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<u>DO NOT FILE</u> WITH THE INTERNAL REVENUE SERVICE

Form **990**

Т

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



Inter	nal Reve	nue Service	Go to www.irs.gov/Form990	for instructions and	the latest i	nformation.	Inspection							
AI	For th	e 2023 calend	dar year, or tax year beginning	and	ending									
B	Check if applicab	le: C Name o	of organization			D Employer identifica	ation number							
	Addre		E PLATOON, NFP											
	Name chang	e Doing b	ousiness as			47-249957	8							
	Initial return	Numbe	r and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone number								
	Final		DEARBORN 20TH FLOOR			312-767-7								
_	termir ated	City or 1	town, state or province, country, and ZIP or fo	oreign postal code		G Gross receipts \$	3,690,533.							
	Amen		CAGO, IL 60603			H(a) Is this a group ret								
	Applie tion pendi		and address of principal officer:RODRIGO	for subordinates?										
	-	SAME	AS C ABOVE			H(b) Are all subordinates incl	uded? Yes No							
				rt no.) 4947(a)(1)	or 527		st. See instructions							
_	Websi		CODEPLATOON.ORG			H(c) Group exemption								
			X Corporation Trust Association	Other	L Year	of formation: 2014 M	State of legal domicile: ⊥∟							
Pa	art I	Summary			NTNO 1									
e	1		be the organization's mission or most significa	ant activities: TRAL	NING V	ETERANS FOR	A CAREER							
Governance		IN COMPUTER PROGRAMMING												
/err	2	Check this bo	5				ets. 10							
ĝ	3		oting members of the governing body (Part VI,			10								
8	4		dependent voting members of the governing of individuals employed in calendar year 202				22							
ties	5			173										
Activities &	6		of volunteers (estimate if necessary)				0.							
¥			ed business revenue from Part VIII, column (C I business taxable income from Form 990-T, F				0.							
		Net unrelated	business taxable income norm Form 990-1, F			Prior Year	Current Year							
	8	Contributions	and grants (Part VIII, line 1h)			689,042.	880,645.							
Revenue	9					2,161,071.	2,310,827.							
evel	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d			5,440.	58,806.							
ž			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d			-36,262.	-43,615.							
			e - add lines 8 through 11 (must equal Part VII			2,819,291.	3,206,663.							
			imilar amounts paid (Part IX, column (A), lines			872,000.	1,188,400.							
	14		to or for members (Part IX, column (A), line 4)			0.	0.							
ŝ	15		er compensation, employee benefits (Part IX, o			1,100,101.	1,317,717.							
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)			0.	0.							
ę	b		sing expenses (Part IX, column (D), line 25)	94,8	33.									
ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e	e)		595,004.	617,420.							
			es. Add lines 13-17 (must equal Part IX, colum			2,567,105.	3,123,537.							
	19	Revenue less	expenses. Subtract line 18 from line 12			252,186.	83,126.							
s or ces					Be	ginning of Current Year	End of Year							
Net Assets or Fund Balances	20	Total assets ((Part X, line 16)			2,020,896.	2,137,337.							
t As id B	21		s (Part X, line 26)			126,312.	144,829.							
			fund balances. Subtract line 21 from line 20			1,894,584.	1,992,508.							
Pa	art II	Signatur	e Block											

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date							
	RODRIGO LEVY, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	RON MARKLUND	RON MARKLUND		P01985511						
Preparer	Firm's name DUGAN & LOPATKA,			Firm's EIN 36-	2886485					
Use Only	Firm's address 4320 WINFIELD ROA	AD SUITE 450								
	Phone no. 6 3 0 -	665-4440								
May the II	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes No					
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23			Form 990 (2023)					

	990 (2023) t III Statement of P		LATOON, NFP				47-24	99010	Page
a		-	=						
				ny line in this Part	III		<u></u>		∟
	Briefly describe the organiz TRAINING VETE			TN COMPI	תדפ	PROGRAMMIN	G		
			JK A CAREEN	IN COMPC		FROGRAMMIN	G•		
2	Did the organization under	rtake any sigr	nificant program servi	ices during the ye	ar which	were not listed on th	le		
	prior Form 990 or 990-EZ?							Yes	XN
	If "Yes," describe these ne								
3	Did the organization cease	e conducting,	, or make significant o	changes in how it	conduct	ts, any program servio	ces?	Yes	XN
	If "Yes," describe these ch	hanges on Sc	hedule O.						
ŀ	Describe the organization's	's program se	ervice accomplishmer	nts for each of its t	hree lar	gest program service	s, as measured b	by expenses	
	Section 501(c)(3) and 501((c)(4) organiza	ations are required to	report the amour	t of grai	nts and allocations to	others, the total	expenses, a	and
	revenue, if any, for each pr	rogram servic	ce reported.						
a	(Code:) (Expenses	ss <u>2</u>	,817,545. ind	cluding grants of \$	1	,188,400.) (F	Revenue \$	2,310,	827
	FORMAL CLASSR								
	PLACING GRADU	ATES IN	N INTERNSHI	P ROLES.	155	VETERANS G	RADUATES	IN 20	23.
b	(Code:) (Expenses	s\$	ine	cluding grants of \$) (F	Revenue \$		
_	(- · · · · · · · · · · · · · · · · · · ·) <i>(</i> -			
С	(Code:) (Expenses	s \$	ine	cluding grants of \$) (F	Revenue \$		
d	Other program services (D)escribe on S	chedule ()						
u	-	2010 9011 20) (Revenue \$)	
le	(Expenses \$ Total program service expe	enses	including grants of \$ 2,817,	545.)	
<u> </u>	i otar program service expr	01000	_, _ / ,					Form 9	90 (20
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Pa	t 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)?	1	x	
2	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		<u> </u>
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
0	Schedule D, Part III	8		x
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? <i>If "Yes," complete Schedule D, Part V</i>	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, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u></u>	<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	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			X
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Pa	t 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	X	<u> </u>
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			v
	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	0.1		x
L	Schedule K. If "No," go to line 25a	24a	-	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	<u> </u>
		240		<u> </u>
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		+	<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	led		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in noncash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-		2 0	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	39		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?		n 990	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Enter the number of employees reported on Form W/2. Transmittel of Wage and Tay Statements		Yes	No
za	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 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	0.		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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 transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C' Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b				
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	-		
	Enter the amount of reserves on hand	140		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year?			<u> </u>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.0	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 income?	16		х
	If "Yes," complete Form 4720, Schedule O.	_		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	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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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0	-		"No"	respoi	nse
						X
<u>Sec</u>	Check if Schedule O contains a response or note to any line in this Part VI					Δ
000	tion A. doverning 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		103	
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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, s	stockh	olders, 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					
а	The governing body?			8a	<u>X</u>	
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 rea					v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		Vee	Na
10-	Did the experimetion have lead charters branches or effiliates?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			IUa		- 23
b	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			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			114		
				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed IL					
17			T = c + c + c = c + c + c + c + c + c + c	a amh <i>i</i>		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	10 990	- 1 (Section 501(C)(3)	s only	availa	aule
	Own website I Another's website I Upon request Other (explain	000 80	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			d finar	ncial	
	statements available to the public during the tax year.	onnot	an antoroot policy, an	ama		
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	d records			
	KEITH MCCRAY - 312-767-7673					
_	1 S. DEARBOARN 20TH FLOOR, CHICAGO, IL 60603					
332006	5 12-21-23			Form	990	(2023)
	б					

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orm 990 (2023)	CODE	PLA	ATOON,	NFP			47-2
Part VII	Compensation	of Offic	cers,	Directors	s, Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Indep	ende	ent Contra	actors			

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a I	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) RODRIGO LEVY	40.00	-	-		-					
EXECUTIVE DIRECTOR		1		x				108,035.	Ο.	37,544.
(2) ADAM CAHAN	40.00									
LEAD INSTRUCTOR		1				Х		130,800.	0.	0.
(3) RICH LUBY	40.00									
CAREER SERVICE MANAGER		1				Х		109,115.	0.	0.
(4) EDWARD DONOVAN	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) PAUL KNUDTSEN	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) IGGY KHAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) SABRINA KING	2.00									_
SECRETARY		х		Х				0.	0.	0.
(8) DON BORA	2.00									_
VICE PRESIDENT		X		X				0.	0.	0.
(9) JAMES BELL	2.00									•
DIRECTOR		Х						0.	0.	0.
(10) RICH ESPY	2.00									•
DIRECTOR		X						0.	0.	0.
(11) MICHAEL DORSEY	2.00								0	•
DIRECTOR		X						0.	0.	0.
(12) DAN REILLY	2.00								0	0
DIRECTOR		X						0.	0.	0.
(13) ANDREA FISHMAN	2.00								0	0
DIRECTOR		X						0.	0.	0.
				<u> </u>						
		<u> </u>		<u> </u>						
332007 12-21-23	1									Form 990 (2023)

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Form 990 (2023)

Form 990 (2023) CODE PLA	-								47-249	9578 Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(C Pos heck ss pe	C) ition more rson i		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization	I, Section A						•	347,950. 0. 347,950. eceived more than \$100	(37,544. 0. 0. 37,544. 0. 37,544.
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su 	uch individual	, 				, 				Yes No 3 X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	0,000? <i>If "Yes,</i> accrue comper	" co nsat	<i>mple</i> ion f	ete S rom	Sche any	edule v unr	e <i>J f</i> elat	or such individual	idual for services	4 X 5 X
1 Complete this table for your five highest co the organization. Report compensation for	-	-								ensation from
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
2 Total number of independent contractors (\$100,000 of compensation from the organi		iot lii	mite	d to		se lis)	sted	above) who received n	nore than	Form 990 (2023)

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			2023) CODE PLA	TOON,	NFP		578	Page 9		
Pa	rt V	/111	Statement of Revenue							
			Check if Schedule O contains a	response	or note to any lir	ie in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue e from tax	
							function revenue	business revenue	sections 5	
ts ts	1	а	Federated campaigns	1a						
àran oun			Membership dues	1b					l	
a, G			Fundraising events	1c	130,049.				ĺ	
Gift lar			Related organizations	1d					l	
ns, Simi		е	Government grants (contributions)	1e	100,000.				ĺ	
er S		f	All other contributions, gifts, grants, and						ĺ	
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above		650,596.				ĺ	
ont nd (-	Noncash contributions included in lines 1a-1f	1g \$		000 645			ĺ	
<u>a</u> C		h	Total. Add lines 1a-1f			880,645.				
	_		TUITION		Business Code	2,310,827.	2 310 827			
Program Service Revenue	2		101110N		011420	2,310,027.	2,310,027.			
Ser		b								
sver		c d								
Be		e								
Pre			All other program service revenue							
			Total. Add lines 2a-2f		2,310,827.					
	3		Investment income (including divide							
			other similar amounts)			63,695.			63,	695.
	4		Income from investment of tax-exem						ļ	
	5		Royalties							
	_) Real	(ii) Personal				ĺ	
	6		Gross rents 6a						ĺ	
			Less: rental expenses 6b Rental income or (loss) 6c						l	
				ecurities	(ii) Other					
		-	assets other than inventory 7a 4 20						l	
		b	Less: cost or other basis						l	
venue			and sales expenses 7b 425	,007.					ĺ	
ver		с	Gain or (loss)	,889.						
r Be			Net gain or (loss)			-4,889.			-4,	889.
Other R	8	а	Gross income from fundraising events (n						l	
0			including \$ 130,049.						ĺ	
			contributions reported on line 1c). So		15,248.				l	
		h	Part IV, line 18 Less: direct expenses		58,863.				l	
			Net income or (loss) from fundraising			-43,615.			-43.	615.
			Gross income from gaming activities			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- /	
			Part IV, line 19						l	
		b	Less: direct expenses							
		с	Net income or (loss) from gaming ac	tivities						
	10	а	Gross sales of inventory, less returns	s					l	
			and allowances						l	
			Less: cost of goods sold							
		С	Net income or (loss) from sales of inv	ventory						
sno	44	~			Business Code					
nec	11	a b						+		
ella		c						1 1		
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d		·····					
	12		Total revenue. See instructions			3,206,663.	2,310,827.	0.	15,	191.
33200	9 12	-21-	-23						Form 99	O (2023)

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CODE PLATOON, NFP 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).

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	1 1 5 5 400	1 1 5 5 400		
	individuals. See Part IV, line 22	1,155,400.	1,155,400.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	22 000	22 000		
	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,	145,580.	122,014.	13,295.	10,271.
e	trustees, and key employees Compensation not included above to disqualified	145,500.	122,014.	13,233.	10,2710
6	persons (as defined under section 4958(f)(1)) and				
	normana described in section $40E0(a)(D)(D)$				
7	Other salaries and wages	1,057,847.	886,612.	96,604.	74,631
7 8	Pension plan accruals and contributions (include	-,		50,0010	, 1,0010
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,719.	23,233.	2,531.	1,955.
10	Payroll taxes	86,571.	71,939.	8,279.	6,353
11	Fees for services (nonemployees):				.,
	Management				
	Legal				
	Accounting	37,415.		37,415.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	815.		815.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch 0.)	284,150.	258,900.	24,000.	1,250.
12	Advertising and promotion	75,057.	75,057.		
13	Office expenses	33,704.	32,031.	1,300.	373.
14	Information technology	14,142.	11,739.	2,403.	
15	Royalties				
16	Occupancy	71,949.	71,949.		
17	Travel	7,087.	567.	6,520.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,951.		7,951.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	36,423.	36,423.		
b	BAD DEBT EXPENSE	32,875.	32,875.		
с	OTHER	5,856.		5,856.	
d	SUPPLIES	5,047.	4,906.	141.	
е	All other expenses SEE SCH O	4,949.	900.	4,049.	
25	Total functional expenses. Add lines 1 through 24e	3,123,537.	2,817,545.	211,159.	94,833.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990			PLATOON,	NFP
Part X	Bal	ance Sheet		

Part X	ĸ	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			L
				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing		107,334.		238,164
2		Savings and temporary cash investments		583,970.	2	9,028
3		Pledges and grants receivable, net			3	50,000
4		Accounts receivable, net		49,125.	4	28,600
5		Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	nese persons		5	
6	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
າ 7	7	Notes and loans receivable, net			7	
		Inventories for sale or use			8	
ξ 9		Prepaid expenses and deferred charges		8,664.	9	23,256
10		Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
11	1	Investments - publicly traded securities		1,210,324.	11	1,683,554
12		Investments - other securities. See Part IV, lin			12	
13	3	Investments - program-related. See Part IV, lin	ne 11		13	
14		Intangible assets		47,223.	14	90,479
15	5	Other assets. See Part IV, line 11		14,256.	15	14,256
16		Total assets. Add lines 1 through 15 (must e		2,020,896.	16	2,137,337
17	7	Accounts payable and accrued expenses		37,433.	17	22,271
18	E CONTRACTOR E CONTRA				18	
19		Deferred revenue			19	32,079
20		Tax-exempt bond liabilities			20	
21		Escrow or custodial account liability. Comple			21	
າ 22	2	Loans and other payables to any current or fe	ormer officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	nese persons		22	
J 23	3	Secured mortgages and notes payable to un			23	
24	1	Unsecured notes and loans payable to unrela	ted third parties		24	
25	5	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		55,800.	25	90,479
26	6	Total liabilities. Add lines 17 through 25		126,312.	26	144,829
		Organizations that follow FASB ASC 958, o				
čě		and complete lines 27, 28, 32, and 33.				
27	7	Net assets without donor restrictions		1,614,584.		1,702,508
28	3	Net assets with donor restrictions		280,000.	28	290,000
		Organizations that do not follow FASB ASC	C 958, check here			
		and complete lines 29 through 33.				
29	Э	Capital stock or trust principal, or current fun	ds		29	
<u>م</u> 30		Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances 8 25 8 26 8 26 8 27 8 26 8 26 8 26 8 26 8 26 8 26 8 26 8 26	1	Retained earnings, endowment, accumulated	l income, or other funds		31	
b 32	2	Total net assets or fund balances		1,894,584.	32	1,992,508
33		Total liabilities and net assets/fund balances		2,020,896.	33	2,137,337

Form **990** (2023)

332011 12-21-23

Form 9	90 (2023) CODE PLATOON, NFP	47-24	99578	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1	3,200	5,6	<u>63.</u>
2 T	otal expenses (must equal Part IX, column (A), line 25)	2	3,12	3,5	37.
3 R	Revenue less expenses. Subtract line 2 from line 1	3			26.
4 N	let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,894		
5 N	let unrealized gains (losses) on investments	5	14	1,7	98.
	Donated services and use of facilities	6			
7 Ir	nvestment expenses	7			
	Prior period adjustments	8			
9 C	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10 N	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
с	olumn (B))	10	1,992	2,5	08.
Part	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 A	ccounting method used to prepare the Form 990: Cash X Accrual Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
S	eparate basis, consolidated basis, or both:				
l	Separate basis Consolidated basis Both consolidated and separate basis				
ь٧	Vere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
с	onsolidated basis, or both:				
l	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf	the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
U	Iniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
0	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A		Dublic Cha	rity Status an		nlia Si	innort		OMB No. 1545-0047
(Form 990)			nization is a section 50					2023
		494	47(a)(1) nonexempt cha	ritable tru	ıst.			LULU
Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo			·		Open to Public Inspection
Name of the organizati		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.	Employer	identification number
Name of the organizati		PLATOON,	NFP					7-2499578
Part I Reason			(All organizations must c	omplete ti	nis nart) S	See instruction		1 2499970
The organization is not a							10.	
<u> </u>	•		on of churches describe					
(T T)		,	Attach Schedule E (Forn			·//· ·//·		
			anization described in s e)(b)(1)(A)(i	ii).		
			njunction with a hospita)(iii). Enter	the hospital's name,
city, and stat		·	,					· /
5 An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ped in
section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 🗌 A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗌 An organizati	on that norma	Ily receives a substa	antial part of its support f	rom a gov	ernmenta	unit or from	he general	public described in
section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 An agricultura	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
university:								
			than 33 1/3% of its sup					
			ct to certain exceptions;					
			e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		mplete Part III.)						
	-		ively to test for public sa	-				
			ively for the benefit of, to					
			ed in section 509(a)(1) o					Sheck the box on
			of supporting organizatio					(diving
			supervised, or controlled gularly appoint or elect a					
		complete Part IV, Se		a majonty				supporting
		•	d or controlled in connec	tion with it	s sunnart	ed organizatio	on(s) by ba	wina
		-	anization vested in the s			-		-
		t complete Part IV,					igo ino oup	portou
<u> </u>	. ,	•	g organization operated	in connec	tion with	and functiona	llv integrate	ed with.
			s). You must complete I					
	0	()(porting organization oper	,	,		rted organi	zation(s)
	-	• •	zation generally must sa				•	
requiremen	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D.	and Part	v.		
e Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
functionally	/ integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f Enter the number	of supported of	organizations						
g Provide the follow	ing informatior	n about the supporte	ed organization(s).					
(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
organization	1		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)
Total								

Sch	edule A (Form 990) 2023 C	ODE PLATO	ON, NFP			47-249	9578 Page 2
	IT II Support Schedule for			Sections 170)(b)(1)(A)(iv) ar	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke						
	fails to qualify under the tests			-			U
Se	ction A. Public Support		-				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities					12	
13	First 5 years. If the Form 990 is for th	U U	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
80	organization, check this box and stor						L
	ction C. Computation of Publ Public support percentage for 2023 (column (f))		14	
15	Public support percentage for 2023 (Public support percentage from 2022						<u>%</u> %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies						
r	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
Ł	10% -facts-and-circumstances tes	-			•		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						

Schedule A (Form 990) 2023

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		ODE PLATO				47-249	9578 Page 3
Ра	rt III Support Schedule for (-		•			
	(Complete only if you checked			organization failed	to qualify under	Part II. If the organ	ization fails to
<u></u>	qualify under the tests listed b	elow, please com	plete Part II.)				
	tion A. Public Support	() 0010	(1) 0000	() 0001	(1) 0000	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	to all other and the second and the second at the second a						
2	Gross receipts from admissions,						
Z	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	-					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	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						
/a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after, luas 20, 1075						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 						
10a b 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain						
10a b 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 	ne organization's fi				501(c)(3) organiza	
10a b 11 12 13 14 <u>Sec</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	ne organization's fi ic Support Pe	rcentage	·····			
10a b 11 12 13 14 <u>Sec</u> 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publ Public support percentage for 2023 (ne organization's fi ic Support Pe line 8, column (f), c	rcentage divided by line 13,	column (f))		15	<u>%</u>
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022	ne organization's fi ic Support Pe line 8, column (f), c 2 Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))			
10a b c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publ Public support percentage for 2023 (Public support percentage from 2022 extion D. Computation of Investion	ie organization's fi ic Support Pe line 8, column (f), c Schedule A, Part stment Incom	rcentage divided by line 13, III, line 15 e Percentage	column (f))	- 	15	<u>%</u>
10a b 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Stion C. Computation of Publ Public support percentage for 2023 (Public support percentage from 2022 stion D. Computation of Invest	ne organization's fi ic Support Pe line 8, column (f), c 2 Schedule A, Part stment Incom 1023 (line 10c, colur	divided by line 13, III, line 15 III, line 15 III, line 15 III, divided by l	column (f))	- 	15 16 17	<u>%</u> %
10a b 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Stion C. Computation of Publ Public support percentage for 2023 (Public support percentage from 2022 stion D. Computation of Invest Investment income percentage from 2022	ne organization's fi ic Support Pe line 8, column (f), c 2 Schedule A, Part stment Incom 1023 (line 10c, colur 2022 Schedule A,	divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17	column (f))		15 16 17 18	
10a b 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage from 2022 tion D. Computation of Inves Investment income percentage from 2023 1/3% support tests - 2023. If the	te organization's fi ic Support Pe line 8, column (f), co 2 Schedule A, Part stment Incom 223 (line 10c, colur 2022 Schedule A, organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box	column (f)) ine 13, column (f)) on line 14, and line	e 15 is more than	15 16 17 18 33 1/3%, and line	% % % 17 is not
10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publ Public support percentage for 2023 (Public support percentage from 2022 tion D. Computation of Investion 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an	te organization's fi ic Support Pe line 8, column (f), c 2 Schedule A, Part stment Incom 223 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The	rcentage divided by line 13, III, line 15 Percentage mn (f), divided by l Part III, line 17 not check the box organization qual	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line ation	% % % 17 is not
10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2023 (Public support percentage for 2023 (Investment income percentage for 3 3 1/3% support tests - 2023. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	ne organization's fi ic Support Pe line 8, column (f), c Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19:	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line ation ore than 33 1/3%,	% % % 17 is not
10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Publ Public support percentage for 2023 (Public support percentage from 2022 tion D. Computation of Investion 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an	ne organization's fi ic Support Pe line 8, column (f), c 2 Schedule A, Part stment Incom 2023 (line 10c, colur 2022 Schedule A, organization did r ndstop here. The organization did r cock this box andst	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box organization qual not check a box or cop here. The orga	column (f)) ine 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19 anization qualifies a	e 15 is more than supported organiz a, and line 16 is m as a publicly supp	15 16 17 18 33 1/3%, and line ation ore than 33 1/3%, orted organization	% % % 17 is not and

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9a

9b

9c

10a

Yes No

<u>Schedule A (Form 990) 2023</u>

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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.)

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Pa	t IV 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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off 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 supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	icers, orted		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NU
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	uctions)		
' 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</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entit	y (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? <i>If "Yes" or "No" provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	04		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			D 1.1/10 D 1.1 1.1
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st 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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	anization (see
		,	,,	

instructions).

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Sche	dule A (Form 990) 2023 CODE PLATOON ,		4	7-2499578 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	is 3	
4	Amounts paid to acquire exempt-use assets	··· -	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
-	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

(Form 990) 2023	CODE PLAT				47-2499578 _{Pag}
Supplemental Info Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	l, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	5a, 6, 9a, 9b, 9 V, Section E, li	c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a, a	c; Part IV, Section B, liı and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, Iditional information.
 (See instructions.)		,,,,,, _			

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Public	Inspection	Сору
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	HEDULE D n 990)	Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "	es" on Form 990,	омв №. 1545-0047 2023
	ment of the Treasury	A	ttach to Form 990.		Open to Public Inspection
-	Revenue Service	Go to www.irs.gov/Form99	o for instructions and	a the fatest mormation.	Employer identification number
Nam		CODE PLATOON, NFP			47-2499578
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Othe	r Similar Funds or A	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor adv	sed funds	(b) Funds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	-	on inform all donors and donor advisors in	-		
		on's property, subject to the organization's			
6	-	on inform all grantees, donors, and donor a	-	-	-
		ooses and not for the benefit of the donor o			
Par	impermissible prive	ate benefit? ation Easements. Complete if the org			
		servation easements held by the organizati	-		, inte 7.
•		of land for public use (for example, recrea	· · · ·		orically important land area
		f natural habitat		Preservation of a cert	
		n of open space	L		
2		through 2d if the organization held a qualit	fied conservation cont	ribution in the form of a co	onservation easement on the last
-	day of the tax year				Held at the End of the Tax Year
а		onservation easements			2a
					2b
		vation easements on a certified historic str			2c
		vation easements included on line 2c acqu			
	on a historic struct	ture listed in the National Register	-		2d
3		vation easements modified, transferred, re			nization during the tax
	year				
4	Number of states	where property subject to conservation ea	sement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, insp	ection, handling of	
	violations, and enf	orcement of the conservation easements i	t holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conservati	ion easements during the year
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation ea	asements during the year
•					A /2
8		vation easement reported on line 2d above	•		
0)(4)(B)(ii)? be how the organization reports conservati			
9		d include, if applicable, the text of the footr			
		ounting for conservation easements.	lote to the organizatio	in Simancial Statements ti	lat describes the
Par		ations Maintaining Collections o	f Art. Historical 1	reasures. or Other	Similar Assets.
		f the organization answered "Yes" on Form	-	,	
		elected, as permitted under FASB ASC 95		evenue statement and ba	lance sheet works
	•	easures, or other similar assets held for put	· ·		
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that o	describes these items.	
b	· •	elected, as permitted under FASB ASC 95			ce sheet works of
		sures, or other similar assets held for public			
		ng amounts relating to these items.			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$
		ed in Form 990, Part X			
2	-	received or held works of art, historical tre			provide
	the following amou	unts required to be reported under FASB A	SC 958 relating to the	ese items:	
		on Form 990, Part VIII, line 1			
		i Form 990, Part X			•
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023
332051	09-28-23		~ ~		

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		ATOON, NFP						47-24			
Par			-		-				ts (contin	nued)	
3	Using the organization's acquisition, accessi collection items (check all that apply).	ion, and other record	as, check	c any of the	following that ma	ke sigr	nificant	use of its			
а	Public exhibition		a 🗆 I	oan or evo	hange program						
b	Scholarly research			Other	nange program						
c	Preservation for future generations	e									
4	Provide a description of the organization's co	ollections and expla	in how th	ov further t	he organization's	evemn	t nurn	ose in Par	+ XIII		
5	During the year, did the organization solicit o								. 7011.		
U	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organization				, i ait iv, ii	110 0, 01		
	Is the organization an agent, trustee, custod		ediary for	contributio	ns or other assets	not in	cluded	1			
									Yes		No
b	on Form 990, Part X?										
	, i S	,	5						Amount	:	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on F						 ?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
	·	(a) Current year	(b) P	rior year	(c) Two years bac	:k (d)	Three y	/ears back	(e) Four	years	s back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1)	a. column (a)) held as:						
	Board designated or quasi-endowment	, ,	%	3, (-,,,						
	Permanent endowment	%									
c		<u> </u>									
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		vation tha	t are held a	and administered f	or the					
	organization by:	in the organiz							Г	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the										I
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part IV	/, line 11a. \$	See Form 990, Pa	t X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other (c) Acci	imulate	ed	(d) Bool	k valu	le
		basis (invest			(other)	•	ciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		t X, line 1	0c, columr	n (B))						0.
-								Schedule	D (Form	1 990) 2023

47-	249	957	8	Page 3
± /			•	

Schedule E) (Form 990) 2023	CODE PLATOO	N, NFP	47	-2499578 Page 3
Part VII	Investments -	Other Securities			
	, Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descri	otion of security or categ	JOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financi	al derivatives				
• •					
(3) Other					
(A)					
(B)					
(C)					
(D)					
<u>(E)</u>					
(F)					
(G)					
(H)					
), Part X, line 12, col. (B))			
Part VII		Program Related.			
				11c. See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990), Part X, line 13, col. (B))			
Part IX					
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
			Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
-					
(6)					
(7)					
(8)					
	imp (b) must oqual Ec	orm 990, Part X, line 15, cc			
Part X	Other Liabilitie		и. (Б))		
FailA	J		on Form 000 Dart IV/ line	11a ar 11f Cap Farm 000 Dart V line 0	-
		escription of liability	on Form 990, Fart IV, line	11e or 11f. See Form 990, Part X, line 25	. (b) Book value
<u>1.</u>		escription of liability			(b) BOOK value
	deral income taxes				00 470
	CASE LIABIL	ITY - OPEATIN	G LEASE		90,479.
(3)					
(4)					ļ
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Fo	orm 990, Part X, line 25, co	ol. (B))		90,479.
				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... Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 CODE PLATOON, NFP			47-	2499578 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents Wi			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,091,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	14,798.		
b	Donated services and use of facilities	2 b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	58,863.		
е	Add lines 2a through 2d			2e	73,661.
3	Subtract line 2e from line 1			3	2,017,448.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,189,215.		
с	Add lines 4a and 4b			4c	1,189,215.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,206,663.
Pa	t XII Reconciliation of Expenses per Audited Financial State	nents W	ith Expenses per	Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,993,185.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2 b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	58,863.		
е	Add lines 2a through 2d			2e	58,863.
3	Subtract line 2e from line 1			3	1,934,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,189,215.		
с	Add lines 4a and 4b			4c	1,189,215.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,123,537.
Pa	rt XIII Supplemental Information				

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 2020. THE					
ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX					
BENEFITS IN THE NEXT TWELVE MONTHS.					

332054 09-28-23

Schedule D (Form 990) 2023 CODE PLATOON, NFP Part XIII Supplemental Information (continued)	47-2499578 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS	58,863.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS	1,188,400.
INVESTMENT EXPENSE	815.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,189,215.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS	58,863.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS	1,188,400.
INVESTMENT EXPENSE	815.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,189,215.
	Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

332055 09-28-23

OMB No. 1545-0047

Open to Public

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.

NFP

Inspection Employer identification number

Name of the organization CODE PLATOON,

SCHEDULE E

Department of the Treasury

Internal Revenue Service

Dauti

(Form 990)

47-2499578

Pa				
		_	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	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?			
т а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	-		
U	with student admissions, programs, and scholarships?	4c	x	
Ь	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	-+u		
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	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.			
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	

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

Schedule E (Form 990) 2023

LHA 332061 10-25-23

Schedule E	(Form 990) 2023 CODE PLATOON, NFP	47-2499578 Pages
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as
	applicable. Also provide any other additional information. See instructions.	
		<u></u>
32062 10-25-	-23 36	Schedule E (Form 990) 20

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Statement	of Activ	ities Outs	side the	United States	
· · · · · · · · · · · · · · · · · · ·					

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

CODE PLATOON, NFP

47-2499578

Employer identification number

Par	t I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on	
	Form 990, Part IV, line 14b.	
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,	
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes	🗌 No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region.	The following Part I, li	ine 3 table can be dupli	licated if additional space is	needed.)
---	------------------------	--------------------------	--------------------------	--------------------------------	----------

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					10.000
AUSTRIA, BELGIUM	0	0	GRANTS	TUITION ASSISTANCE	18,000.
NORTH AMERICA -					
CANADA AND MEXICO, BUT NOT THE UNITED					
STATES	0	0	GRANTS	TUITION ASSISTANCE	15 000
STATES		0	GRANTS	TUITION ASSISTANCE	15,000.
SOUTH ASIA (INDIA)	0	1	PROGRAM SERVICES	INDEPENDENT CONTRACTOR	105,350.
3 a Subtotal	0	1			138,350.
b Total from continuation					
sheets to Part I	0	c			0.
c Totals (add lines 3a					
and 3b)	0	1			138,350.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

332072 11-29-23

Schedule F (Form 990) 2023

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

CODE PLATOON, NFP

Part II 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Page 2

CODE PLATOON, NFP 47-2499578 Schedule F (Form 990) 2023 Page 3 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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients noncash assistance cash grant cash disbursement noncash assistance EUROPE (INCLUDING ICELAND & GREENLAND) -TUITION ASSISTANCE ALBANIA, ANDORRA, 0. 18,000.SCHOLARSHIP FMV NORTH AMERICA CANADA AND MEXICO, BUT NOT TUITION ASSISTANCE THE UNITED STATES Ο. 15,000.SCHOLARSHIP FMV

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 CODE PLATOON, NFP

Part	IV	Foreign Forms		
1	the o	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see the Instructions for Form 926)	Yes	X No
2	be re Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a . Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	the o	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to tain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	qual <i>Infor</i>	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see the Instructions for Form 8621)	Yes	X No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," 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) 2023

332074 11-29-23

Schedule F (Form 990) 2023 CODE PLATOON, NFP

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ANY STUDENT INTERESTED IN RECEIVING A SCHOLARSHIP COMPLETES A FORM. THEIR

RESPONSES ARE COLLECTED AND REVIEWED BY OUR SCHOLARSHIP COMMITTEE. TOTAL

AWARDS, PER CLASS, ARE CAPTURED IN AIRTABLE AND RECORDED ON THE CHART.

TOTAL AWARDS ARE REVIEWED QUARTERLY AND YEARLY TO HELP WITH BUDGETING.

332075 11-29-23

SCHEDULE G	Suppleme	ntal Informa	tion Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 15	45-0047
(Form 990)						Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19,	, or if the	202	23
Department of the Treasury Internal Revenue Service			tach to Form 990						Open to F Inspectio	
Name of the organization		o www.irs.gov/i	-orm990 for instru	ctions	and t	he latest informatio	n.	Emplover	identification	
		ATOON, N	FP					47-24		
	ing Activities.		organization answ	ered "\	'es" oi	n Form 990, Part IV,	line 1	7. Form 99)-EZ filers are	not
 Indicate whether the a Mail solicitate Mail solicitate Internet and C Phone solicite In-person solicite 2 a Did the organization 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds throug r oral agreemen art VII) or entity i viduals or entities	e Solicita f Solicita g Specia t with any individua n connection with p	ition of tion of l fundra l (inclu profess uant to	non-g gover aising ding o ional f agree	overnment grants nment grants events fficers, directors, trus undraising services?	stees the fu		d] No
(i) Name and addres or entity (fund		(ii) /	Activity	have or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	fundraiser ted in col. (i	y) to (or ret	ount paid ained by) ization
				Yes	No					
Total										
3 List all states in white or licensing.	ch the organizatio	n is registered o	r licensed to solicit	contrik	outions	s or has been notified	d it is	exempt fro	m registration	

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Schedule G (Form 990) 2023

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and and a second	of fundraising event contributions and g ss receipts	(a) Event #1 CELEBRATE CODE PLANTOO (event type) 145,297. 130,049. 15,248. 19,900.	(b) Event #2 (event type)	events with gross receip (c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c)) 145,297. 130,049. 15,248.
2 Less: 3 Gross 3 Gross 5 Nonca 5 Nonca 6 Rent/ 7 Food 8 Entern 9 Other 10 Direct 11 Net in Part III C 3 Nonca 9 Cther 1 Gross 1 <t< td=""><td>s: Contributions ss income (line 1 minus line 2) h prizes cash prizes t/facility costs d and beverages ertainment</td><td>CELEBRATE CODE PLANTOO (event type) 145,297. 130,049. 15,248. 19,900.</td><td>(event type)</td><td>NONE</td><td>(add col. (a) through col. (c)) 145,297. 130,049.</td></t<>	s: Contributions ss income (line 1 minus line 2) h prizes cash prizes t/facility costs d and beverages ertainment	CELEBRATE CODE PLANTOO (event type) 145,297. 130,049. 15,248. 19,900.	(event type)	NONE	(add col. (a) through col. (c)) 145,297. 130,049.
2 Less: 3 Gross 3 Gross 4 Cash 5 Nonca 6 Rent/ 7 Food 8 Entern 9 Other 10 Direct 11 Net in Part III C 3 Nonca 9 Cther 1 Gross 1 <td< td=""><td>s: Contributions ss income (line 1 minus line 2) h prizes cash prizes t/facility costs d and beverages ertainment</td><td>145,297. 130,049. 15,248. 19,900.</td><td></td><td>(total number)</td><td>145,297. 130,049.</td></td<>	s: Contributions ss income (line 1 minus line 2) h prizes cash prizes t/facility costs d and beverages ertainment	145,297. 130,049. 15,248. 19,900.		(total number)	145,297. 130,049.
2 Less: 3 Gross 3 Gross 4 Cash 5 Nonca 6 Rent/ 7 Food 8 Entern 9 Other 10 Direct 11 Net in Part III C 3 Nonca 9 Other 10 Direct 11 Net in 9 Cash 1 Gross 1	s: Contributions ss income (line 1 minus line 2) h prizes cash prizes t/facility costs d and beverages ertainment	130,049. 15,248. 19,900.			130,049.
3 Gross 3 Gross 4 Cash 5 Nonca 6 Rent/ 7 Food 8 Entern 9 Other 10 Direct 11 Net in 9 Cash 1 Gross 1 Gro	ss income (line 1 minus line 2) h prizes cash prizes t/facility costs d and beverages	15,248. 19,900.			
4 Cash 5 Nonca 6 Rent/ 7 Food 8 Enteri 9 Other 10 Direct 11 Net in Part III G 1 Grash 1 Rent/ 1 Nonca 1 Nonca 1 Grash 1 Grash 1 Grash 1 Grash 1 Grash 3 Nonca 5 Other 6 Volunt	h prizes cash prizes t/facility costs d and beverages	19,900.			15,248.
4 Cash 5 Nonca 6 Rent/ 7 Food 8 Enteri 9 Other 10 Direct 11 Net in Part III G 1 Gross	h prizes cash prizes t/facility costs d and beverages	19,900.			
6 Rent/ 10 Food 8 Entern 9 Other 10 Direct 11 Net in Part II 1 Gross	t/facility costs d and beverages ertainment	19,900.			
8 Entern 9 Other 10 Direct 11 Net in Part III G 1 Gross 1 <	d and beverages	05 104			
8 Entern 9 Other 10 Direct 11 Net in Part III G 1 Gross 1 <	ertainment	25,194.			19,900.
8 Entert 9 Other 10 Direct 11 Net in Part III G 1 Gross 3 Nonca 10 To Gross 11 Gross 12 Cash 3 Nonca 10 To Gross 11 Gross 12 Cash 13 Nonca 14 Rent/ 15 Other 16 Volunt					25,194.
9 Other 10 Direct 11 Net in Part III G 3 1 Gross 2 Cash 3 Nonca 5 Other 6 Volun					
11 Net in Part III G 9 1 9 1 9 2 9 2 9 3 90 3 90 4 10 70 10 70 11 1 11 1 11 1 12 1 13 1 14 1 15 1 16 1					13,769.
Part III G s anual s anual f an f a f an f a f an f anu f f anu f f f	ct expense summary. Add lines 4 throug				58,863.
service of the servic	income summary. Subtract line 10 from				-43,615.
enuenae sestence sestence a Cash a Nonce b Cash a Noce b C	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ranswered res on Form	1990, Part IV, line 19, or r	eported more than	
I Gross Set 2 Cash Set 3 Nonce Set 4 Rent/ 5 Other 6 Volunt	······································	(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
I Gross Set 2 Cash Set 3 Nonce Set 4 Rent/ 5 Other 6 Volunt		(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
generation 2 Cash 3 Nonc: 3 Nonc: 3 A Rent/ 5 Other 6 Volunt					
3 Nonc: 4 Rent/ 5 Other 6 Volun	ss revenue				<u> </u>
	h prizes				
4 Rent/ 5 Other 6 Volun	cash prizes				
6 Volun	t/facility costs				
	er direct expenses				
7 Direct	nteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	ct expense summary. Add lines 2 throug	gh 5 in column (d)			
8 Net g	gaming income summary. Subtract line	7 from line 1, column (d)			
a Is the org	a state(c) in which the exception cons	activities in each of these			. Yes No
	e state(s) in which the organization conc ganization licensed to conduct gaming a explain:		arminated during the tax	year?	Yes No
	ganization licensed to conduct gaming a				
332082 09-13-23	ganization licensed to conduct gaming a explain: y of the organization's gaming licenses				

Sch	edule G (Form 990) 2023 CODE PLATOON, NFP 47-2	2499	578	Page 3
	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 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	🗌 No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ 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			
a k	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 \$ the Durne law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	🗆	Yes	No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	nes 9,	9b, 10b,
3320	83 09-13-23 Sched	ule G (Form	990) 2023

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Schedule G (Form 990)	CODE PLATOON, mation (continued)	NFP	47-2499578 Page 4
Part IV	Supplemental Infor	mation (continued)		
				Schedule G (Form 990
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, ar ete if the organizatio Go to www.irs	nd Individua	ls in the Ŭn " on Form 990, Pa n 990.	ited States art IV, line 21 or 22.		20 Open to	1545-0047 23 o Public section
Name of the organization	CODE PLAT	OON NED						Employer identificati 47 - 24	on number 99578
Part I General Infor	rmation on Grants a							4/-24	01666
criteria used to awa	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								No No
Part II Grants and C	Other Assistance to	Domestic Organi		ic Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address or govern	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistant	

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

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

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

Schedule I (Form 990) 2023 CODE PLATOON, NFP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UITION ASSISTANCE	72	0.	1,155,400.	FMV	SCHOLARSHIPS

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

PART I, LINE 2:

ANY STUDENT INTERESTED IN RECEIVING A SCHOLARSHIP COMPLETES A FORM. THEIR

RESPONSES ARE COLLECTED AND REVIEWED BY OUR SCHOLARSHIP COMMITTEE. TOTAL

AWARDS, PER CLASS, ARE CAPTURED IN AIRTABLE AND RECORDED ON THE CHART.

TOTAL AWARDS ARE REVIEWED QUARTERLY AND YEARLY TO HELP WITH BUDGETING.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047
Name of the organizatio			ridentification number
	ρπ γτ αφοπτονίο ιτνφ 11ο.		

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

BOARD TO RESOLVE.

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, SECT	ION C, LINE 19:	
For Paperwork Reduction Act Notice, see the	e Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023
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	48	
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Name of the organization CODE PLATOON, NFP	Page Employer identification numbe 47-2499578
ALL FORMAL WRITTEN REQUESTS TO REVIEW GOVERNING DOCUMENTS	
FINANCIAL STATEMENTS ARE COMPLIED WITHIN A REASONABLE ANI	J 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	255,300
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	1,250
TOTAL EXPENSES	256,550
CAREER SERVICES:	
PROGRAM SERVICE EXPENSES	3,600
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,600
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	284,150
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSI	S:
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSI BANK CHARGES:	ES :
BANK CHARGES:	C
BANK CHARGES: PROGRAM SERVICE EXPENSES	ES: 0 1,791

Schedule O (Form 990) 2023 Name of the organization	Page Employer identification number
CODE PLATOON, NFP	47-2499578
TOTAL EXPENSES	1,791
PAYPAL FEES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	1,300
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,300
MEALS & ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	958
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	958
TAXES & LICENSES:	
PROGRAM SERVICE EXPENSES	900
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	900
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, CO	OLA 4,949
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR.	

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Schedule O (Form 990) 2023