EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning	and	ending									
B (Check if upplicable	C Name of organization			D Employer identifi	cation number							
Х	Addre	CODE PLATOON, NFP											
	Name change				47-24995	78							
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe								
	Final return/	1 S. DEARBORN 20TH FLOO			312-767-								
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	2,866,901.							
	Ameno return	CHICAGO, IL 60603			H(a) Is this a group re	eturn							
	Applic tion	F Name and address of principal officer:RODI	RIGO LEVY		for subordinates	? Yes X No							
	pendir	9 SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No							
	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions							
	Nebsit				H(c) Group exemption								
		or garrier	sociation Other	L Year	of formation: 2014 N	M State of legal domicile: ${ t IL}$							
Pá	art I	Summary											
Activities & Governance		Briefly describe the organization's mission or most IN COMPUTER PROGRAMMING	significant activities: TRAT	NING V	ETERANS FOR	A CAREER							
rne	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
OVE.	3	Number of voting members of the governing body	(Part VI, line 1a)		3	10							
জ		Number of independent voting members of the gov				10							
es		Total number of individuals employed in calendar y				24							
ĭ		Total number of volunteers (estimate if necessary)				200							
Act		Total unrelated business revenue from Part VIII, co				0.							
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		0.							
					Prior Year	Current Year							
ne		Contributions and grants (Part VIII, line 1h)			719,550.	689,042.							
Revenue		Program service revenue (Part VIII, line 2g)		1,479,657.	2,161,071. 5,440.								
Be		Investment income (Part VIII, column (A), lines 3, 4,		200.	-36,262.								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		2,199,475.	2,819,291.								
_		Total revenue - add lines 8 through 11 (must equal			755,767.	872,000.							
		Grants and similar amounts paid (Part IX, column (A Benefits paid to or for members (Part IX, column (A			0.	072,000.							
"		Salaries, other compensation, employee benefits (F			770,200.	1,100,101							
Expenses		Professional fundraising fees (Part IX, column (A), li			0.	0.							
per		Total fundraising expenses (Part IX, column (D), line		27.	•								
ŭ		Other expenses (Part IX, column (A), lines 11a-11d,			237,506.	595,004.							
		Total expenses. Add lines 13-17 (must equal Part I)			1,763,473.	2,567,105.							
	19	Revenue less expenses. Subtract line 18 from line			436,002.	252,186.							
Net Assets or Fund Balances					ginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)			1,663,363.	2,020,896.							
t As	21				20,965.	126,312.							
활	22	Net assets or fund balances. Subtract line 21 from	line 20		1,642,398.	1,894,584.							
	art II	Signature Block											
	•	Ities of perjury, I declare that I have examined this return,			•	y knowledge and belief, it is							
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wr	nich preparer	nas any knowledge.								
٥.		Signature of officer			I Date								
Sig		RODRIGO LEVY, EXECUTIVE D	T₽₽°™∩₽		Dato								
Her	е	Type or print name and title	INECTOR										
			Preparer's signature	11	Date Check	PTIN							
Paid	i	RON MARKLUND	i roparoi o olyllature		if self-employ								
	parer	Firm's name DUGAN & LOPATKA,	CPA'S PC			6-2886485							
	Only	Firm's address 4320 WINFIELD ROAL			Timisen 9								
	,	WARRENVILLE, IL 60			Phone no. 63	0-665-4440							
May	/ the IF	RS discuss this return with the preparer shown abo			1	X Yes No							

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TRAINING VETERANS FOR A CAREER IN COMPUTER PROGRAMMING	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	res X No
	If "Yes," describe these new services on Schedule O.	77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?If "Yes," describe these changes on Schedule O.	res X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
_	revenue, if any, for each program service reported.	1 2/2
4a	(Code:) (Expenses \$ 2,266,789. including grants of \$ 872,000.) (Revenue \$ 2,16 FORMAL CLASSROOM TRAINING FOR VETERANS IN COMPUTER PROGRAMING AND	1,243.
	PLACING GRADUATES IN INTERNSHIP ROLES 122 VETERANS GRADUATED IN	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
	Other program convises (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,266,789.	
	For	m 990 (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
_	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	_		v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		Х
L	Part VI	11a		22
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
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	מוו		21
C	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX			х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 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	X	
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			l
	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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ \ _{\\\\}
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			₩
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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	١		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
D	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	0Eh		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_V	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Щ
. a	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon in Schedule O Contains a response of hote to any line in this Part V			N ₀
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
	gamenty, minings to prize minior.		aan	(0000)

O22) CODE PLATOON, NFP Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 24						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х			
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	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods $	vices provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•						
	to file Form 8282?	ı	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X			
f	J , J , I , I							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	,							
_	sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.								
a			9a 9b					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a						
a 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:	100						
	Gross income from members or shareholders	11a						
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110						
~	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		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X			
	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							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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Part 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
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 1a 10							
	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 1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5								
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ${ extstyle IL}$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records KEITH MCCRAY – 312-767-7673							
	1 S. DEARBOARN 20TH FLOOR, CHICAGO, IL 60603							

Form **990** (2022)

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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)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	1 than	one	Reportable	Reportable	Estimated
	hours per week	box offi	box, unless person is bo officer and a director/tru			is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related	ee or director	stee			nsated		the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	,	and related organizations
(1) RODRIGO LEVY	40.00									
EXECUTIVE DIRECTOR				Х				68,000.	0.	32,500
(2) EDWARD DONOVAN	2.00									
CHAIRMAN		Х		Х				0.	0.	0
(3) PAUL KNUDTSEN	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0
(4) IQBAL KHAN	2.00									
TREASURER		Х		Х				0.	0.	0
(5) SABRINA KING	2.00							_	_	_
SECRETARY		Х		Х				0.	0.	0 .
(6) DON BORA	2.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0 .
(7) JAMES BELL	2.00									_
DIRECTOR		Х				_		0.	0.	0 .
(8) RICH ESPY	2.00	↓								
DIRECTOR		Х				_		0.	0.	0
(9) MICHAEL DORSEY	2.00	1								•
DIRECTOR	0.00	Х			_	_		0.	0.	0
(10) DAN REILLY	2.00	1								
DIRECTOR		Х				_		0.	0.	0
(11) ANDREA FISHMAN	2.00	١,,						_		
DIRECTOR		Х	_			_		0.	0.	0
		┨								
		1								
						-				
		\vdash			\vdash	\vdash				
		1				1				

	Name and title	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	compensation compensation			on amount of		
		(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-MIS 1099-NEC)	compensation SC/ from the			e ion ed
			Γ											
	Subtotal	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	68,000.		0.	3	2,5	00.
С	Total from continuation sheets to Part V	II, Section A							68,000.		0.	3	2 5	0.
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								-				4,5	00.
	compensation from the organization						-,			.,	_		Yes	0 N o
3	Did the organization list any former officer,	director, trust	ee, ł	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on	ſ		162	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		Х
_	and related organizations greater than \$15										[4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-			-			5		Х
	etion B. Independent Contractors									#100.000		41.		
1	Complete this table for your five highest co the organization. Report compensation for	•	•							·	pensa	ation 1	rom	
	(A)	•							(B)			((_
	Name and business	address	NC	ONE	<u> </u>				Description of s	services		ompe	nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
												Form	990 (2022)

Form 990 (2022) CODE PLA

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
		·	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1.0	Federated campaigns 1a					
ant							
호함		Membership dues 1b	112 220				
Ţţ.			112,320.				
Contributions, Gifts, Grants and Other Similar Amounts	C	Related organizations 1d	10000				
			100,000.				
흔	f	All other contributions, gifts, grants, and					
ള		similar amounts not included above 1f	476,722.				
탈	ç	Noncash contributions included in lines 1a-1f					
유	h	Total. Add lines 1a-1f		689,042.			
			Business Code				
o l	2 a	TUITION	611420	2,161,071.	2.161.071.		
ķ	_ b			_,_,_,	_,		
Ser							
Εğ	c						
gra Re	c	·					
Program Service Revenue	e	·					
۱ ۳	f	All other program service revenue		0 161 071			
\rightarrow	Ç	Total. Add lines 2a-2f		2,161,071.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		5,268.			5,268.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 6	0.450	(ii) Oti ioi				
		, 					
ا م	r	Less: cost or other basis					
ğ		and sales expenses 76 1,998.					
ther Revenue		Gain or (loss) 7c 172.		1.70	100		
Ğ.		Net gain or (loss)		172.	172.		
je	8 a	Gross income from fundraising events (not					
δ		including \$ 112,320. of					
		contributions reported on line 1c). See					
		Part IV, line 18	9,350.				
	b	Less: direct expenses 8b	45,612.				
	c	Net income or (loss) from fundraising events		-36,262.			-36,262.
		Gross income from gaming activities. See					
	_	Part IV, line 199a					
	r	Less: direct expenses 9b					
		A					
		Gross sales of inventory, less returns					
	10 6	-					
		and allowances 10a Less: cost of goods sold 10b					
		•					
\rightarrow		Net income or (loss) from sales of inventory					
ရှု			Business Code				
e e	11 a	l					
Miscellaneous Revenue	b						
ĕĕ	c						
ig⊢	c	All other revenue					
		Total. Add lines 11a-11d	<u></u>				
	12	Total revenue. See instructions		2,819,291.	2,161,243.	0.	-30,994.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

00011	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	839,000.	839,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	33,000.	33,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 500	02 000	T 240	0 200
	trustees, and key employees	100,500.	83,822.	7,349.	9,329
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	000 050	740 516	CF 007	00 620
7	Other salaries and wages	890,252.	742,516.	65,097.	82,639
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	28,541.	23,805.	2 007	2 640
9	Other employee benefits			2,087.	2,649. 7,040.
10	Payroll taxes	80,808.	57,643.	16,125.	7,040
11	Fees for services (nonemployees):				
а	Management				
b	Legal	36,800.		36,800.	
С.	Accounting	30,000.		30,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	219,561.	195,561.	24,000.	
	column (A), amount, list line 11g expenses on Sch O.)	79,181.	79,181.	24,000.	
12	Advertising and promotion	51,819.	43,422.	8,310.	87.
13	Office expenses	10,473.	10,473.	0,510.	07.
14	Information technology	10,475	10,475.		
15	Royalties	240.	117.	110.	13.
16	Occupancy	23,429.	13,637.	9,792.	13.
17	Travel	23,423.	13,037.	5,152.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization			+	
23		14,684.	3,326.	10,988.	370.
23 24	Other expenses. Itemize expenses not covered	11,001	5,520.	10,500.	370
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	LEASE EXPENSE	71,551.	71,551.		
a b	BAD DEBT	63,500.	63,500.		
c	MISCELLANEOUS/OTHER	7,481.	00,000	7,481.	
d	SUPPLIES	6,614.	4,413.	2,201.	
	All other expenses SEE SCH O	9,671.	1,822.	7,849.	
25	Total functional expenses. Add lines 1 through 24e	2,567,105.	2,266,789.	198,189.	102,127
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)				
	12-13-22				Form 990 (2022

Form 990 (2022) Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	880,993.	1	107,334.
	2	Savings and temporary cash investments	583,855 .	2	583,970.
	3	Pledges and grants receivable, net	80,000.	3	
	4	Accounts receivable, net		4	49,125.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	8,664.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	1,210,324.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	47,223.
	15	Other assets. See Part IV, line 11	14,256.	15	14,256.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u></u> 1,663,363.		2,020,896.
	17	Accounts payable and accrued expenses	20,965.	17	37,433.
	18	Grants payable		18	
	19	Deferred revenue		19	33,079.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			FF 000
		of Schedule D			55,800.
	26	Total liabilities. Add lines 17 through 25	20,965.	26	126,312.
S		Organizations that follow FASB ASC 958, check here			
ž		and complete lines 27, 28, 32, and 33.	1 207 200		1 (14 504
ala	27	Net assets without donor restrictions		27	1,614,584.
d B	28	Net assets with donor restrictions	335,000.	28	280,000.
Ë		Organizations that do not follow FASB ASC 958, check here			
P	l	and complete lines 29 through 33.			
sts	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31	1 004 504
ž	32	Total net assets or fund balances		32	1,894,584.
	33	Total liabilities and net assets/fund balances	1,663,363.	33	2,020,896.

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		8,81			
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	7,56			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	.,64	2,3	98.	
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				
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 1	.,89	4,5	84.	
Pai	t 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Scl	nedule O.				
За	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?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2022)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

Employer identification number

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

Inspection

OMB No. 1545-0047

CODE PLATOON, NFP 47-2499578 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion 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						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				T	1	
	ndar year (or fiscal year beginning in)	(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						
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		,				
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-			•		
Sec	organization, check this box and stop etion C. Computation of Publ	ic Support Pe	rcentage			<u></u>	<u></u>
	Public support percentage for 2022 (l			column (fl)		14	%
	Public support percentage from 2021					15	
	33 1/3% support test - 2022. If the o						
		•		•		•	
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	check a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	ly supported orgar	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						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.)

Sec	etion A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		1 '		, ,	,	,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-		+			+	
4							
	ization'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		1			+	
	Total. Add lines 1 through 5		1			+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		1				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			ı			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's '	first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	io organization o	mot, occorra, triira,	rountin, or marriax	your do a cooner	1 00 1(0)(0) 01 garnzat	
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2022 (I		<u>-</u>	column (f))		15	9
	Public support percentage from 2021					16	9
	tion D. Computation of Inves					1.0	,
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2022. If the						
.50	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2021. If the						└── and
I.O.	• •	•			•	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	i i dia not check a	A DUX UH IME 14, IS	a, or 190, check t	ins dux and see i	115tfUCtiOHS	

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		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
40-		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		100	140
•	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	Ton O. Type ii Oupporting Organizations		Yes	No
	Ways a majority of the avagaization's divestors by twisters duving the tay year also a majority of the divestors		162	INO
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	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vaa	NI.
_			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	4		
•	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Sche	dule A (Form 990) 2022 CODE PLATOON, NFP		4	17-2499578 _{Page 6}
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule	۸	/Earm	QQA)	2022
scheaule	А	(FOI III	9901	ZUZZ

5

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

5

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(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			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	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:			
а	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;			
T dit VI	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 B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, line 1e; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, lines 1c; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section B, lines 1c; Part IV, Sec			
	(See instructions.)			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

Schedule B (Form 990) (2022)

CODE PLATOON, NFP 47-2499578 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

CODE PLATOON, NFP

47-2499578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DRW LLC 540 WEST MADISON STREET SUITE 2500 CHICAGO, IL 60661	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MOTOROLA SOLUTIONS FOUNDATION 500 WEST MONROE STREET CHICAGO, IL 60661	\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CTC TRADING GROUP 440 S LASALLE ST CHICAGO, IL 60605	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DRW TRADING GROUP FOUNDATION 540 WEST MADISON STREET SUITE 2500 CHICAGO, IL 60661	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE COMCAST NBC UNIVERSAL FOUNDATION ONE COMCAST CENTER 49TH FLOOR PHILADELPHIA, PA 19103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JPM MORGAN FOUNDATION PO BOX 182051 COLUMBUS , OH 43218	\$10,000.	Person X Payroll

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Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

CODE PLATOON, NFP

47-2499578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JILL GREER 1321 JENKS STREET EVANSTON, IL 60201	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GINA VA & BILL KABLE 41 EAST 8TH STREET, #1107 CHICAGO, IL 60605	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DANNY & JENNIFER O'SHAUGHNESSY CHARITABLE FUND PO BOX 15203 ALBANY, NY 12212	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ACCENTURE 161 N CLARK ST CHICAGO, IL 60601	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	EIGHT LIGHT 25 EAST WASHINGTON CHICAGO, IL 60601	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CAESARS ENTERPRISES ONE CAESARS PALACE DR LAS VEGAS, NV 89109	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

CODE PLATOON, NFP

47-2499578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WORKDAY FOUNDATION 6110 STONERIDGE MALL ROAD PLEASANTON , CA 94588	\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	OBERWEILER FOUNDATION 330 E MAIN ST 204 BARRINGTON , IL 60010	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	LLINOIS DEPARTMENT OF VETERANS AFFAIRS 207 STATE HOUSE SPRINGFIELD , IL 62706	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ELIZABETH MORSE GENIUS CHARITABLE PO BOX 1517 PENNINGTON , NJ 08534	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	NORTHROP GRUMMAN 8710 FREEPORT PARKWAY IRVING, TX 75063	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	THE FIORENTIO FAMILY DAF 33 SOUTH STATE STREET 750 CHICAGO, IL 60603	\$5,000.	Person X Payroll

- o

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

CODE PLATOON, NFP

47-2499578

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - _ \$				

_ _

Employer identification number

CODE PLATOON, 47-2499578 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022) Name of organization

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

CODE PLATOON, NFP

Employer identification number 47-2499578

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered tes on Form 990, Fart IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) = 1111 Interest interest	(,
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		ed funds
_	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Par			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	•	
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
U	Stair and volunteer riodis devoted to monitoring, inspecting	, nandling of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	,g,g,g,	amig or riolanorio, alia orriolonig occidenta	non cacomente canng une year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	incial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	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		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Par	t III Organizations Maintaining Col	lections of Art	, Historical	Treasures,	or Other	Similar As	ssets(continued)	
3	Using the organization's acquisition, accession,	and other records	, check any of	he following th	at make sigr	nificant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or	exchange progr	ram			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain	how they furth	er the organizat	tion's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or re							
	to be sold to raise funds rather than to be maint						Yes	No
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Part X		J			,	, ,	
1a	Is the organization an agent, trustee, custodian	or other intermedia	arv for contribu	tions or other a	ssets not inc	cluded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII and							
_	res, explain the arrangement in a crain and		ormig talorer				Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form						Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch					•] '\
Par								
		a) Current year	(b) Prior year				ack (e) Four years	back
12	Beginning of year balance	,	(-,	(-, ,	1(-)	,	(-, ,	
h								
0	Contributions						<u> </u>	
٦				_				
u	Grants or scholarships Other expenditures for facilities	+		_				
е	Other expenditures for facilities							
	and programs	+		+				
	Administrative expenses	+		+				
g	End of year balance		//: 4	(-)) -				
2	Provide the estimated percentage of the current			n (a)) neid as:				
а	Board designated or quasi-endowment		<u></u> %					
D	Permanent endowment	%						
С	Term endowment%	14000/						
_	The percentages on lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the possession	on of the organizat	ion that are hel	d and administ	ered for the		Yes	Na
	organization by:							No
	(i) Unrelated organizations							
_	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization			R?			3b	
4	Describe in Part XIII the intended uses of the org		ment funds.					
Par	t VI Land, Buildings, and Equipmer							
	Complete if the organization answered "	1			 			
	Description of property	(a) Cost or oth		ost or other	1 ' '	ımulated	(d) Book valu	е
		basis (investme	ent) ba	sis (other)	depre	ciation		
	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
Total	Add lines 1a through 1e (Column (d) must equa	al Form 990 Part X	column (R) lir	10c)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CODE PLATOOI	N, NFP	47-2499578 _{Page} :
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of		
(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)		
(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" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes" ((a) Description of investment		
Complete if the organization answered "Yes" ((a) Description of investment (1)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9)		
Complete if the organization answered "Yes" (a) Description of investment (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Complete if the organization answered "Yes" (a) Description of investment (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.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes" (a) Description of investment (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" (Constitution of the constitution	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes" (a) Description of investment (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" (a)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Complete if the organization answered "Yes" of (a) Description of investment (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" of th	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (R) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY - OPEATING LEASE	55,800.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	55,800.

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

Schedule D (Form 990) 2022

872,000.

2,819,291.

872,000.

5

Sche	edule D (Form 990) 2022 CODE PLATOON, NFP	47-	2499578 Page
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retur	n.
	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	1,992,903
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIII.) 2d 45,61	2.	
е	Add lines 2a through 2d	2e	45,612
3	Subtract line 2e from line 1	3	1,947,291
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,740,717. Total expenses and losses per audited financial statements 1 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 45,612. Other (Describe in Part XIII.) 45,612. e Add lines 2a through 2d 1,695,105. Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) 872,000. c Add lines 4a and 4b 2,567,105. 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME GENERATED FROM UNRELATED TRADE OR BUSINESS ACTIVITIES. THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2019. THE ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

Schedule D (Form 990) 2022

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

CODE PLATOON, NFP

Employer identification number 47-2499578

Pa	rt I			
_			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	١.,	x	
2	bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	1	- 25	
2		2	х	
3	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
3	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	CODE PLATOON DRAWS VETERAN OR MILITARY SPOUSE STUDENTS			
	THROUGHOUT THE U.S. AND ACTIVELY SEEKS TO ENROLL A DIVERSE			
	STUDENT BODY.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:	F-		Х
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c 5d		X
	Scholarships or other financial assistance?	5e		X
	Educational policies? Use of facilities?	5f		X
-		5g		X
	Athletic programs? Other extracurricular activities?	5 <u>9</u>		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	011		
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	35		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
	racial nondiscrimination? If "No." explain on Part II	7	х	

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

Schedule E (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identi	fication number
CODE PLATOON, N	FP				47-24995	78
		ctivities Ou	tside the United States. Comple	ete if the organ		
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gr			. —
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes No
	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
United States.	ho following Dort	I line 2 table of	on he duplicated if additional appear in	acadad \		
3 Activities per Region. (Ti		(c) Number of	an be duplicated if additional space is (d) Activities conducted in the region		vity listed in (d)	(f) Total
() 0	offices	employees,	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
	in the region	independent	gram services, investments, grants to	I	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	0	0	GRANTS			16,500.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED STATES	0	0	GRANTS			16,500.
SIRIES		0	GRANIS			10,300.
SOUTH ASIA (INDIA)	0	0	PROGRAM SERVICES	INDEPENDENT	CONTRACTOR	28,125.
3 a Subtotal	0	0				61,125.
b Total from continuation						, , , , , ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
1.01.)	I ^	l ^				C1 10F

232071 10-17-22

Schedule F (Form 990) 2022

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV appraisal, other)							Schedule F (Form 990) 2022
(h) Description of noncash assistance							Sched
(g) Amount of noncash assistance					A	•	
(f) Manner of cash disbursement					recognized as a tax uivalency letter		
(e) Amount of cash grant					foreign country, :tion 501(c)(3) eq		
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region					is listed above that are r or for which the grantee o	r entities	
(b) IRS code section and EIN (if applicable)					recipient organization ınization by the IRS, o	other organizations o	
1 (a) Name of organization						3 Enter total number of other organizations or entities	

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Page 3

Schedule F (Form 990) 2022

CODE PLATOON, NFP

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

_						055
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(h) M val (boo apprai						le F (For
of oce						Schedu
(g) Description of noncash assistance	Q.	д				
(g) Des noncash	LARSHI	LARSHI				
	16,500.SCHOLARSHIP	500.SCHOLARSHIP				-
(f) Amount of noncash assistance	16,50	16,50				
(E) a						$\frac{1}{1}$
of nent						
(e) Manner of cash disbursement						
(e) cash d						
(d) Amount of cash grant	0.	0.0				
(d) Ar	н	1				
(c) Number of recipients						
(c)						
noi	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	NORTH AMERICA CANADA AND MEXICO, BUT NOT THE UNITED STATES				
(b) Region	EUROPE (INC ICELAND & GREENLAND) ALBANIA, AN	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES				
	EUROPE (ICELAND GREENLAN ALBANIA)	NORTH CANAI MEXIC				-
tance						
(a) Type of grant or assistance	CE	CE				
of grant	SISTAN	SISTAN				
(a) Type	TUITION ASSISTANCE	TUITION ASSISTANCE				
	TUIT	TUIT				

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

THEIR

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CODE PLATOON, NFP 47-2499578 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

1 Gross receipts 121,670 121,670 121,670 121,670 121,670 121,670 121,670 121,670 121,670 121,670 121,670 121,320 112,3			of fundraising event contributions and gro	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
Gevent type Gevent type (total number) Col. (g)				SPECIAL	(b) Event #2		(add col. (a) through
1 Gross receipts	-				(event type)	(total number)	col. (c))
2 Less: Contributions	evenue	1	Gross receints		, ,,	,	121,670.
3 Gross income (line 1 minus line 2)	Ä						112,320.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 13,034. 13,034 7 Food and beverages 21,441. 21,441 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11,137. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization is gaming activities in each of these states? Yes							9,350.
5 Noncash prizes 6 Rent/facility costs 13,034. 13,034 7 Food and beverages 21,441. 21,441 8 Entertainment 9 Other direct expenses surmary. Add lines 4 through 9 in column (d) 10 Direct expense surmary. Subtract line 10 from line 3, column (d) 10 Direct expense surmary. Subtract line 10 from line 3, column (d) 10 Direct expense surmary. Subtract line 10 from line 3, column (d) 11,137. 11,137. 11,137. 11,137. 11,137. 11,137. 11,137. 12,137. 13,034. 14,5,612. 15,000 on Form 990. Expenses surmary. Subtract line 10 from line 3, column (d) 15,000 on Form 990. Exp. line 6a. (a) Bingo (b) Pull tabs/instant bingu/progressive bingo (c) Other gaming (edicol. (a) through onl. (e) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses surmary. Add lines 2 through 5 in column (d) 7 Direct expense surmary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? Yes Net			·				
6 Rent/facility costs		4	Cash prizes				
8 Entertainment 9 Other direct expenses 11,137. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 236,262 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 11, 137 12, 137 13, 145, 612 14		5	Noncash prizes				
8 Entertainment 9 Other direct expenses 11,137. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 236,262 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 11, 137 12, 137 13, 145, 612 14	penses	6	Rent/facility costs	13,034.			13,034.
8 Entertainment 9 Other direct expenses 11,137. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 236,262 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 11, 137 12, 137 13, 145, 612 14	rect Ex	7	Food and beverages	21,441.			21,441.
9 Other direct expenses	D	0	Entartainment				
10 Direct expense summary. Add lines 4 through 9 in column (d)		_		44 400			11.137.
11 Net income summary. Subtract line 10 from line 3, column (d) -36, 262		_		-			45,612.
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? Yes							-36,262.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c) 1 Gross revenue	Pa	rt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Each of the state (s) in which the organization conducts gaming activities in each of these states? 7 Each of the state (s) in which the organization conduct gaming activities in each of these states? 7 Each of the state (s) in which the organization conducts gaming activities in each of these states? 7 Each of the state (s) in which the organization conducts gaming activities in each of these states? 7 Each of the state (s) in which the organization conducts gaming activities in each of these states? 7 Each of the state (s) in which the organization conducts gaming activities in each of these states? 7 Each of the state (s) in which the organization in each of these states? 7 Each of the state (s) in which the organization is gaming incenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended, or terminated during the tax year? 7 Each of the state (s) in which the organization is gaming licenses revoked, suspended,			\$15,000 on Form 990-EZ, line 6a.	.	1		
1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No	venue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes	Re	1	Gross revenue				
5 Other direct expenses	es	2	Cash prizes				
5 Other direct expenses	=xpens	3	Noncash prizes				
5 Other direct expenses	Direct E	4	Rent/facility costs				
6 Volunteer labor No		_	Other direct expenses				
6 Volunteer labor No No No No No No No No No Volunteer labor No		3	Other direct expenses	Yes %	Yes %	Yes %	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		6	Volunteer labor				
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No		8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No			,	, , ,			
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 17 Yes No				_			
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							Yes No
		_					
						year?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

Sch	nedule G (Form 990) 2022 CODE PLATOON, NFP 47-	2499	578	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. 🔲 '	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility			%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	,	Yes	☐ No
ı	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	nes 9,	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				
_				
_				
_				
_				

Schedule G (F	Form 990) CODE PLATOON, NFP	47-2499578 Page 4
Part IV	Form 990) CODE PLATOON, NFP Supplemental Information (continued)	<u> </u>
-		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2022	Open to Public Inspection

OMB No. 1545-0047

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

			9001 00000				
Name of the organization CODE PLATOON,	TOON, NFP						Employer identification number 47-2499578
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	or assistance, the	e grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	sistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	o Domestic Organ	izations and Domestic be duplicated if additi	I Domestic Governments. Com ed if additional space is needed.	Somplete if the orgaded.	anization answered "\	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2022

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Page 2

Schedule I (Form 990) 2022 CODE PLATOON, NFP

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION ASSISTANCE	5.5	0.	839,000.FMV		SCHOLARSHIPS
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
ANY STUDENT INTERESTED IN RECEIVING	⋖	LARSHIP CO	SCHOLARSHIP COMPLETES A	FORM. THEIR	
RESPONSES ARE COLLECTED AND REVIEWED	WED BY OUR	R SCHOLARSHIP	HIP COMMITTEE.	TEE. TOTAL	
AWARDS, PER CLASS, ARE CAPTURED IN	N AIRTABLE	AND	RECORDED ON THE	E CHART.	
TOTAL AWARDS ARE REVIEWED QUARTERLY	Y AND YEARLY	οŢ	HELP WITH BU	BUDGETING.	

232102 10-31-22

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BOARD TO RESOLVE.

CODE PLATOON, NFP

Employer identification number 47-2499578

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

THE FINANCE COMMITTEE REVIEWS THE DRAFT REPORT. THE FULL BOARD REVIEWS AND APPROVES THE 990 BEFORE BEING FILED.

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

ALL BOARD AND COMMITTEE MEMBERS AND THE EXECUTIVE DIRECTOR SIGN A "CONFLICT OF INTEREST" FORM UPON JOINING THE ORGANIZATION AND AGAIN ANNUALLY THAT:

(1) ACKNOWLEDGES THEIR UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY AND

(2) REQUIRES THAT THEY DESCRIBE ANY CONFLICTS OR POTENTIAL CONFLICTS. THE EXECUTIVE COMMITTEE REVIEWS THE "CONFLICT OF INTEREST" FORMS TO EVALUATE IF ANY CONFLICTS EXIST AND IF NECESSARY, CORRECTIVE STEPS ARE TAKEN BY THE

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

COMPENSATION - EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE EXECUTIVE

COMMITTEE AND APPROVED BY THE FULL BOARD ANNUALLY. COMPARABILITY DATA IS

USED TO ESTABLISH COMPENSATION AMOUNT.

KEY PERSONEL COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR FOLLOWING A

DISCUSSION WITH THE TREASURER AND THE BOARD. COMPARABILITY DATA IS

SIMILARLY USED FOR THIS PROCESS.

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

FINANCIAL STATEMENTS CAN ALSO BE FOUND ON WWW.GUIDESTAR.ORG

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization CODE PLATOON, NFP	Employer identification number 47-2499578
ALL FORMAL WRITTEN REQUESTS TO REVIEW GOVERNING DOCUMENTS	S, FORM 990 AND
FINANCIAL STATEMENTS ARE COMPLIED WITHIN A REASONABLE AND	D TIMELY MANNER.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
HR SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	24,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,000.
INDEPENDENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	195,561.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	195,561.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	219,561.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	 ES:
WEBSITE:	
PROGRAM SERVICE EXPENSES	893.
MANAGEMENT AND GENERAL EXPENSES	2,735.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,628.
MEALS AND ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	50.
MANAGEMENT AND GENERAL EXPENSES	3,508.
FUNDRAISING EXPENSES	0.
232212 10-28-22 4 6	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization CODE PLATOON, NFP	Employer identification number 47 – 2499578
TOTAL EXPENSES	3,558.
PAYPALL FEES:	
PROGRAM SERVICE EXPENSES	879.
MANAGEMENT AND GENERAL EXPENSES	616.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,495.
SHIPPING & DELIVERY:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	990
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	990
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 9,671.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

December 31, 2022

Prepared for	Code Platoon, NFP 1 S. DEARBORN 20TH FLOOR Chicago, IL 60603
Prepared by	Dugan & Lopatka, CPA's PC 4320 Winfield Road Suite 450 Warrenville, IL 60555-4036
Amount due or refund	No payment required
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175
Return must be mailed on or before	August 31, 2023
Special Instructions	The report should be signed and dated by the authorized individual(s).
	If sent by regular mail, sufficient time must be allowed for receipt by the due date. Preferably, the return should be sent by registered or certified mail with the sender's receipt postmarked to prove mailing on or before the due date.

For Off	ce Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-1 Revised 1/1
PMT	#	Attorney General KWAME RAOUL State of I	llinois	01	
		Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	oibu CO		-069046
 AMT		Report for the Fiscal Period:	X		all items attached: IRS Return
AIVIT		neport for the riscal Feriod.	Make Checks X		Financial Statements
		Beginning 01/01/2022	Payable to		Form IFC
INIT			the Illinois Charity		Annual Report Filing Fe
		& Ending <u>12/31/2022</u>	Bureau Fund	\$100.00) Late Report Filing Fee
	47-2499578	MO DAY YR		-	MO DAY YR
Are co	ntributions to the organization	tax deductible? X Yes No Date Or	ganization was create	d:	12/19/2014
	LEGAL NAME CODE PLATO	OOM NED	Year-end amounts		
	MAIL	JON, NFF	A) ASSETS	A) \$	2,020,896
Ι _{ΑΓ}		BORN 20TH FLOOR	B) LIABILITIES	B) \$	126,312
	STATE CHICAGO,		C) NET ASSETS	C) \$	1,894,584
ZI	CODE 60603				
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	96.320%	D) \$	2,759,463
	E) GOVERNMENT GRANTS &	A MEMBERSHIP DUES	3.491% 0.190%	E) \$ F) \$	100,000
	F) OTHER REVENUES		0.190%	F) \$	5,440
	G) TOTAL REVENUE INCOM	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	2,864,903
ш.		EXPENDITURES DURING THE YEAR:	100 70		
	H) OPERATING CHARITABLE		87.243%	H) \$	2,279,401
	I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	l) \$	
	" TOTAL QUADITADI F DDQ	ODAM OFFICIAL EXPENSE (ADD II & I)	07 242	, ,	2 270 401
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	87.243%	J) \$	2,279,401
	J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J):	_		
	ODANITO TO OTHER OHAS	NITABLE ODGANIZATIONO	1 262		22 000
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS	1.263%	K) \$	33,000
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	88.506%	L) \$	2,312,401
	E) TOTAL GHARITABLET NO	CHAIN SERVICE EXI ENDITORE (ADD C C K)	3333370	Γ, ψ	
	M) MANAGEMENT AND GENE	ERAL EXPENSE	7.586%	M) \$	198,189
	N) FUNDRAISING EXPENSE		3.909%	N) \$	102,127
	O) TOTAL EVERNETHER T	IIIO DEDIOD (ADD.I. M. O.M.)	100.0/	0, 6	2,612,717
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD L, M, & N)	100 %	0) \$	2,012,717
III.	SUMMARY OF ALL F	PAID FUNDRAISER AND CONSULTANT ACTIVITIES: rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISER				
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0
	Q) TOTAL FUNDRAISERS FEI	ES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CI	HARITY (P MINI IS N-R)	%	R) \$	
	PROFESSIONAL FUNDRAISIN		/0	, ψ	
		PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0
IV.	COMPENSATION TO	THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:		
		LUBY, CAREER SERVICE MANAGER		T) \$	87,578
		S HENNESSEY, DIRECTOR OF MARKETING		U) \$	81,081
 -		CAHAN, LEAD INSTRUCTOR	FD)	V) \$	73,333
V .	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDING CODE CATEGORIES	בט)	List on	back side of instructions CODE
-01-22	W) DESCRIPTION TRADI	E SCHOOLS, VOCATIONAL SCHOOLS & JO	B TRAINING	W)#	004
298091 04-01-22	X) DESCRIPTION:	,		X) #	
2980	Y) DESCRIPTION:			Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
0	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
	COUNT OF ANY MIGDENILANON INVOEVING THE MIGOSE ON MIGAL THOU MATHON OF TONDS ON ANY FEEDING:	۷.		
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
٥.	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
		l		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
0	DID THE ODGANIZATION EVERNE ITO DECEDIOTED FUNDO FOR DURDOCCO OTHER THAN DECEDIOTED DURDOCCO			Х
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		
0	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
9.	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
	NEVOKED DT ANT GOVERNINENTAL AGENOT!	9.		- 21
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
	COMMINGLING ON WHOOLE OF CHARMIZATION IL FORDO:	10.		
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	JPMORGAN CHASE BANK, PO BOX 182051, COLUMBUS, OH 43218			
	PAYPAL, 2211 NORTH FIRST STREET, SAN JOSE, CA 95131			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KEITH MCCRAY - 312-767-7673			
ALI	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

RODRIGO LEVY

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

RON MARKLUND

298101 04-01-22

PREPARER (PRINT NAME)

SIGNATURE

DATE