			EXTENDED TO MAY 15, 202					
Form 990			Return of Organization Exempt Fro	m lı	ncome Tax		OMB No. 1545-0047	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc	-		tions)	2022	
Dep	Department of the Treasury						Open to Public Inspection	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
-		1		ng ט ו	•			
в	Check if applicat	ile:	organization		D Employer ident	ificatio	on number	
	Addr	ge DIVE	RSE LEARNERS COOPERATIVE					
	Name chan	ge Doing bu	usiness as		83-2190	296		
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room GALLATIN PIKE, SUITE 311	n/suite	E Telephone numb 610-329		10	
	termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	-	697,235.	
	Amer returr	ded NACU	VILLE, TN 37216		H(a) Is this a group	returr		
	Appli tion	^{ca-} F Name a	nd address of principal officer: BROOKE ALLEN		for subordinat			
	pend	ing SAME	AS C ABOVE		H(b) Are all subordinate	s include	ed? Yes No	
1	Tax-e>	empt status:		527	If "No," attach	a list.	See instructions	
	Webs		RSELEARNERSCOOP.COM		H(c) Group exempt			
		f organization:	X Corporation Trust Association Other	L Year o	of formation: 2018	M Sta	te of legal domicile: ${f TN}$	
Pa	art I	Summary						
ø	1	Briefly describ	e the organization's mission or most significant activities: TO EQUI	PA	ND EMPOWER	SC	HOOL	
and			O SERVE ALL LEARNERS THROUGH CREATIN					
Activities & Governance	2	Check this bo	5	of more	than 25% of its net	assets		
õ	3	Number of vot		3	7			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)			4	9	
ties	5					5	7	
ť	6		of volunteers (estimate if necessary)				0.	
Ac			business revenue from Part VIII, column (C), line 12				0.	
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		232,172		369,141.	
anr	9				362,246.		328,094.	
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		0		0.	
Å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	-	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		594,418		697,235.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0		8,050.	
	14		to or for members (Part IX, column (A), line 4)	· ·	0		0.	
s					472,829		574,587.	
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), lines 5-10) ng expenses (Part IX, column (A), line 11e)	· –	1,200		0.	
bei	b	Total fundraisi	ng expenses (Part IX. column (D), line 25) 31, 593.		-			
ŵ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		76,583	•	212,054.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		550,612		794,691.	
	19	•	expenses. Subtract line 18 from line 12		43,806	•	-97,456.	
or				Beg	ginning of Current Yea	ır	End of Year	
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		198,844		150,033.	
dBst	21	-	(Part X, line 26)		27,643		23,030.	
Fund	22		fund balances. Subtract line 21 from line 20		171,201	•	127,003.	
	art II							
Unc	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of	my kno	wledge and belief, it is	

true, correct, and com	olete. Declaration of preparer	(other than officer)	is based on al	II information	of which preparer h	1as any k	nowledge.

Sign	Signature of officer	Date					
-	BROOKE ALLEN, EXECUTIVE DIRECTOR						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date	Check PTIN					
Paid	TEDRA K. ARMSTRONG, CPA lecke K. Chartin CPA 12/15/20	$D23 \int_{\text{self-employed}}^{\pi} \mathbb{P}00499556$					
Preparer	Firm's name FMC CPAS, PLLC	Firm's EIN 83-1514211					
Use Only	Firm's address 3100 WEST END AVENUE, STE 700						
	NASHVILLE, TN 37203	Phone no.615-292-3011					
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🛄 No						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						
a	TE COMEDINE O HOD ODGINIERTON MICCION CERTENENE O						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) DIVERSE LEARNERS COOPERATIVE	83-2190	296	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: TO EQUIP AND EMPOWER SCHOOL TEAMS TO SERVE ALL LEARN.			
	CREATING PURPOSEFUL NETWORKS OF EDUCATORS, PROVIDING			<u></u>
	QUALITY RESOURCES AND COLLABORATIVE LEARNING EXPERIED BEST PRACTICES FOR DIVERSE LEARNERS AND TEACHER RETED		NCREA	26
2	Did the organization undertake any significant program services during the year which were not listed on	Г	Yes	X No
	prior Form 990 or 990-EZ?	L		
2	If "Yes," describe these new services on Schedule O.	/iaaa2	Yes 🛛	XNa
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server is a second of the second sec	lices?		
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.		-	d
4a		(D	328,0	94.
44	(Code:) (Expenses \$ 020,397. including grants of \$ 0,050.) IN THE LAST YEAR, THE DIVERSE LEARNERS COOPERATIVE E	NGAGED 63 S		/
	AND 650 TEACHERS IN LEARNING OPPORTUNITIES FOCUSED OF			
	STUDENTS WITH DISABILITIES AND MULTILINGUAL LEARNERS			s
	RANGED FROM VIRTUAL PROFESSIONAL DEVELOPMENT SERIES,			
	COHORTS, SITE VISITS, TEACHER AND LEADER COACHING, A			
	DEVELOPMENT. SCHOOL TEAMS RATED THE SUPPORT AS HIGHL			
	BUILDING THEIR CAPACITY TO MEET DIVERSE LEARNER NEED			
	INCREASES IN FEELINGS OF CONFIDENCE, PREPAREDNESS, A			
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$		)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses 628,597.			

Form	990	(2022)

 Form 990 (2022)
 DIVERSE
 LEARNERS
 COOPERATIVE

 Part IV
 Checklist of Required Schedules
 Cooperative
 Cooperative

1 4				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
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	•		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		- 23
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
0		8		х
9	Schedule D, Part III	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990	(2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	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%			x
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
v	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990	(2022)
Part V	Sta

### 022) DIVERSE LEARNERS COOPERATIVE 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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		X
	, <b>C</b>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		-	7-		x
4	to file Form 8282?			7c		<u>л</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					X
f g						
9 h						
8	Sponsoring organization metaning donor advised funds. Did a donor advised fund maintained by the					
Ū	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а						
b						
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
b		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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
_	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c	I	44-		X
				14a 14b		
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or	14D		
15						x
	excess parachute payment(s) during the year?			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	ime?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

83-2190296 Page 6

X

art VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Cho	ck if Schedule O contains a res	nonco or noto to any	/ line in this Dart V/	
One	CK II OCHEUUIE O COITLAINS A TES	poinse or note to an	/ III IC III II II II IS FAIL VI	

Sec	tion 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	<b>1</b> a		7		
	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		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	n any other			
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				$\vdash$	X
6	Did the organization have members or stockholders?			. 6	$\vdash$	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			. 7a	$\vdash$	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stock	nolders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		•			
а	The governing body?			. <b>8</b> a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					37
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	leveni	ie Code.)		1	
10-				10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. <b>10a</b>	┼──	
D	If "Yes," did the organization have written policies and procedures governing the activities of such c			104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?			. <u>10b</u> 11a	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bei	ore ming the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "V			. 120	<u> </u>	
v	on Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-1			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization				X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inizati	on's			
	exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
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, a	and 99	0-T (section 501(c)	(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request X Other <i>(explair</i>					
40	Describe on Schodule O whether (and if as, how) the organization made its governing desumants, a	onflig	of interact nation	and fina	naial	

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and teleph	one number of the person wh	no possesses the organization's books and records
	THE ORGANIZATION -	610-329-4310	

3511 GALLATIN PIKE, SUITE 311, NASHVILLE, TN	37216
----------------------------------------------	-------

### 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box offi	, unle cer ar	ss pe Id a d	rson i irecto	is bot pr/trus	h an tee)	compensation	compensation from related	amount of other
	week (list any	tor					Ĺ	from the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	stee ol	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	co mp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BROOKE ALLEN	40.00	=	<u> </u>	5	ž	Ξъ	2			
EXECUTIVE DIRECTOR				x				102,781.	0.	4,111.
(2) JOSH CZUPRYK	1.00									
CHAIRMAN		x		x				0.	0.	0.
(3) TAMERA MALONE	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) SARA WILLIAMS	1.00									
TREASURER		X		X				0.	0.	0.
(5) CARLOS CAMPOS	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) MEAGAN SMART	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(7) SONYA THOMAS	1.00	.,								0
BOARD MEMBER	1.00	X						0.	0.	0.
(8) WENDY TUCKER	1.00	x						0.	0.	0.
BOARD MEMBER (9) ANDREA CAPIZZI	1.00	^						0.	0.	0.
(9) ANDREA CAPIZZI BOARD MEMBER (THRU 1/23)	1.00	x						0.	0.	0.
(10) ALISHA KEIG	1.00					-	<u> </u>	0.	0.	0.
BOARD MEMBER (THRU 10/22)	1.00	x						0.	0.	0.
(11) WILLIAM MILLER	1.00							0.	0.	
BOARD MEMBER (THRU 7/22)	1.00	x						0.	0.	0.

	90 (2022) DIVERSE									83-219	0296	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	Average Position (do not check more that box, unless person is to		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an		(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) stimate nount other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	ipensa rom the Janizat d relat anizatio	e ion ed
			Ч	ll	Of	Ke	E	Fo					
сT	Subtotal Fotal from continuation sheets to Part V Fotal (add lines 1b and 1c)	II, Section A							102,781. 0. 102,781.	0 0 0	•	4,1 4,1	0.
<b>2</b> T	Fotal (add lines 1b and 1c)           Fotal number of individuals (including but r           compensation from the organization									-	•	-,-	1
	Did the organization list any <b>former</b> officer, ine 1a? If "Yes," complete Schedule J for s			•	•	•		Ŭ	ghest compensated emp	5	3	Yes	No X
<b>4</b> F	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportabl	le co	omp	ensa	atior	n and	d otl	her compensation from		4		X
r	Did any person listed on line 1a receive or endered to the organization? If "Yes," con					-			-		5		X
	on B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
	he organization. Report compensation for (A)											C)	
	Name and business	address	NC	ONE	3			_	Description of s	services	Compe	nsatio	n
								_					
2 1	otal number of independent contractors (	including but p	ot lii	mite	d to	tho	se li	ster	d above) who received n	nore than			
	100,000 of compensation from the organi	•					0	-00	,e . soon ou n				

Form 990 (20		DIVERSE
Part VIII	Statement	of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	<b>(D)</b> Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a					
Gra	k	Membership dues 1b					
Am (	c	Fundraising events 1c					
lar lar	c	Related organizations					
ini,	e	e Government grants (contributions)					
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	369,141.				
nd D	ç	Noncash contributions included in lines 1a-1f	300.				
a C	ł	Total. Add lines 1a-1f		369,141.			
			Business Code				
e	2 a	-		297,724.	297,724.		
Program Service Revenue	k	PROFESSIONAL DEVELOPME	611430	30,370.	30,370.		
en C	c						
ran Jev	c	l l					
<u>go</u>	e						
	f	All other program service revenue					
	ç	g Total. Add lines 2a-2f		328,094.			
	3	Investment income (including dividends, inte	erest, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	k	Less: cost or other basis					
ther Revenue		and sales expenses 7b					
eve	c	Gain or (loss)					
Å,		l Net gain or (loss)					
the	8 8	a Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8					
		Less: direct expenses 8	-				
		Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9					
		Less: direct expenses   9	b				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10					
		J	)b				
	C	Net income or (loss) from sales of inventory					
sn			Business Code				
neo	11 a						
Miscellaneous Revenue	k						
Be	0						
Σ		All other revenue					
		Total. Add lines 11a-11d     Total revenue. See instructions		697 235	328,094.	0.	0.
	12	I VIAI IEVEIINE. OEE IIISU UUUUIIS		0,2,2,3,3,0	, JJU, UJ ±•	I V•	

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising 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	8,050.	8,050.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114,914.	45,965.	57,457.	11,492
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	394,850.	369,111.	9,652.	16,087
8	Pension plan accruals and contributions (include	10.000	11 000		
	section 401(k) and 403(b) employer contributions)	12,309.	11,298.	379.	632
9	Other employee benefits	13,442.	13,442.		
10	Payroll taxes	39,072.	31,973.	5,001.	2,098
11	Fees for services (nonemployees):				
а	Management				
	Legal	04.040			
	Accounting	24,242.		24,242.	
	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,	110 110		4 954	
	column (A), amount, list line 11g expenses on Sch 0.)	112,118.	107,164.	4,954.	
12	Advertising and promotion	3,232.	0 (18	3,232.	
13	Office expenses	11,237.	9,617.	1,620.	1 004
14	Information technology	9,222.		7,938.	1,284
15	Royalties	06 101	10 000	C 001	
16	Occupancy	26,121.	19,200.	6,921.	
17	Travel	8,908.	6,298.	2,610.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C 007	C 470	220	
19	Conferences, conventions, and meetings	6,807.	6,479.	328.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 005		1 005	
23	Insurance	1,825.		1,825.	
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 0.)				
а	EMPLOYEE DEVELOPMENT	8,104.		8,104.	
b					
c					
d					
	All other expenses	238.		238.	
25	Total functional expenses. Add lines 1 through 24e	794,691.	628,597.	134,501.	31,593
26	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

DIVERSE	LEARNERS	COOPERATIVE
DIVERSE	LEARNERS	COOPERATIVE

83-2190296 Page 11

га	πλ	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X	(A) Beginning of year		
	4			1 1 5 0 6 0		136,346.
	1	Cash - non-interest-bearing			1	10,040.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	11,687.
	4	Accounts receivable, net		51,570.	4	11,007.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub controlled entity or family member of any of th			5	
	6	Loans and other receivables from other disqu			5	
	0	under section 4958(f)(1)), and persons describ			6	
<i>(</i> 0	7				7	
Assets	8	Notes and loans receivable, net			8	
As		Inventories for sale or use			9	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
	h	basis. Complete Part VI of Schedule D			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin			13	
	13				14	
	15	Intangible assets Other assets. See Part IV, line 11		15	2,000.	
	16	Total assets. Add lines 1 through 15 (must ed		100 044	16	150,033.
	17	Accounts payable and accrued expenses			17	23,030.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
s	22	Loans and other payables to any current or fo			21	
Liabilities		trustee, key employee, creator or founder, sub				
lide		controlled entity or family member of any of th			22	
Ľi	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax, j				
		parties, and other liabilities not included on lin				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		27,643.	26	23,030.
		Organizations that follow FASB ASC 958, c				
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		171,201.	27	127,003.
Ba	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC		-		
Ę		and complete lines 29 through 33.				
s ol	29	Capital stock or trust principal, or current fund	ls		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net	32	Total net assets or fund balances			32	127,003.
-	33	Total liabilities and net assets/fund balances			33	150,033.

Form **990** (2022)

## Part X Balance Sheet

Form	990	(2022)

Form	990 (2022) DIVERSE LEARNERS COOPERATIVE	83-219	0296	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17:	1,2	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	50	3,2	58.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
-	column (B))	10	12'	7,0	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	9 <b>90</b> (	2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No	. 1545-0047
20	122

	Inspection
Employer	identification number

Name of the organization

-			
	DIVERSE	LEARNERS	COOPERATIVE

				RS COOPERATI					3-2190296
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)( [.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).		
4		A medical research organiz						)(iii). Enter	the hospital's name,
		city, and state:	·					. ,	1 ,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted bv a d	overnmental ı	unit descrit	ped in
-		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go		nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	$\square$	An organization that norma	-					he general	nublic described in
•		section 170(b)(1)(A)(vi). (C			ionia gov	orranointa		no genera	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II )				
9	$\square$	An agricultural research org				ed in coniu	inction with a	land-grant	college
5		or university or a non-land-	-			-		-	-
		university:	grant conege of agric			name, or	y, and state o		
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from	contributio	ns members	hin fees a	nd aross receipts from
10		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Con				sses acqu		ganzation	
11		An organization organized a	,	ively to test for public sa	faty Saa	saction 5(	19(2)(4)		
12	$\square$	An organization organized a	-	•	•			arry out the	nurnoses of one or
12		more publicly supported or	-	•	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga				-		-	
6		the supported organization	-	-	•	-			
		organization. You must o			a majority (				supporting
b		<b>Type II.</b> A supporting org	-		tion with it	e cunnort	od organizatio	n(c) by be	wing
		control or management o	-				-		-
		organization(s). You mus			ame perso			ige the sup	poned
~		Type III functionally inte	-		in connoc	tion with	and functions	llv intograt	od with
, c		its supported organizatio						ny megiat	ed with,
d		<b>Type III non-functionally</b>						rtod organi	ization(c)
U		that is not functionally int					••	•	
		requirement (see instruct			-		-	analleni	10011033
		Check this box if the orga							
e		functionally integrated, or					а туре ї, туре	п, туре п	
f	Ente	er the number of supported of	organizationa		ing organiz	Lation.			
		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								

Schodulo A (	Eorm	aan	2022
Schedule A (	FOUL	990)	2022

Part II	Suppor	t Schedule for	Organizations	Described in	Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	Cappor	cooncauto for	organizationo	Beccenisea III	000010110	

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
Ŭ	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,						
6	··· ······						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(e) 2022	(f) Total
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
-	ction C. Computation of Publ						
14	Public support percentage for 2022 (	line 6, column (f), o	divided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
<b>16</b> a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check	this box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and <b>stop he</b>	ere. Explain in Part	VI how the organ	ization
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization	-	
b	10% -facts-and-circumstances tes	t - 2021. If the ord	anization did not	check a box on lin	-		
	more, and if the organization meets th		·				
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
	U U		,	. /			

Schedule A (Form 990) 2022

### 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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 299,680. 75,000. 140,836 272,512. 369,141 1157169. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 83,035. 87,485. 178,743. 362,246. 328,094. 1039603. organization's tax-exempt purpose 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 158,035. 228,321. 451,255. 661,926. 697,235. 2196772. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 1,643. 6,196. 12,155. 10,624. 3,901 34,519. 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 112,067. 260,772. 194,238. 680,962. 63,525 50,360. amount on line 13 for the year 65,168. 56,556. 124,222. 271,396. 198,139. 715,481. c Add lines 7a and 7b 1481291 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support **(e)** 2022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (f) Total 661,926. 158,035. 228,321. 451,255. 697,235 2196772. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 228,321. 451,255. 661,926. 697,235. 2196772. 158,035. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 67.43 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % 100.00 16 16 Public support percentage from 2021 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % .00 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not Х more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

#### DIVERSE LEARNERS COOPERATIVE Schedule A (Form 990) 2022

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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.
2	Did the organization operate for the benefit of any supported organization other than the supported

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	supervised, or controlled the supporting organization.

Section C.	Type II	Supporting	Organizations	

Part IV Supporting Organizations (continued)

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

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

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

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		
с	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 <b>Part VI</b> ):			
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Check here if the organization satisfied the Integral Part Check here if the organization satisfied the Integral Part Check here if the organization satisfied the Integral Part Check here if

-		ERS COOPERATIV		8	3-2190296 Page 7
Par	51 5 5	(a)(3) Supporting Org	anizations (continu	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
	From 2020				
	From 2021				
-	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
- 5	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2022. Subtract lines 3h				
0	<b>.</b>				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 DIVERSE LEARNERS COOPERATIVE 83-2190296 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART III - SHORT YEAR
THE 2018 YEAR INCLUDES THE ACTIVITY FOR A SHORT PERIOD FROM JANUARY 1
TO JUNE 30, 2019. ALL OTHER YEARS REPORTED INCLUDE THE ACTIVITY OF A
12-MONTH PERIOD BEGINNING JULY 1 OF THE YEAR INDICATED AND ENDING JUNE
30.
SCHEDULE A, PART III - REVISIONS
THE AMOUNTS INCLUDED IN THE CURRENT YEAR SCHEDULE A HAVE BEEN UPDATED
FROM PREVIOUS FORM 990 SCHEDULE A FILINGS TO REPORT IN ACCORDANCE WITH
THE REQUIREMENTS OF THIS FORM.

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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232051 09-01-22

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

Nam	e of the organization DIVERSE LEARNERS C	OOPERATIVE			Em	ployer identification number $83 - 2190296$
Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		er S	Similar Fund	s or Acco	unts.Complete if the
		(a) Donor ad	lvise	d funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ets he	eld in donor adv	sed funds	
	are the organization's property, subject to the organization's	exclusive legal cont	rol?			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	at gra	ant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or	for ar	ny other purpos	e conferring	
	impermissible private benefit?					Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered	l "Ye	s" on Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat		oply).			
	Preservation of land for public use (for example, recrea	ation or education)		7		y important land area
	Protection of natural habitat			Preservation of	f a certified h	iistoric structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation co	ntrib	oution in the forn	n of a conserv	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified historic str				<u>2</u> c	
d	Number of conservation easements included in (c) acquired					
•	historic structure listed in the National Register					and the state of t
3	Number of conservation easements modified, transferred, re	eleased, extinguisned	a, or	terminated by tr	ie organizatio	on during the tax
4	year Number of states where property subject to conservation ea	soment is located				
5	Does the organization have a written policy regarding the pe			tion bandling of		
U	violations, and enforcement of the conservation easements i					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,					········· — · · · · — · · ·
			,			jj
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, ar	nd er	nforcing conserv	ation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the require	emen	nts of section 17	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?					🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organiza	tion's	s financial stater	nents that de	scribes the
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o	-		easures, or (	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	· ·				
	of art, historical treasures, or other similar assets held for pul					f public
	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education	un, o	r research in fur	merance of p	NUDIIC SERVICE,
	provide the following amounts relating to these items:					¢
	(i) Revenue included on Form 990, Part VIII, line 1					
0	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tree the following amounts required to be reported under EASP.				ai gain, provi	ue
-	the following amounts required to be reported under FASB A	-				¢
	Revenue included on Form 990, Part VIII, line 1					\$ \$
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction					
	i or i apor work frequención Aot Notice, see the instruction	5 151 1 5111 550.				

Sche	dule D (Form 990) 2022 DIVERSE	LEARNERS	COOPERATIV	/E	8	33-21	9029	5 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Oth	ner Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	e following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	I 🛄 Loan or exe	change program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explai	n how they further	the organization's ex	empt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or other simil	ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizati	on answered "Yes" o	n Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						-		7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		<b>—</b> ———————————————————————————————————				
							Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
t	Ending balance						<b>N</b>		1
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •		Yes		J No ∣
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if								<u></u>
1 41		(a) Current year	(b) Prior year	(c) Two years back	1	ears back	(e) Four	vears	back
10	Beginning of year balance	(u) current your			(,		(0) ! ou	Jouro	
h	Contributions								
c c	Net investment earnings, gains, and losses								
с Ь	Grants or scholarships								
	Other expenditures for facilities								
Ũ	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. column (	(a)) held as:					
a	Board designated or quasi-endowment		%	(-))					
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are held	and administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Part >	K, line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr			Accumulate epreciation	d	(d) Bool	k value	e
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)					0.

Schedule D (Form 990) 2022

	RNERS COOPERA	TIVE	83-2190296 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(D)			
(E)(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	an Form 000 Dart IV/ line	11. or 11f Soc Form 000 Dort V	in a 95
Complete if the organization answered "Yes" <b>1.</b> (a) Description of liability	on Form 990, Part IV, line	The of Th. See Form 990, Part A, I	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (E)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must occup Earm 000, Part X, col. (P) lin	0.25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	,	the exercise time is the event	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

83-2190296 Page 3

Schedule D (Form 990) 2022 DIVERSE LEARNERS COOPERATIVE	8	3-2190296	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With R			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements		1 698	,035.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments 2a			
b Donated services and use of facilities 2b	800.		
c Recoveries of prior year grants 2c			
d Other (Describe in Part XIII.) 2d			
e Add lines 2a through 2d		2e	800.
3 Subtract line 2e from line 1		3 697	,235.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.) 4b			
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			,235.
Part XII Reconciliation of Expenses per Audited Financial Statements With I	Expenses per R	leturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements			
	·····	1 795	,491.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 795	,491.
	800.	<u>1 795</u>	,491.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 795	,491.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities		<u>1 795</u>	,491.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         2b		1 795	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d	800.	2e	800.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d	800.	2e	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d	800.	2e	800.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1	800.	2e	800.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:	800.	2e	800. ,691.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b	800.	2e 3 794 4c	<u>800.</u> ,691.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       Subtract line 2e from line 1       4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         b       Other (Describe in Part XIII.)       4a	800.	2e 3 794 4c	800. ,691.

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

SCHEDULE I (Form 990)		OMB No. 1545-0047 <b>2022</b> Open to Public									
Department of the Treasury Internal Revenue Service											
Name of the organization				<u> </u>				Employer identification numb			
Part I General In	DIVERSE L		OOPERATIVE					83-219029			
1 Does the organiz	ation maintain records ward the grants or assis	to substantiate the	-			y for the grants or ass		T			
Part II Grants and	IV the organization's pro d Other Assistance to nat received more than \$	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and ad	dress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

### Schedule I (Form 990) 2022 DIVERSE LEARNERS COOPERATIVE

83-2190296

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPEND PAYMENTS TO PARTICIPANTS IN FELLOWS					
PROGRAM.	23	8,050.	٥.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES STIPENDS TO INDIVIDUALS WHO PARTICIPATE IN ITS

FELLOWS PROGRAM. PARTICIPATION IS TRACKED DURING THE PROGRAM.

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



DIVERSE LEARNERS COOPERATIVE

83-2190296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATORS, PROVIDING THEM WITH HIGH QUALITY RESOURCES AND COLLABORATIVE

LEARNING EXPERIENCES THAT INCREASE BEST PRACTICES FOR DIVERSE LEARNERS

AND TEACHER RETENTION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS VIA E-MAIL

FOR REVIEW AND COMMENT PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S BYLAWS PRESCRIBE THE METHOD BY WHICH EACH DIRECTOR AND

OFFICER ANNUALLY AFFIRMS COMPLIANCE WITH THE CONFLICT OF INTEREST

POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR

ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS ANNUAL FORM 990 AVAILABLE BY UPLOADING TO ITS

PROFILE ON GIVINGMATTERS.ORG OR UPON REQUEST. THE ORGANIZATION'S FORM 1023

IS AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AVAILABLE BY

Name of the organization DIVERSE LEARNERS COOPERATIVE	Employer identification number 83-2190296
UPLOADING TO ITS PROFILE ON GIVINGMATTERS.ORG. THE GOVER	NING DOCUMENTS AND
CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUB	LIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EDUCATIONAL SPECIALISTS/CONSULTANTS:	
PROGRAM SERVICE EXPENSES	107,164.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	107,164.
BENEFIT PLAN ADMINISTRATION FEES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,204.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,204.
RECRUITING FEES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,750.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,750.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	112,118.
FORM 990, PART XI, LINE 8	
PRIOR PERIOD ADJUSTMENTS ARE INCLUDED FOR AN UNCONDITION	AL PROMISE
TOTALING \$50,000 THAT WAS NOT RECOGNIZED IN THE FORM 990	FILED FOR THE
FISCAL YEAR ENDING JUNE 30, 2022, AS WELL AS SMALL OPENI	NG BALANCE
ADJUSTMENTS IDENTIFIED IN THE CURRENT YEAR AUDIT, THAT N	ET TO \$3,258.

Name of the organization

THE ORGANIZATION PLANS TO FILE AN AMENDED FORM 990 FOR THE FISCAL YEAR

ENDED JUNE 30, 2022 TO REFLECT THESE CHANGES.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S BOARD OF DIRECTORS SERVES AS THE AUDIT COMMITTEE FOR

SELECTION OF THE AUDITOR AND OVERSIGHT OF THE AUDIT PROCESS. THIS

PROCESS HAS NOT CHANGED IN THE CURRENT YEAR.