1417049	Paid   '	ion a. Craig. CPA - IBrandon A. Craig. CPA - L	111/24/2021 5	on omproved Dillahhh 444				
Use Only Firm's address > 142 HERITAGE DARK DR MIDEREFERDRO TN 37129 Phone no (615)890-2233	Preparer Brand	<u> </u>	10/25/2021	101303311				

May the IRS discuss this return with the preparer shown above? See instructions . . . .

Part		complishments
		ponse or note to any line in this Part III
1	Briefly describe the organization's mission:	
		ve connects teachers and leaders with professional learning,
	resources, and networks that leverage	ge best practices for diverse learners and increase teacher retention.
2		ant program services during the year which were not listed on the
	If "Yes," describe these new services on So	
3		or make significant changes in how it conducts, any program
	services?	
	If "Yes," describe these changes on Schede	ule O.
4	Describe the organization's program service	ce accomplishments for each of its three largest program services, as measured by
		organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for	each program service reported.
4a	(Code: ) (Expenses \$ 354,6	515. including grants of \$ 220,112.) (Revenue \$ 178,743.)
		nd 983 professional development participants in learning opportunities focused on the needs of students with disabilities and multilingual learners
		lopment series, new teacher cohorts, site visits, teacher and leader coaching, and resource development
		their capacity to meet diverse learner needs, also showing increases in feelings of confidence, preparedness, and agency.
		h greater rates of teacher retention.
	ALLERO MEGAGA DE LOCALORO MAS	
4b	(Code: ) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$ )
-10	(Θοασ) (Εχροποσο ψ	Thorating grants of \$\psi
	Other program services (Describe on Scheo	dula O )
4d	(Expenses \$ including gran	
4e	Total program service expenses ►	354,615.
	Total program our viou expenses	551,615.

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	16		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
rare	Chooking of Hodginga Constants (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Vaa	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax ret	urns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr	uction	ns)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	? .		3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on So	chedu	le O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	nority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial ac	count)?	4a		×
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-		5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00 organization solicit any contributions that were not tax deductible as charitable contributions?		d did the	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contri	butions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly	for goods			
	and services provided to the payor?			7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or whi	ich it was			
	required to file Form 8282?			7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b			7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef			7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma		-			
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers <b>Section 501(c)(7) organizations.</b> Enter:	on?		9b		
10		10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a				
11	Section 501(c)(12) organizations. Enter:	100				
'' a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources	114				
D	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		n 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule	e O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on S	Sched	ule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remur	neration or			
	excess parachute payment(s) during the year?			15		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation.	stmen	t income?	16		
	If "Ves." complete Form 4720. Schedule O.					

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 6	-		
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, 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 arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	 Г (Sec	tion F	501(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)	(000		JO 1 (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re BROOK ALLEN, 1073 BEECH TREE LN, NASHVILLE, TN 37027 (615)329-4310	cords	<b>&gt;</b>	

Form 990 (2020) Page **7** 

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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. See instructions for the order in which to list the persons above.

Unleck this box in heither the organization no	i arry relate	u orga	aiiiz	auc	льс	ompe	11130	tied any current	officer, director,	or trustee.
				(0	C)					
(A) Name and title	(B) Average hours per week	box, office	unles er and	neck ss pe d a d	rson	e than is both or/trus	n an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BROOKE	40.00									
ALLEN					×			92,665.	0.	0.
(2) WENDY TUCKER BOARD CHAIR	1.00			×				0.	0.	0 .
(3) ANDREA CAPIZZI	1.00									
BOARD SECRETARY				×				0.	0.	0 .
(4) SARA WILLIAMS BOARD MEMBER	1.00	-		×				0.	0.	0.
(5) ALISHA KEIG BOARD MEMBER	1.00	_		×				0.	0.	0.
(6) WILLIAM MILLER BOARD MEMBER	1.00	_		×				0.	0.	0.
(7) SONYA THOMAS BOARD MEMBER	1.00	-		×				0.	0.	0 .
(8)										
(9)										
(10)										
(11)										
(12)										
(13)		-								
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continue	ed)
						C)							_
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours	box,	unles	ss pe	rson	is both	n an	Reportable compensation	Reportat compensa		Estimated amour of other	nt
		per week	_		_	_	or/trust	—	from the	from relat		compensation	
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	dighe	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-N		from the organization and	4
		related	dual	tior	4	mpl	st c	₽	(11 2) 1000 111100)	(11 2) 1000 .		related organization	ns
		organizations below	trus	al tr		oyee	omp						
		dotted line)	tee	Institutional trustee			Highest compensated employee						
(4.5)							<u>e</u>						
(15)			-										
(16)													
(17)													_
(18)													—
													_
(19)													
(20)													
(21)													_
(22)													_
(23)													—
(24)			_										
(25)		 											
1b	Subtotal		٠					<b>&gt;</b>	92,665.		0.		0.
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>					
d	Total (add lines 1b and 1c)							<u> </u>	92,665.		0.		0.
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	e list	ted	above	e) w	ho received mor	e than \$10	0,000	of	
												Yes N	lo
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete s</i>											1 _ 1 1	×
4	For any individual listed on line 1a, is the	sum of re	portal	ole	con	пре	nsatic	n a	and other compe	nsation fro	m the		
	organization and related organizations individual												×
5	Did any person listed on line 1a receive of for services rendered to the organization												×
Secti	on B. Independent Contractors	: 11 100, 0	отпрі	CiC	OCI	icat	<i>aic                                    </i>	01 0	such person :	<u></u>	•		<u> </u>
1	Complete this table for your five high												
	compensation from the organization. Rep	ort compen	satior	n foi	r the	e ca	lenda	r ye		within the	organ		ar.
	(A) Name and business add	ress							(B) Description of serv	vices	(	(C) Compensation	
													_
													—
2	Total number of independent contractor received more than \$100,000 of compens	•	-					th	nose listed abov	e) who			

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
ءَ ۾	С	Fundraising events			1c					
ifts	d	Related organizatio			1d					
اق ق	е	Government grants	(cont	ributions)	1e					
Sir	f	All other contribution								
e e		and similar amounts no			1f	220,112.				
물물	g	Noncash contribution								
in d		lines 1a–1f			1g		000 110			
<u> </u>	h	Total. Add lines 1a-	-11 .				220,112.			
ø	0-					Business Code				
Š	2a b									
Ser	C									
gram Ser Revenue	d									
gra	e									
Program Service Revenue	f	All other program se					178,743.	178,743.	0.	0.
_	g	Total. Add lines 2a-				•	178,743.			
	3	Investment income								
		other similar amoun								
	4	Income from investr	nent (	of tax-exen	npt bo	nd proceeds ►				
	5	Royalties								
	_	_	_	(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c d	Rental income or (loss)  Net rental income or		c)						
	_		(103	(i) Securi	ies	(ii) Other				
	7a	Gross amount from sales of assets		(,) 0000.1		() 5				
		other than inventory	7a							
Φ	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
e Ve	С	Gain or (loss)	7c							
-	d	Net gain or (loss)				🕨				
Other	8a	Gross income fro		ndraising						
0		events (not including								
		of contributions re								
		1c). See Part IV, line			8a					
		Less: direct expens			8b	nto N				
	C	Net income or (loss)	•		g eve	nts ▶				
	9a	Gross income factivities. See Part			9a					
	b	Less: direct expens			9b					
	C	Net income or (loss				 es ▶				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss	) from	sales of ir	vento	ory <b>&gt;</b>				
SI						Business Code				
eo ne	11a									
scellaneo Revenue	b									
eel Se	C	A.II					50 100		50 100	_
Miscellaneous Revenue	d	All other revenue					52,400.	0.	52,400.	0.
		Total. Add lines 11a				· · · · <u></u>	52,400. 451,255.	170 742	52,400.	0.
	12	Total revenue. See	ะแรน	นบแบบเร		🟲	<del>1</del> 01,∠00.	178,743.	J∠,4UU.	ι υ.

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	02 665	02 665	0.	0
_		92,665.	92,665.	0.	0.
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	175,956.	175,956.	0.	0.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	74,742.	74,742.	0.	0.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	911.	0.	911.	0.
С	Accounting	1,675.	0.	1,675.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,532.	0.	1,532.	0.
14	Information technology	,		,	
15	Royalties				
16	Occupancy				
17	Travel	356.	356.	0.	0.
18	Payments of travel or entertainment expenses	3331			
	for any federal, state, or local public officials				
19	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 (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2					
a b					
Q C					
d	All other expenses	22 176	10 006	11 000	1 200
e oe	All other expenses	23,176.	10,896.	11,080.	1,200.
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	371,013.	354,615.	15,198.	1,200.
∠0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

1 2 3	Cash—non-interest-bearing	69,609.	4	
	Savings and temporary each investments		1	123,642.
3	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
1	Investments—publicly traded securities		11	
2	Investments—other securities. See Part IV, line 11		12	
3	Investments—program-related. See Part IV, line 11		13	
4	Intangible assets		14	
5	Other assets. See Part IV, line 11		15	
6		69,609.	16	123,642.
7			_	
8			_	
9	F			
20	· · · · · · · · · · · · · · · · · · ·			
21	· · · · ·		21	
22				
		45.000		
		46,200.	_	0.
	. ,		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
			25	
26	Total liabilities. Add lines 17 through 25	46,200.	26	0.
	Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	23,409.	27	123,642.
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
29			29	
80	Paid-in or capital surplus, or land, building, or equipment fund		30	
81	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	23,409.	32	123,642.
3	Total liabilities and net assets/fund balances	69,609.	33	123,642.
	1 2 3 4 4 5 6 7 8 9 0 11 2 2 3 4 4 5 5 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 2 3 4 4 5 5 6 6 6 7 8 9 0 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b Less: accumulated depreciation	b Less: accumulated depreciation . 10b   1 Investments — publicly traded securities . See Part IV, line 11	b Less: accumulated depreciation . 10b   10c   10c   1   1   1   1   1   1   1   1   1

Form 990 (2020) Page **12** 

Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12)	Par	Reconciliation of Net Assets				-	
1 Total revenue (must equal Part VIII, column (A), line 12).							
2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenseses. Subtract line 2 from line 1  3 Revenue less expenseses. Subtract line 2 from line 1  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  6 Investment expenses  7 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  11 Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: 図 Cash □ Accrual □ Other  If the organization sinancial statements compiled or reviewed by an independent accountant?  1 Yes No  1 Accounting method used to prepare the form 990: 図 Cash □ Accrual □ Other  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis □ Both consolidated and separate basis  5 Use or 2 b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  4 If "Yes," did the organization undergo the required audi	1						255.
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2				
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3		3				
Donated services and use of facilities   To Investment expenses   To Investment   To Investment	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
7   Investment expenses   7   8   Prior period adjustments   3   19,991. 9   Other changes in net assets or fund balances (explain on Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   123,642.  Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII     123,642.    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII     Yes No   1   Accounting method used to prepare the Form 990:   Cash   Accrual   Other     Wes No   1   Accounting method used to prepare the Form 990:   Cash   Accrual   Other   Wes No   1   Accounting method used to prepare the Form 990:   Cash   Accrual   Other   Wes No   2   Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2   Were the organization's financial statements compiled or reviewed by an independent accountant?   2a   X   1     Wes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   Consolidated basis   Both consolidated and separate basis   2   b   Were the organization's financial statements audited by an independent accountant?   2b   X   2	5	Net unrealized gains (losses) on investments	5				
9 Other changes in net assets or fund balances (explain on Schedule O). 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 123,642.  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis or	8	Prior period adjustments	8			19,9	91.
Part XIII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain on Schedule O)	9				
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII		32, column (B))	10		12	23,6	42.
1 Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other ☐ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	XII Financial Statements and Reporting					
Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_		Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
Were the organization's financial statements compiled or reviewed by an independent accountant?			xplair	n in			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b							
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b	<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 4	2a		×
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?			npiled	l or			
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b		·					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·					
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	Were the organization's financial statements audited by an independent accountant?		. 4	2b		×
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ted o	n a			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  3b							
the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С						
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					2c		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			kplain	on			
Single Audit Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3a		rth in				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .   3b		· ·			3a		×
	b				.		
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	.   (	3D	000	

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public

Internal Revenue Service

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8

10

е

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number** Name of the organization DIVERSE LEARNERS COOPERATIVE 83-2190926 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 1(3). ġ.

	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12
а	☐ <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B.</b>
b	☐ <b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having

	control or management of the supporting organization vested in the same persons that control or manage the supported
	organization(s). You must complete Part IV, Sections A and C.
•	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III
functionally integrated, by Type III non-functionally integrated comparting evacuization

	ranotionally integrated, or Type in non-ranotionally integrated dapporting organization.	
f	Enter the number of supported organizations	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

	, , , , , , , , , , , , , , , , , , , ,						. ugs <u>—</u>
Part	II Support Schedule for Organiza	tions Descr	ribed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(	vi)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	ualify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
	on B. Total Support			T	1	1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop he	organization'	's first, second		-		
Cooti	on C. Computation of Public Suppor						<b>▶</b> □
14	Public support percentage for 2020 (line 6			11 column (f)		14	%
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi	nedule A, Part zation did not	II, line 14 .t check the box	on line 13, ar	 nd line 14 is 30	15 3 <sup>1</sup> / <sub>3</sub> % or more	e, check this
	box and <b>stop here.</b> The organization qua	-		_			_
b	<b>33</b> <sup>1</sup> / <sub>2</sub> % <b>support test—2019.</b> If the organithis box and <b>stop here.</b> The organization	qualifies as a	publicly suppo	rted organizati	ion		• 🗆
17a	<b>10%-facts-and-circumstances test—20</b> 10% or more, and if the organization metal the organization meets the organization	eets the facts facts-and-circ	s-and-circumsta cumstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and <b>stop here</b> as a publicly	e. Explain in y supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	acts-and-circur rcumstances te	mstances test, est. The organi	check this bo zation qualifie	ox and <b>stop h</b> s as a publicl	<b>ere.</b> Explain y supported
18	Private foundation. If the organization						_

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

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

Secti	on A. Public Support			•	•	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				94,336.	220,112.	314,448.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose				133,985.	178,743.	312,728.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				228,321.	398,855.	627,176.
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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						607 176
Secti	on B. Total Support						627,176.
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6	(4) 2010	(2) 20 11	(6) 2010	228,321.	398,855.	627,176.
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						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				228,321.	398,855.	627,176.
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•				ar as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch		•			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2020 (			-		17	%
18	Investment income percentage from 2019					18	%
19a	33¹/3% support tests—2020. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		=	_
b	331/3% support tests—2019. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						
20	Private foundation. If the organization di	d not check a	box on line 14	19a or 19b o	check this box	and see instru	ctions •

#### Part IV **Supporting Organizations**

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

#### Se

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

10b

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.)

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

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	$\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ons A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function:	allv i	ntegrated Type III suppor	ting organization

Schedule A (Form 990 or 990-EZ) 2020

Part V

Section D—Distributions						
1	Amounts paid to supported organizations to accomplish	1				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive			
	(provide details in <b>Part VI</b> ). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
b	Excess from 2017					
С	Excess from 2018					
d	Excess from 2019					
е	Excess from 2020					

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2020

Part VI	<b>Supplemental Information.</b> 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.)
<b></b>	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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

Employer identification number

DIVERSE LEARNERS COOPERATIVE	83-2190926
Pt VI, Line 11b: 990 REVIEW IN BOARD MEETING	
Pt VI, Line 12c: CONFLICT OF INTEREST REPORTS ARE REVIEWED ANNUALLY	
Pt VI, Line 15a: BOARD OF DIRECTORS DECIDES AND APPROVES SALARY OF	ALL KEY EMPLOYEES
AND MANAGEMENT	
Pt VI, Line 15b: BOARD OF DIRECTORS DECIDES AND APPROVES SALARY OF	ALL KEY EMPLOYEES
AND MANAGEMENT	