Filing Copy

Cocalas, Westberg, Mommsen and Co., Ltd.

60 Orland Square Drive, Ste 300 Orland Park, IL 60462 708-349-6400

CODE PLATOON, NFP 125 S. CLARK STREET, Room 17TH FLOOR CHICAGO, IL 60603

Dear Rod,

We have prepared the 2019 Form 990 for CODE PLATOON, NFP based on the information you provided. The return has been successfully e-filed and a copy is enclosed for CODE PLATOON, NFP's records.

There are no taxes or fees due with the return.

Also enclosed, please find two copies of the 2019 Illinois AG990IL for CODE PLATOON, NFP. Review the return, then file one copy with the state and retain the second copy for CODE PLATOON, NFP's records. An authorized officer or fiduciary of the organization must sign and date the filing copy on page 2 before mailing.

We recommend that you mail the Illinois AG990IL return on or before July 15, 2020, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Office of the Attorney General, Charitable Trust Bureau Attn: Annual Report Section 100 West Randolph Street, 11th Floor Chicago, IL 60601-3175

If you have any questions about the return(s) or about CODE PLATOON, NFP's tax situation during the year, please do not hesitate to call us at 708-349-6400. We appreciate this opportunity to serve you.

Sincerely,

James Mommsen

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

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OMB No. 1545-1878

Internal Revenue Service

For calendar year 2019, or fiscal year beginning ______, 2019, and ending _____, 20_____

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization **Employer identification number** CODE PLATOON, NFP 47-2499578 Name and title of officer **RODRIGO LEVY EXECUTIVE DIRECTOR** Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a** Form 990 check here ► X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ► **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► **b** Total tax (Form 1120-POL, line 22). **b Tax based on investment income** (Form 990-PF, Part VI, line 5) Form 990-PF check here ▶ 5a Form 8868 check here ► **b** Balance Due (Form 8868, line 3c) **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Cocalas, Westberg, Mommsen and Co., Ltd. to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature 6/30/2020 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 15741370158 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization

ERO Must Retain This Form—See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File

(MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _______, 2019, and ending ______, 20

▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization **Employer identification number** CODE PLATOON, NFP 47-2499578 Name and title of officer **EXECUTIVE DIRECTOR** Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . **1a** Form 990 check here ► **b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ► 3a Form 1120-POL check here ► **b** Total tax (Form 1120-POL, line 22). **b** Tax based on investment income (Form 990-PF, Part VI, line 5) Form 990-PF check here ▶ 5a Form 8868 check here ► **b** Balance Due (Form 8868, line 3c) **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File

ERO's signature

James Mommsen

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

(MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	2019 ca	lendar year, or tax year beg				, and	ending				
В	Check if a	applicable:	C Name of organization Co	ODE PLATO	OON, NFP				D Employe	er iden	tification numb	er
Ш	Address	change	Doing business as									
$\overline{\Box}$			Number and street (or P.O. bo	x if mail is not	delivered to st	treet address)	Room/suite		47-249957	'8		
ш	Name ch	ange	125 S. CLARK STREET				17TH FLO	OOR	E Telephor	ne num	ber	
П	Initial retu	ırn	City or town			State	te ZIP code 312-767-76					
\Box	-		CHICAGO			IL 60603				0/3		
ш	Final return	/terminated	Foreign country name	Foreign	province/state	/county	Foreign pos	tal code				
	Amended	l return							G Gross re	ceipts 9	\$	893,060
一			E Name and address of principa	officer:				11/) /		, ,		
ш	Application	on pending	F Name and address of principa						this a group return			Yes X No
			RODRIGO LEVY 125 S. C	CLARK ST	REET, 1711	<u>H FLOOR, C</u>	<u>HICAGO, I</u>	L H(b) A	re all subordina	tes incl	luded?	Yes No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c)	() ◀	(insert no.)	4947(a)(1)	or 52	7 11	f "No," attach a l	ist. (se	e instructions)	
$\overline{}$	Waheita	· > \\/\\	/W.CODEPLATOON.ORG					H(c) G	roup exemption	numha	er 🕨	
						_						
K	Form of	organizatior	: X Corporation Trust	Associa	ation Of	ther >	LY	ear of forr	nation: 2014	. 1	I State of legal d	lomicile: L
	Part I	Su	mmary									
	1	Briefly d	escribe the organization's	mission or	most sianifi	icant activitie	s: TR	AINING	VETERANS	S FOF	R CAREERS	IN
9			ITER PROGRAMING		3							
an			:- - ::::::9-9: <i>:</i> ::::::19									
Activities & Governance												
Š	2		his box ▶ if the organ							1	net assets.	
G	3		of voting members of the	-						3		12
ω S	4	Number	of independent voting mer	nbers of th	e governing	g body (Part ˈ	VI, line 1b)			4		12
흝	5	Total nu	mber of individuals employ	ed in caler	ndar year 20	019 (Part V, I	ine 2a)			5		8
₹	6	Total nu	mber of volunteers (estima	te if neces	sary)					6		80
Ac	7a	Total un	related business revenue f	rom Part V	III. column	(C), line 12.				7a		
	b		elated business taxable inc							7b	_	
_						,			Prior Year	1	-	ent Year
	8	Contribu	utions and grants (Part VIII,	line 1h)				1		6,764		564,855
ë	0		_ ,					+				
e e	9	_	n service revenue (Part VIII					-	14	2,426	0	231,700
Revenue	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)						50,000			33
_	11		,	•				ļ		0,239		75,300
	12		enue—add lines 8 through 1						66	9,429	9	871,888
	13	Grants a	and similar amounts paid (F	Part IX, col	umn (A), lin	es 1–3) . .						
	14	Benefits	enefits paid to or for members (Part IX, column (A), line 4)									
S	15	Salaries,	other compensation, employ	ee benefits	(Part IX, co	lumn (A), lines	s 5–10)		23	34,479	9	317,199
Se	16a	Professi	onal fundraising fees (Part	IX, column	n (A), line 1	1e) . `						
Expenses	b		ndraising expenses (Part اک			•	97,59	6				
ŭ	17		kpenses (Part IX, column (/						20	6,242	2	235,786
	18		penses. Add lines 13–17 (r	•						0,72		552,985
	19		e less expenses. Subtract l				•	+		28,708		318,903
	2 19	Revenu	e less expenses. Subtract i	ille 10 illoi	11 11116 12.		<u></u>		nning of Curren			of Year
Net Assets or	1	Takal aa	anta (Dant V. lina 46)									
SSe	20		sets (Part X, line 16)						44	7,772		771,407
et A	21		bilities (Part X, line 26)							3,694		8,426
			ets or fund balances. Subtr	act line 21	from line 2	0			44	4,078	8	762,981
	art II		nature Block									
	-		y, I declare that I have examined the						-		-	
and	belief, it i	s true, corre	ect, and complete. Declaration of pr	eparer (other	than officer) is	based on all info	rmation of wh	ich prepar	er has any knov	vledge.		
Si	an											
	ere		Signature of officer						Date			
пе	ei C						EX	ECUTIV	E DIRECTO)R		
			Type or print name and title									
		Prin	t/Type preparer's name		Preparer's sig	gnature		Da	ate		PTIN	ı
Pa	id									Check		
	eparer	. Jan	nes Mommsen					6	/30/2020	self-en	nployed P00	070158
	e Only		n's name ► Cocalas, West	berg, Mom	msen and (Co., Ltd.			Firm's EIN	36-2	2812649	
JS	,c Om	,	n's address ▶ 60 Orland Squ				60462		Phone no.		3-349-6400	
	415 - 25											
IVI	ıy ıne ih	suscus	s this return with the prepa	iei snown	above? (se	e instructions	5)				X	Yes No

orm 99	00 (2019)	CODE PLATOON, NFP		47-2499578	Page 2
Par	t III	Statement of Program Serv	vice Accomplishments s a response or note to any line in this	Part III	
1		escribe the organization's mission: ICATE VETERANS FOR CAREER	S IN COMPUTER PROGAMING/CODING		
2	the prior		ant program services during the year which		X No
3	services	?	nake significant changes in how it conducts		X No
4	Describe expense		e accomplishments for each of its three larg organizations are required to report the am		
4a) (Expenses \$ L CLASSROOM TRAINING FOR V -40 TO 50 VETERANS GRADUAT	450,633 including grants of \$ /ETERANS IN COMPUTER PROGRAMING) (Revenue \$231, GAND PLACING GRADUATES IN INTE	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other pr (Expens	ogram services (Describe on Sche es \$ includi		enue \$	

450,633

4e Total program service expenses

Part	Checklist of Required Schedules			
4	In the arganization described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Ven "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			^
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			- `
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
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? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		Х
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	Па		^
~	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		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11e	Χ	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	V	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Χ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	Y	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>	12a	^	
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Χ	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
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," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		^
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a 20b		Χ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Par	t IV Checklist of Required Schedules (continued)			
		1	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		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
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	l		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
الم	to defease any tax-exempt bonds?	24c		┼
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		_^
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			<u> </u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ \
24	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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	24		_
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
b	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		
00	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ť
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Ī	
	19? Note: All Form 990 filers are required to complete Schedule O	38		Х
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) CODE PLATOON, NFP 47-2499578 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a 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 Х 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Χ b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which b 13b 13c С Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

16

Χ

15

16

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Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12			
	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 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship 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				
	supervision of officers, directors, trustees, or key employees to a management company or other p		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6		X
_			-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		7-		v
	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		l		.,
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following:				
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form? .	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and appro				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
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 in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the		100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sact	ion C. Disclosure		100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed IL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	and 990-T (Section	501(c)		
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		001(0	'	
		pry. rplain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	•	icv		
13	and financial statements available to the public during the tax year.	commot of interest po	ıcy,		
20	State the name, address, and telephone number of the person who possesses the organization's l	ooke and records			
20	DODDIOO LEVA	040 707 7070			
	RODRIGO LEVY 125 S. CLARK ST. 17TH FLOOR. CHICAGO. IL 60603	312-101-1013			
	IZU U. ULMIN UT. TETTI EUUN. ULIUMUU. IL UUUU				

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

Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

	(C)								
	`								(F) Estimated amount
hours				irecto	or/truste	ee)	compensation	compensation	of other
	or o	Ins	읔	ξe.	Hig	For			compensation from the
hours for	ividu direc	tituti	icer	/ em	hest ploy	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	ial tr	onal		ploy	con				related organizations
below	uste	trus		ee	hper				
dotted line)	Ď	tee			ısateo				
20.00									
1	Х			Х					
2.00									
	Х								
2.00									
	Χ								
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	Χ								
2.00									
	Х								
2.00									
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2.00	· ·								
2.00	^								
2.00	_								
2.00	^								
2.00	X								
2.00									
1	Х								
2.00	<u> </u>								
1	Х								
	Ì								
	per week (list any) hours for related organizations below dotted line) 20.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	Average hours per week (list any hours for related organizations below dotted line) 20.00 X 2.00 X 2.00	Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00

Pa	art VI Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	nployees (conti	nued)	
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe d a d	rson irect	than of the thick that the thick the thick the thick the thick the thick the thic	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organiza	nsation n the ation and ganizations
(15)												
(16)												
(17)												
(18)												
(19)												
(25)												
1b c d	Subtotal	ection A										
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis							I more than \$100),000 of		
						1	i ala	-4 -			Y	es No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched		-	-			_		•		3	Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	ter than \$150,00	00? If	"Ye	es,"	con			-	h	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? <i>If</i> "Ye	ue compensatio	n fror	n ar	ıy u	nrel		_			5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization. Report co										tax year.	
	(A) Name and business addr	ess							(B) Description of ser	vices	(C) Compensat	ion
NON	E											
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-		tho	se I	iste	d abo	ve)	who received			
	more than a roo, ood of compensation from the	organization 🕨	_									

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or n	ote to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Srants ounts	1a b c	Federated campaigns	1a 1b 1c					3600013 312-314
ons, Gifts, Grants Similar Amounts	d e	Related organizations	1d 1e	25,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	539,855				
Contribution and Other	g h	Noncash contributions included in lines 1a–1f	1g		564,855			
-				Business Code				
ervice iue	2a b	TUITION CONSULTING	-		229,555 2,145	229,555 2,145		
Program Service Revenue	c d e		-					
Pro	f	All other program service revenue						
	g	Total. Add lines 2a–2f			231,700			
	3	Investment income (including dividends, into other similar amounts)			33			33
	4	Income from investment of tax-exempt bon			33			33
	5	Royalties						
	C -	(i) Rea	al	(ii) Personal				
	6a b	Gross rents 6a Less: rental expenses 6b						
	C	Rental income or (loss) 6c						
	d	Net rental income or (loss)		▶				
	7a	Gross amount from (i) Securit	ties	(ii) Other				
		sales of assets other than inventory 7a						
<u>e</u>	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
Rev	С	Gain or (loss)						
Other	d	Net gain or (loss)		▶				
ğ	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).						
		See Part IV, line 18	8a	96,472				
	b	Less: direct expenses	8b	21,172				
	C	Net income or (loss) from fundraising event	ts	▶	75,300			
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
			10a					
	b C	Less: cost of goods sold	10b	•				
<u>ග</u>		reconstruction (1000) nom sales of inventor	, <u>. </u>	Business Code				
Miscellaneous Revenue	11a		[
scellaneo Revenue	b							
Rev	2 0	All other revenue	-					
Mis –	d e	Total. Add lines 11a–11d	· L	•				
	12	Total revenue See instructions	<u> </u>		871 888	231 700		33

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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 response or note	to any line in this Pa	rt IX		X
	not include amounts reported on lines 6b, 7b, 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				·
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	37,097	37,097		
6	Compensation not included above to disqualified	·	·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	257,523	189,172		68,351
8	Pension plan accruals and contributions (include	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,579	17,350		5,229
11	Fees for services (nonemployees):	22,010	11,000		0,220
	Management				
b	Legal	1,510	1,510		
C	Accounting	4,650	4,650		
d	Lobbying	4,000	+,050		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	19,601	19,601		
13	Office expenses	17,586	17,586		
14	Information technology	3,262	3,262		
		3,202	3,202		
15 16	Royalties	38,212	38,212		
	Occupancy		·		
17	Travel	9,309	9,309		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10.510	10.510		
23	Insurance	48,513	48,513		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PAYPAL FEES, SHIPPING & OTHER	4,756		4,756	
b	EVENTS	24,016			24,016
С	CURRICULUM EXPENSE	2,500	2,500		
d	MISCELLANEOUS	2,431	2,431		
е	All other expenses	59,440	59,440		
25	Total functional expenses. Add lines 1 through 24e	552,985	450,633	4,756	97,596
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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Part X **Balance Sheet**

2 Savings and temporary cash investments 3 3 3 3 3 3 4 Accounts receivable, net 3 3 3 3 3 3 4 Accounts receivable, net 12,400 4 32,349 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a felined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 1 1 1 1 1 1 1 1			Check if Schedule O contains a response or note to any line in this Part X.			
2 Savings and temporary cash investments 3 3 3 3 3 3 4 Accounts receivable, net 3 3 3 3 3 3 4 Accounts receivable, net 12,400 4 32,349 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 5 5 5 5 5 5 5						
3 Pledges and grants receivable, net 1,2,400 4 32,349		1	Cash—non-interest-bearing	422,771	1	476,482
A Accounts receivable, net. 12,400		2	Savings and temporary cash investments		2	250,000
A Accounts receivable, net. 12,400		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges. 10a Land, buldings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—publicly traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 28 Grants payable and accrued expenses. 29 Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 21 Ecrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Acsets with donor restrictions. 28 Secured mortgages and notes payable to unrelated third parties. 29 Organizations that do not follow FASB ASC 958, check here ▶ 20 Organizations that do not follow FASB ASC 958, check here ▶ 21 And complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds. 29 Organizations that do not follow FASB ASC 958, check here ▶ 20 Additional payables or and complete lines 27 trough 33. 21 Action that assets or fund balance		4		12,400	4	32,349
Controlled entity or family member of any of these persons. 5		5	Loans and other receivables from any current or former officer, director,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 30 Retained earnings, endownen, accumulated income, or other funds. 31 Retained earnings, endownen, accumulated income, or other funds. 32 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endownen, accumulated income, or other funds. 32 Total net assets or fund balances. 444,078 32 762,981			trustee, key employee, creator or founder, substantial contributor, or 35%			
### Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7			controlled entity or family member of any of these persons		5	
7		6	Loans and other receivables from other disqualified persons (as defined			
10a			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a	ets	7	Notes and loans receivable, net		7	
10a	SS	8	Inventories for sale or use		8	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b 10c 11 Investments—publicly traded securities . 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—orgoram-related. See Part IV, line 11 . 13 14 Intangible assets . 14 15 Other assets. See Part IV, line 11 . 9,375 15 9,375 16 Total assets. Add lines 1 through 15 (must equal line 33) . 447,772 16 771,407 17 Accounts payable and accrued expenses . 3,694 17 8,426 18 Grants payable and accrued expenses . 3,694 17 8,426 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities (including federal income tax, payables to related third parties . 24 26 Total liabilities. Add lines 17 through 25 . 3,694 26 8,426 27 Net assets with donor restrictions . 256,553 27 487,981 28 Net assets with donor restrictions . 256,553 27 497,981 29 Capital stock or trust principal, or current funds . 29 30 Paid-in or capital surplus, or land, building, or equipment fund . 30 31 Retained earnings, endowment, accumulated income, or other funds . 444,078 32 762,981	⋖	9	Prepaid expenses and deferred charges	3,226	9	3,201
b Less: accumulated depreciation 10b 10c 11c 1 1 1 1 1 1 1 1		10a	Land, buildings, and equipment: cost or			
11 Investments—publicly traded securities 11 12 10 12 10 10 13 13 14 11 12 11 13 14 11 12 11 13 14 11 13 14 11 15 15 14 11 15 15						
12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 15 9,375 15 9,375 15 9,375 16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 771,407 18 Grants payable and accrued expenses 3,694 17 8,426 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond l		b	Less: accumulated depreciation 10b		10c	
13 Investments—program-related. See Part IV, line 11 13 14 16 16 16 16 16 17 17 18 18 19 17 18 17 18 17 18 18 19 19 19 19 19 19		11	Investments—publicly traded securities		11	
14 Intangible assets 14		12	Investments—other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11 9,375 15 9,375 16 771,407 16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 Accounts payable and accrued expenses 3,694 17 8,426 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D 21 23 Escrow or custodial account liability complete Part IV of Schedule D 21 24 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with donor restrictions 256,553 27 487,981 28 Net assets with donor restrictions 256,553 27 487,981 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 444,078 32 762,981		13	Investments—program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11 9,375 15 9,375 16 771,407 16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 Accounts payable and accrued expenses 3,694 17 8,426 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D 21 23 Escrow or custodial account liability complete Part IV of Schedule D 21 24 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with donor restrictions 256,553 27 487,981 28 Net assets with donor restrictions 256,553 27 487,981 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 444,078 32 762,981		14	Intangible assets		14	
16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 Accounts payable and accrued expenses 3,694 17 8,426 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with other orestrictions 256,553 27 487,981 28 Net assets with donor restrictions 256,553 27 487,981 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 444,078 32 762,981 32 Total net assets or fund balances 444,078 32 762,981		15		9,375	15	9,375
17		16		·	16	771,407
18 Grants payable 18 19 Deferred revenue 19 20 21 20 21 20 21 21 20 21 21		17		3,694	17	8,426
19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with onor restrictions 256,553 27 487,981 28 Organizations that follow FASB ASC 958, check here 3 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 444,078 32 762,981 32 Total net assets or fund balances 444,078 32 762,981		18			18	
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22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 24 25 25 26 26 26 27 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 29 29 29 29 29 29 29		20			20	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 24 25 25 26 26 26 27 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 29 29 29 29 29 29 29		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	S					
Unsecured notes and loans payable to unrelated third parties	≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties	abi				22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
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and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	S					
Net assets without donor restrictions	ည					
28 Net assets with donor restrictions	<u>a</u>	27		256.553	27	487.981
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	m					
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	п			101,020		210,000
29 Capital stock or trust principal, or current funds	Ţ					
Paid-in or capital surplus, or land, building, or equipment fund	ō	29	-		29	
31 Retained earnings, endowment, accumulated income, or other funds	ets		· · · · · · · · · · · · · · · · · · ·			
32 Total net assets or fund balances	SS					
2 33 Total liabilities and net assets/fund balances	Ϋ́			444 078		762 981
	Š			·		771,407

47-2499578 Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	71,888
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	52,985
3	Revenue less expenses. Subtract line 2 from line 1	3		3	18,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4	44,078
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		76	62,981
Part	·				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O.				V
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3	<u>a</u>	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_ [
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3	D C	

Form **990** (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

CODE PLATOON, NFP

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

47-2499578

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Chack if your armonization is an	voyed by the Conevel Bule or a Special Bule					
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.					
Special Rules						
regulations under section 13, 16a, or 16b, and the	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,					

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	DRW TRADING GROUP FOUNDATION 540 WEST MADISON STREET SUITE 2500 CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	DRW LLC 540 WEST MADISON STREET SUITE 2500 CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	SPROUT SOCIAL 131 DEARBORN ST STE 700 CHICAGO IL 60611 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	ECHO GLOBAL LOGISTICS 600 WEST CHICAGO AVE STE 725 CHICAGO IL 60654 Foreign State or Province: Foreign Country:	\$10,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	WORKDAY FOUNDATION 6110 STONERIDGE MALL ROAD PLEASANTON CA 94588 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	AVANT LLC 222 N LA SALLE ST STE 1700 CHICAGO IL 60601	\$ 10,000	Person X Payroll Noncash			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	ROBERT R MCCORMICK FOUNDATION 205 N MICHIGAN AVE STE 4300 CHICAGO IL 60601 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	CHICAGO COMMUNITY TRUST 225 N MICHIGAN AVE STE 2200 CHICAGO IL 60601 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	MOTOROLA SOLUTIONS FOUNDATION 500 WEST MONROE ST CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$60,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	STATE OF ILLINOIS VETS CASH 207 STATE HOUSE SPRINGFIELD IL 62706 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	INSTACART 50 BEALE STREET SAN FRANCISCO CA 94107 Foreign State or Province: Foreign Country:	\$9,196	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 12	NIKE FOUNDATION ONE BOWERMAN DR BEAVERTON OR 97005 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll		

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE COMCAST NBC UNIVERSAL FOUNDATION ONE COMCAST CENTER 49TH FL PHILADELPHIA PA 19103 Foreign State or Province: Foreign Country:	\$8,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE WEINBERG FOUNDATION INC 7 PARK CENTER COURT OWINGS MILLS MD 21117 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CTC TRADING GROUP 440 SO LASALLE STREET CHICAGO IL 60605 Foreign State or Province: Foreign Country:	\$30,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	DR SCHOLL FOUNDATION 1033 SKOKIE BLVD 230 NORTHBROOK IL 60062 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	KENNETH BRODY 540 W MADISON AVE STE 2500 CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$ <u>8,175</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	THE BOEING COMPANY PO BOX 516 ST LOUIS MO 63166 Foreign State or Province: Foreign Country:	\$75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	EIGHT LIGHT 25 EAST WASHINGTON CHICAGO IL 60602 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	TRADING TECHNOLOGIES 222 S. RIVERSIDE PLAZA STE 1100 CHICAGO IL 60606 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	GUARANTEED RATE 3940 RAVENSWOOD AVE CHICAGO IL 60613 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	G2 CROWD INC 100 S WACKER DR 600 CHICAGO IL 60606 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	DANNY & JENNIFER O; SHAUGHNESSY CHARITABI PO BOX 15203 ALBANY NY 12212 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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

For. Prov.

Country

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		PLATOON, NEP						99578	
Par		Reason for Public Char							
	orga	anization is not a private foundat	•		-		•		
1		A church, convention of church				. , . ,	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii) . (Atta	ach Schedule E (Form	990 or 99	0-EZ).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	o)(1)(A)(ii	i).		
4		A medical research organizatio hospital's name, city, and state	· ·	nction with a hospital c	lescribed i	n section	170(b)(1)(A)(iii). En	ter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Χ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)							
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organiz or university or a non-land-gran university:	zation described in s it college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	c) operated Enter the	d in conjur name, city	nction with a land-gra v, and state of the co	ant college llege or	
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See se	ection 509	9(a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
	 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported 								
С		organization(s). You must c Type III functionally integra			n connect	ion with	and functionally integ	rated with	
Ŭ		its supported organization(s						ratoa witii,	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
е		Check this box if the organiz functionally integrated, or Ty	ation received a wri	itten determination fror	n the IRS	that it is a		e III	
f		Enter the number of supported of							
g		Provide the following information Name of supported organization	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of	
	(1)	Name of supported organization	(11) EIN	(described on lines 1–10 above (see instructions))	listed in you		support (see instructions)	other support (see instructions)	
					Yes	No			
(A)									
(B)									
(6)									
(C)									
(D)									
(E)									
Tota									

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,100	171,351	324,207	476,764	564,855	1,559,277
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3	22,100	171,351	324,207	476,764	564,855	1,559,277
6	Public support. Subtract line 5 from line 4						1,559,277
	tion B. Total Support						.,000,2
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	22,100	171,351	324,207	476,764	564,855	1,559,277
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		·				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,559,277
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here						> X
Sec	tion C. Computation of Public Su					 	
14	Public support percentage for 2019 (line 6, c					14	
15	Public support percentage from 2018 Schedu					15	
	33 1/3% support test—2019. If the organization qualifies as	s a publicly supporte	ed organization .				· · · · · • 🗀
р	33 1/3% support test—2018. If the organization qualified box and stop here. The organization qualified			•			
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets t Part VI how the organization meets the "facts organization	the "facts-and-circu s-and-circumstance	mstances" test, ch es" test. The organ	eck this box and st ization qualifies as	t op here. Explain a publicly support	in ed	>
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and- ts the "facts-and-cire	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. ualifies as a public	cly	▶ □
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		_

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						ĺ
2	Gross receipts from admissions, merchandise						1
	sold or services performed, or facilities furnished in any activity that is related to the						I
	organization's tax-exempt purpose						I
3	Gross receipts from activities that are not an	-					
	unrelated trade or business under section 513						1
4	Tax revenues levied for the						
	organization's benefit and either paid to						1
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge						1
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						1
b	Amounts included on lines 2 and 3						
	received from other than disqualified						1
	persons that exceed the greater of \$5,000						I
	or 1% of the amount on line 13 for the year						1
С	Add lines 7a and 7b	-					
8	Public support (Subtract line 7c from						
	line 6.)						1
Sec	tion B. Total Support			•	•		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						1
	royalties, and income from similar sources						1
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						1
	acquired after June 30, 1975						1
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						I
	or not the business is regularly carried on .						1
12	Other income. Do not include gain or						
	loss from the sale of capital assets						1
	(Explain in Part VI.)						1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1
14	First five years. If the Form 990 is for the on	ganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and $\ensuremath{\mathbf{stop}}$ here .						> _
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2019 (line 8, co			(f))		15	
16	Public support percentage from 2018 Schedu		-			16	
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line			column (f))		17	
18	Investment income percentage from 2018 Sc					18	
	33 1/3% support tests—2019. If the organiz						
	not more than 33 1/3%, check this box and s						▶ □
b	33 1/3% support tests—2018. If the organiz	-			-		<u>-</u>
	line 18 is not more than 33 1/3%, check this b	oox and stop her d	e. The organization	n qualifies as a pub	licly supported org	anization	
20	Private foundation. If the organization did n	ot check a hox on	line 14 19a or 10	h check this hox a	and see instruction	\$	▶□

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Uu		
3b		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
00		
9a		
9b		
0-		
9с		
10a		
46:		
10b		

Schedule A (Form 990 or 990-EZ) 2019

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
0001.	on or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 in (2), 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	_		
04:	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations		,	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	S).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ns A through E.				
Section 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						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e 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 1-1/2% 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 .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 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).	emergency temporary reduction (see instructions).						
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	g organization (see				
instructions).							

Schedule	e A (Form 990 or 990-EZ) 2019 CODE PLATOON, NFP		4	7-2499578 Page 7			
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3							
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	i		0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
C	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2015						
b	Excess from 2016						
С							
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Fo	orm 990 or 990-EZ) 2019 CODE PLATOON, NFP	47-2499578	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	- ,	
		= = = = = = = = = = = = = = = = = = = 	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization		Employer identification number
COD	E PLATOON, NFP		47-2499578
Par			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
Dow	conferring impermissible private benefit?		Yes No
Par	Conservation Easements.	A IIIV A III A	7
	Complete if the organization answer		1.
1	Purpose(s) of conservation easements held by		tion of a biotonically insurant and and
	Preservation of land for public use (for examp	· 	• •
	Protection of natural habitat	Preserva	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation ease		
C	Number of conservation easements on a certif		
d	Number of conservation easements included i historic structure listed in the National Registe		
3	Number of conservation easements modified,		
3	the tax year	transferred, released, extinguished, or te	initiated by the organization during
4	Number of states where property subject to co	nservation easement is located	•
5	Does the organization have a written policy re-		on, handling of
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in		
	>		,
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$		
8	Does each conservation easement reported or	· · ·	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization rep		•
	balance sheet, and include, if applicable, the to	•	nancial statements that describes the
	organization's accounting for conservation eas		
Par			
	Complete if the organization answer		
1a	If the organization elected, as permitted under works of art, historical treasures, or other simil		
	public service, provide in Part XIII the text of the	·	•
h	If the organization elected, as permitted under		
b	works of art, historical treasures, or other simil	· ·	
	public service, provide the following amounts in	The state of the s	auon, or rescaron in fulfile ance of
	(i) Revenue included on Form 990, Part VIII, I		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		sets for financial gain, provide the
_	following amounts required to be reported und		<u> </u>
а	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		• \$

Part	Organizations Maintaining 0	Collections of A	rt, Histo	rical Tre	asures, or O	ther Similar Asset	s (contir	าued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition		d	Loan or	exchange prog	ram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization seassets to be sold to raise funds rather						Ye	,	No
Part			- ac par	. 01 1110 015	gamzanon o con			<u> </u>	
Part	Complete if the organization a		n Form 9	990, Part	IV, line 9, or	reported an amoun	t on For	m	
4 -	990, Part X, line 21.	4 1! 41 ! .	. 41!		.:				
1a	Is the organization an agent, trustee, c included on Form 990, Part X?			-			Ye	·- 🗀	No
b	If "Yes," explain the arrangement in Pa						16	,s	NO
b	ii res, explain the arrangement iir r	irt XIII and complet		wing table	•		Amount		
С	Beginning balance					1c	anount		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun	t on Form 990, Par	t X, line 2	1, for escr	ow or custodial	account liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the expl	anation ha	as been provide	ed on Part XIII...	. .		
Part	-				·				
	Complete if the organization a	nswered "Yes" o	n Form 9	990, Part	IV, line 10.				
		(a) Current year		or year	(c) Two years ba	ck (d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships						\bot		
е	Other expenditures for facilities								
_	and programs						+		
f	Administrative expenses						+		
g	End of year balance		h = l = := = = /	lina 4 m a a					
2	Provide the estimated percentage of the Board designated or quasi-endowment		%	ine ig, co	numm (a)) neid	as.			
a b	Permanent endowment	%							
C	Term endowment ►								
	The percentages on lines 2a, 2b, and 2	-i-i-	0%.						
3a	Are there endowment funds not in the	·		n that are	held and admi	nistered for the			
	organization by:		Ü					Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	ganizations listed a	as require	d on Sche	dule R?		3b		
4	Describe in Part XIII the intended uses	of the organization	n's endowr	nent funds	S				
Part									
	Complete if the organization a	inswered "Yes" o	n Form 9	990, Part	IV, line 11a.	See Form 990, Par	X, line	10.	
	Description of property	(a) Cost or of		` '	or other basis	(c) Accumulated	(d) Bo	ook value)
	Land	(investn	nent)	(0	other)	depreciation			
1a	Land	•							
b	Buildings	1							
c d	Leasehold improvements	1							
u e	Other	1							
	. Add lines 1a through 1e. (Column (d) r		90, Part X.	column (l	B), line 10c.) .				

Part VII				
	Complete if the organization answered '	'Yes" on Form 990,		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1) Financia	ıl derivatives			
(2) Closely	held equity interests			
(3) Other				
/A\				
(B)				
(C)				
(D)				
(E)				
(F)				
(H)	(1) (5 000 5 ()/ (/5) (/ (0) 5			
	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	<u> </u>	D/ II F 000	Deat N/ Pres 44 - Oct France 00	0 Deat V. Page 40
	Complete if the organization answered '	'Yes" on Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
raitix	Complete if the organization answered '	'Ves" on Form 990	Part IV line 11d See Form 99	0 Part X line 15
	(a) Descri		1 41117, 11110 114. 000 1 01111 00	(b) Book value
(1)	(.,,	,		(4) = ======
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.	•		
,	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Descript	tion of liability		(b) Book value
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) li	ine 25.)		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the o	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.

Χ

Par	t XI Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part		•		
1	Total revenue, gains, and other support per audited financial statements			. 1 1	871,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·	07 1,000
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	871,888
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			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	871,888
Par	Reconciliation of Expenses per Audited Financial Statement	ts With	Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line	212a.		
1	Total expenses and losses per audited financial statements			. 1	552,985
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	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1	i · · ·		. 3	552,985
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
a b	Other (Describe in Part XIII.)	4b			
a b c	Other (Describe in Part XIII.)	4b			552 OS5
a b c 5	Other (Describe in Part XIII.)	4b			552,985
a b c 5 Parí	Other (Describe in Part XIII.)	4b		. 5	·
a b c 5 Pari Provi	Other (Describe in Part XIII.)	4b Part IV, I	ines 1b and 2b	. 5 c; Part V, line 4;	·
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.). Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	4b Part IV, I	ines 1b and 2b	p; Part V, line 4;	·
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.)	4b Part IV, I	ines 1b and 2b	p; Part V, line 4;	·
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a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.). Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	4b Part IV, I ovide an	ines 1b and 2b y additional int	p; Part V, line 4; formation.	·
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a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2by additional into	p; Part V, line 4; formation.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2by additional into	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2by additional into	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
a b c 5 Part Provi 2; Pa	Other (Describe in Part XIII.) . Add lines 4a and 4b . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	4b Part IV, I ovide an	ines 1b and 2b y additional inf UNCERTAIN STATEMENT	p; Part V, line 4; formation. TAX S.	Part X, line
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Schedule D (Fo		CODE PLATOON, NFP	47-2499578	Page 5
Part XIII	Suppleme	ental Information (continued)		

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019

Open to Public Inspection

Name of the organization

CODE PLATOON, NFP

Employer identification number 47-2499578

ı aı			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	X	
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 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?			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
D	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	in you allowed to the day of the above, please explain. If you have there expand, about art in			
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
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
_				
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
				,,
h	Other extracurricular activities?	5h		Х
	in you anowered Too to any or the above, produce explaint. If you need more epace, also Tark in			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
_	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, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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.	
Line 6a FINANCIAL AID IS RECEIVED FROM THE DEPARTMENT OF VETERANS AFFAIRS FOR STUDENTS	
USING THE GI BILL AND VET TECH.	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Inspection Employer identification number

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

Pá	art II	Fundraising Events.	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV	, line 18, or reported
		more than \$15,000 of for	_	_	ome on Form 990-EZ	, lines 1 and 6b. List
	1	events with gross recei			T	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRATE CP (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
ne ne			(evenit type)	(event type)	(total number)	
Revenue	1	Gross receipts	96,472			96,472
Re		•	·			·
	2	Less: Contributions				
	3	Gross income (line 1 minus	00.470			00.470
		line 2)	96,472			96,472
•	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages				
irect	8	Entertainment				
	9	Other direct expenses	21,172			21,172
					<u>I</u>	,,
	10	Direct expense summary. Add				(21,172)
Do	11 irt III	Net income summary. Subtract Gaming. Complete if the	ct line 10 from line 3, colu	mn (d)		75,300
Гс	art III	than \$15,000 on Form	=	ed res on Form 990	D, Fait IV, iiile 19, Oi i	eported more
Φ		, -,	,	(b) Pull tabs/instant		(d) Total gaming (add
enne		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Sevenue			,		(c) Other gaming	
Revenue	1	Gross revenue	,		(c) Other gaming	
		Gross revenue	,		(c) Other gaming	
	1 2		,		(c) Other gaming	
		Gross revenue	,		(c) Other gaming	
ct Expenses	2	Gross revenue	,		(c) Other gaming	
Expenses	2	Gross revenue	,		(c) Other gaming	
ct Expenses	2 3 4	Gross revenue	,		(c) Other gaming	
ct Expenses	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
ct Expenses	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo Yes % No	Yes %	
ct Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column	yes	Yes %No	col. (a) through col. (c))
ct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colu	Yes % No mn (d)	Yes %No	col. (a) through col. (c))
ct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column. Subtract line 7 from line	Yes % No mn (d)	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column. Subtract line 7 from line ganization conducts gamin anduct gaming activities in	Yes % No mn (d)	Yes	(0) Yes No
Direct Expenses	2 3 4 5 6 7 8 er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colur. Subtract line 7 from line ganization conducts gamin nduct gaming activities in	Yes % No mn (d)	Yes	(0)
Direct Expenses	2 3 4 5 6 7 8 er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column. Subtract line 7 from line ganization conducts gamin and uct gaming activities in	Yes % No mn (d)	Yes	(0) Yes No
Direct Expenses	2 3 4 5 6 7 8 Er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gamin nduct gaming activities in	Yes % No mn (d)	Yes	(0)
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in columns. Subtract line 7 from line ganization conducts gamin and uct gaming activities in aming licenses revoked, s	Yes % No mn (d)	Yes % No during the tax year?	col. (a) through col. (c)) (0) . Yes No . Yes No
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gamin nduct gaming activities in	Yes % No mn (d)	Yes % No No during the tax year?	col. (a) through col. (c)) (0) . Yes No . Yes No

Schedu	ile G (Form 990 or 990-EZ) 2019 CODE PLATOON, NFP	47-	2499578	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	nd		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$ \$:		
С	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			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	г	_	
	retain the state gaming license?	L	Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year \$	r		
Part		ns (iii) a	nd (v): a	and
· art	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
	See instructions.			

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

CODE PLATOON, NFP 47-2499578 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ \triangleright **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)

(7) (8) (9) (10)

Washing Business Transactions In Complete if the organization	volving Interested Persons. n answered "Yes" on Form 990, F	Part IV, line 28a, 28b,	or 28c.	5/8 _[
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve
				Yes
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
	on for responses to questions on			
Provide additional informati	on for responses to questions on			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number CODE PLATOON, NFP 47-2499578 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 C, Line 19: ALL FORMAL WRITTEN REQUESTS TO REVIEW GOVERNING DOCUMENTS, FORM 990 AND FINANCIAL STATEMENTS ARE COMPLIED WITHIN A REASONABLE AND TIMELY MANNER. Form 990, Part IX, Line 24(E): INDEPENDENT/OUTSIDE CONTRACTORS===\$59,440 Form 990, Part VI, Section B, Line 15A: 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. Form 990, Part VI, Section B, Line 15B: KEY PERSONEL COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR FOLLOWING A DISCUSSION WITH THE TREASURER AND THE BOARD. COMPARABILITY DATA IS SIMILARLY USED FOR THIS PROCESS. Form 990, Part VI, Section C, Line 18: FINANCIAL STATEMENTS CAN ALSO BE FOUND ON WWW.GUIDESTAR.ORG Form 990, Part VI, Section A, Line 4: AMENDED BYLAWS REGARDING CONFLICTS OF INTEREST, CODE OF ETHICS, RACIAL NONDISCRIMINATION POLICY AND BOARD EXPECTATIONS.

Schedule O (Form 990 or 990-EZ) (2019)	Pa	age 💈	2
Name of the organization	Employer identification number		
CODE PLATOON, NFP	47-2499578		
			_

Y) #

For Office	Use Only		TILLINOIS CHARITABLE ORGANIZATION	ANNU	AI RFI	POF	RT	Form AG990-II
PMT#			Attorney General KWAME RAOUL S	_			ν.	Revised 1/19
			Charitable Trust Bureau, 100 Wes					
AMT			11th Floor, Chicago, Illinois 6		•	CO	# 01069	9046
_						L.,		ll items attached:
			Report for the Fiscal Period:			X		
INIT			Beginning 1/1/2019	Ma	ake Checks	X	Copy of F	nancial Statements
			Beginning1/1/2019	th	ayable to e Illinois	X		nual Report Filing Fee
			& Ending 12/31/2019		harity ureau Fund	$\stackrel{\triangle}{=}$	1	ate Report Filing Fee
Federa	I ID # 47	'-2499578	MO DAY YR			Ь	Ι Φ100.00 Ε	MO DAY YR
			ization tax deductible? X Yes No	Date Org	ganization	was	s created:	12/19/2014
					ear-end			
L	EGAL	0005 01 45	OOU WED		mounts		۸۱۴	771,407
	NAME MAIL	CODE PLAT			SSETS		A) \$	· · · · · · · · · · · · · · · · · · ·
ADDI	RESS		RK STREET, Room 17TH FLOOR	,	.IABILITIES		B) \$	8,426
CITY, S	CODE	CHICAGO	IL	C) N	NET ASSE	TS	C) \$	762,981
		60603						
		_	REVENUE ITEMS DURING THE YEAR:	—	RCENTAG			AMOUNT
D)		•	ONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS	5.)	88%		D) \$	771,555
E)	GOVER	RNMENT GRAN	TS & MEMBERSHIP DUES		3%	6	E) \$	25,000
F)	OTHER	REVENUES			9%	6	F) \$	75,333
G)			COME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100%	6	G) \$	871,888
			EXPENDITURES DURING THE YEAR:		0.	,		
H)			TABLE PROGRAM EXPENSE		%		H) \$	450.000
l)			RAM SERVICE EXPENSE		81%		I) \$	450,633
J)			LE PROGRAM SERVICE EXPENSE (ADD H & I)		81%	o	J) \$	450,633
J1)			CATED TO PROGRAM SERVICES (INCLUDED IN J): \$		-	,	10.0	
K)			R CHARITABLE ORGANIZATIONS		%		K) \$	
L)			LE PROGRAM SERVICE EXPENDITURE (ADD J & K)		81%		L) \$	450,633
M)			O GENERAL EXPENSE		1%		M) \$	4,756
N)		RAISING EXPI			18%		N) \$	97,596
O)	TOTA	AL EXPENDITU	IRES THIS PERIOD (ADD L, M, & N)		100%	6	O) \$	552,985
			PAID FUNDRAISER AND CONSULTANT ACTIVITIE	S:				
	ROFESSI	ONAL FUNDRA			100%	<u> </u>	P) \$	
P)			ISED BY PAID PROFESSIONAL FUNDRAISERS				,	
Q)	TOTA	L FUNDRAISE	RS FEES AND EXPENSES		%		Q) \$	
R)			THE CHARITY (P MINUS Q=R) AISING CONSULTANTS:		%	o	R) \$	
S)			ID TO PROFESSIONAL FUNDRAISING CONSULTANTS				S) \$	
IV. C	OMPEN	ISATION TO	THE (3) HIGHEST PAID PERSONS DURING THE Y	YEAR:				
T)	NAM	E, TITLE:	JONATHON YOUNG, INSTRUCTOR				T) \$	92,385
U)		=,	ALICIA BODDY, DEVELOPMENT DIRECTOR				U) \$	56,521
V)		=, <u>==.</u> =, TITLE:	JOSHUA ALETTO, INSTRUCTOR				V) \$	37,640
<u> </u>		<u> </u>						ck side of instructions
			RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPE	ENDED) COL	DE CATEGOR	RIES		CODE
W)		CRIPTION:	TRAINING OF VETERANS IN COMPUTER CODING				W) # 004	ļ.
X)	DESC	CRIPTION:					X) #	

DESCRIPTION:

CODE PLATOON, NFP 47-2499578

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY		
	OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE		
	PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR		
	LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED		
	PURPOSES?8.		Χ
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX		
	EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION		
	MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	JPMORGAN CHASE BANK PO BOX 182051 COLUMBUS, OH 43218		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: RODRIGO LEVY 312-767-7673		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
James Mommsen		6/30/2020
PREPARER (PRINT NAME)	SIGNATURE	DATE

			_			
	Electronic	Filing Inf	<i>formation</i>	i (990/PF	/EZ/1120	0-POL)
Signature Me	ethod					
X Option (1) - Usi	ng Practitioner PIN.	Use Section (A) be	elow.	Date return 6/30/2		
Option (2) - Sca	nned 8453-EO.					
PIN Inform	ation Enter info	ormation below				
			(A) Pra	ctitioner PIN:		
		PIN (5 Digits)	TP entered	ERO entered		
	Taxpayer PIN:	78945	X			
	ERO PIN:	70158				
EFIN						
Enter your 6-digit EFIN	N number. You can	enter EFINs in the	Preparer Table.			
Submission	ID					
The Submission ID		e computed autom	natically when an	EFIN is entered a	above. It will only	be regenerated
if a 'Rejected by EF Submission ID:	C' or 'Rejected by	Agency' acknowled				20,090.10.11.01
Name Contro)/ 					
	ee Knowledge Ba	se Document 1450	00, for more info	rmation on Nam	e Controls	
Organization	Information					
Organization name						Employer identification no.
CODE PLATOON, NF	Р					47-2499578
Street address						
125 S. CLARK STREE	ET, Room 17TH FL	OOR		T		
Address continuation				In care of nar	ne	
City CHICAGO					ZIP code 60603	Daytime phone 312-767-7673
Foreign country		Foreign province/o	county	Foreign posta	al code	Foreign phone number
Email address						
Officer name				Officer Title		Date return signed
RODRIGO LEVY				EXECUTIVE	DIRECTOR	06/30/2020
Officer Email address				Officer Phone	•	Authorize third party
ED0						check ("X") here:
ERO	(Enter da	ata in the Prepare	r Manager)			EDOL OOM STO
ERO's name James Mommsen					Check if self- employed	ERO's SSN or PTIN P00070158
James Mommsen Firm's name				Email addres		P00070158 ERO's EIN
Cocalas, Westberg, M	ommsen and Co I	_td.			cwm-cpas.com	36-2812649
Address				₁ ,	5,55.00117	Phone
60 Orland Square Driv	ve, Ste 300					708-349-6400
City		State	ZIP code	Foreign coun	try	Foreign phone number
Orland Park		IL	60462			
<u>Preparer</u>	(Enter da	ata in the Prepare	r Manager)			I
Preparer's name				Non-paid prep		Preparer's SSN or PTIN
James Mommsen				Epocil celebra	employed	P00070158 EIN
Firm's name Cocalas, Westberg, M	ommsen and Co. I	td		Email addres	s cwm-cpas.com	36-2812649
Address		_tu.		<u> </u>	owiii-cpas.com	Phone 708-349-6400
60 Orland Square Driv	re, sie 300	State	ZIP code	Foreign coun	trv	Foreign phone number
Orland Bark		II	EU1ES	Steigh coun	u y	1. Oroign prione number

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	2019 ca	lendar year, or tax year beg				, and	ending				
В	Check if a	applicable:	C Name of organization Co	ODE PLATO	OON, NFP				D Employe	er iden	tification numb	er
Ш	Address	change	Doing business as									
$\overline{\Box}$			Number and street (or P.O. bo	x if mail is not	delivered to st	treet address)	Room/suite		47-249957	'8		
ш	Name ch	ange	125 S. CLARK STREET				17TH FLO	OOR	E Telephor	ne num	ber	
П	Initial retu	ırn	City or town			State	ZIP code		312-767-7	672		
\Box	-		CHICAGO			IL	60603		312-707-7	0/3		
ш	Final return	/terminated	Foreign country name	Foreign	province/state	/county	Foreign pos	tal code				
	Amended	l return							G Gross re	ceipts 9	\$	893,060
一			E Name and address of principa	officer:				11/) /		, ,		
ш	Application	on pending	F Name and address of principa						this a group return			Yes X No
			RODRIGO LEVY 125 S. C	CLARK ST	REET, 1711	<u>H FLOOR, C</u>	<u>HICAGO, I</u>	L H(b) A	re all subordina	tes incl	luded?	Yes No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c)	() ◀	(insert no.)	4947(a)(1)	or 52	7 11	f "No," attach a l	ist. (se	e instructions)	
$\overline{}$	Waheita	· > \\/\\	/W.CODEPLATOON.ORG					H(c) G	roup exemption	numha	er 🕨	
						_						
K	Form of	organizatior	: X Corporation Trust	Associa	ation Of	ther >	LY	ear of forr	nation: 2014	. 1	I State of legal d	lomicile: L
	Part I	Su	mmary									
	1	Briefly d	escribe the organization's	mission or	most sianifi	icant activitie	s: TR	AINING	VETERANS	S FOF	R CAREERS	IN
9			ITER PROGRAMING		3							
an			:- - ::::::9-9: <i>:</i> ::::::19									
Activities & Governance												
Š	2		his box ▶ if the organ							1	net assets.	
G	3		of voting members of the	-						3		12
ω S	4	Number	of independent voting mer	nbers of th	e governing	g body (Part ˈ	VI, line 1b)			4		12
흝	5	Total nu	mber of individuals employ	ed in caler	ndar year 20	019 (Part V, I	ine 2a)			5		8
₹	6	Total nu	mber of volunteers (estima	te if neces	sary)					6		80
Ac	7a	Total un	related business revenue f	rom Part V	III. column	(C), line 12.				7a		
	b		elated business taxable inc							7b	_	
_						,			Prior Year	1 . ~	-	ent Year
	8	Contribu	utions and grants (Part VIII,	line 1h)				1		6,764		564,855
ë	0		_ ,					+				
e e	9	_	n service revenue (Part VIII					-	14	2,426	0	231,700
Revenue	10		ent income (Part VIII, colur						_		_	33
_	11		venue (Part VIII, column (A	•				ļ		0,239		75,300
	12		enue—add lines 8 through 1						66	9,429	9	871,888
	13	Grants a	and similar amounts paid (F	Part IX, col	umn (A), lin	es 1–3) . .						
	14	Benefits	paid to or for members (Pa	art IX, colu	mn (A), line	94)						
S	15	Salaries,	other compensation, employ	ee benefits	(Part IX, co	lumn (A), lines	s 5–10)		23	34,479	9	317,199
Se	16a	Professi	onal fundraising fees (Part	IX, column	n (A), line 1	1e) . `						
Expenses	b		ndraising expenses (Part اک			•	97,59	6				
ŭ	17		kpenses (Part IX, column (/						20	6,242	2	235,786
	18		penses. Add lines 13–17 (r	•						0,72		552,985
	19		e less expenses. Subtract l				•	+		28,708		318,903
	2 19	Revenu	e less expenses. Subtract i	ille to iloi	11 11116 12.		<u></u>		nning of Curren			of Year
Net Assets or	1	Takal aa	anta (Dant V. lina 46)									
SSe	20		sets (Part X, line 16)						44	7,772		771,407
et A	21		bilities (Part X, line 26)							3,694		8,426
			ets or fund balances. Subtr	act line 21	from line 2	0			44	4,078	8	762,981
	art II		nature Block									
	-		y, I declare that I have examined the						-		-	
and	belief, it i	s true, corre	ect, and complete. Declaration of pr	eparer (other	than officer) is	based on all info	ormation of wh	ich prepar	er has any knov	vledge.		
Si	an											
	ere		Signature of officer						Date			
пе	ei C						EX	ECUTIV	E DIRECTO)R		
			Type or print name and title									
		Prin	t/Type preparer's name		Preparer's sig	gnature		Da	ate		PTIN	ı
Pa	id									Check		
	eparer	. Jan	nes Mommsen					6	/30/2020	self-en	nployed P00	070158
	e Only		n's name ► Cocalas, West	berg, Mom	msen and (Co., Ltd.			Firm's EIN	36-2	2812649	
JS	, com	,	n's address ▶ 60 Orland Squ				60462		Phone no.		3-349-6400	
	415 - 25											
IVI	ıy ıne ih	suscus	s this return with the prepa	iei snown	above? (se	e instructions	5)				X	Yes No

orm 9	90 (2019)	CODE PLATOON, NFP		47-2499578	Page 2
Pa	rt III	Statement of Program Serv Check if Schedule O contains	ice Accomplishments s a response or note to any line in this Pa	art III............	
1		escribe the organization's mission: JCATE VETERANS FOR CAREERS	S IN COMPUTER PROGAMING/CODING		
2	the prior		nt program services during the year which we		X No
3	services		nake significant changes in how it conducts, ar		X No
4	Describe expense	e the organization's program service	e accomplishments for each of its three largest organizations are required to report the amoun		
4a) (Expenses \$ L CLASSROOM TRAINING FOR VI 40 TO 50 VETERANS GRADUATE	ETERANS IN COMPUTER PROGRAMING AI		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other pr	rogram services (Describe on Sched	lule O.)	e \$	

450,633

4e Total program service expenses

47-2499578

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

Par	t IV Checklist of Required Schedules (continued)			
		1	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		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
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	l		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
الم	to defease any tax-exempt bonds?	24c		┼
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		V
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		_^
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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			<u> </u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ \
24	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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	24		_
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
b	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		
00	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ť
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Ī	
	19? Note: All Form 990 filers are required to complete Schedule O	38		Х
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) CODE PLATOON, NFP 47-2499578 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a 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 Х 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Χ b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes," indicate the number of Forms 8282 filed during the year d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which b 13b 13c С Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

16

Χ

15

16

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Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12			
	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 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship 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				
	supervision of officers, directors, trustees, or key employees to a management company or other p		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6		X
_			-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		7-		v
	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		l		.,
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following:				
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form? .	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and appro				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
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 in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the		100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?		16b		
Sact	ion C. Disclosure		100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed IL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	and 990-T (Section	501(c)		
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		001(0	'	
		pry. rplain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	•	icv		
13	and financial statements available to the public during the tax year.	commot of interest po	ıcy,		
20	State the name, address, and telephone number of the person who possesses the organization's l	ooke and records			
20	DODDIOO LEVA	040 707 7070			
	RODRIGO LEVY 125 S. CLARK ST. 17TH FLOOR. CHICAGO. IL 60603	312-101-1013			
	IZO O. OLANN OT. TETTI LOON. OHIOAGO. IL UUUU				

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

Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

		(C)							
		Position							
	`	`							(F) Estimated amount
hours				irecto	or/truste	ee)	compensation	compensation	of other
	or o	Ins	읔	ξe.	Hig	For			compensation from the
hours for	ividu direc	tituti	icer	/ em	hest ploy	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	ial tr	onal		ploy	con				related organizations
below	uste	trus		ee	hper				
dotted line)	Ď	tee			ısateo				
20.00									
1	Х			Х					
2.00									
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2.00									
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2.00	X								
2.00									
1	Х								
2.00	<u> </u>								
1	Х								
	Ì								
	per week (list any) hours for related organizations below dotted line) 20.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	Average hours per week (list any hours for related organizations below dotted line) 20.00 X 2.00 X 2.00	Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 20.00 X 2.00 X 2.00

Pa	art VI Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	nployees (conti	nued)	
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe d a d	rson irect	than of the thick that the thick the thick the thick the thick the thick the thic	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amou of other compensation	d amount ther
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from organiza	n the ation and ganizations
(15)												
(16)												
(17)												
(18)												
(19)												
(25)												
1b c d	Subtotal	ection A										
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis							I more than \$100),000 of		
						1	i ala	-4 -			Y	es No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched		-	-			-		•		3	Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	ter than \$150,00	00? If	"Ye	es,"	con			-	h	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	ue compensatio	n fror	n ar	ıy u	nrel		_			5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization. Report co										tax year.	
	(A) Name and business addr	ess							(B) Description of ser	vices	(C) Compensat	ion
NON	E											
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-		tho	se I	iste	d abo	ve)	who received			
	more than a roo, ood of compensation from the	organization 🕨	_									

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or n	ote to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Srants ounts	1a b c	Federated campaigns	1a 1b 1c					3600013 312-314
ons, Gifts, Grants Similar Amounts	d e	Related organizations	1d 1e	25,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	539,855				
Contributiand and Other	g h	Noncash contributions included in lines 1a–1f	1g		564,855			
-				Business Code				
Program Service Revenue	2a b	TUITION CONSULTING	-		229,555 2,145	229,555 2,145		
gram Ser Revenue	c d e		-					
Pro	f	All other program service revenue						
	g	Total. Add lines 2a–2f			231,700			
	3	Investment income (including dividends, into other similar amounts)			33			33
	4	Income from investment of tax-exempt bon			33			33
	5	Royalties						
	C -	(i) Rea	al	(ii) Personal				
	6a b	Gross rents 6a Less: rental expenses . 6b						
	C	Rental income or (loss) 6c						
	d	Net rental income or (loss)		▶				
	7a	Gross amount from (i) Securit	ties	(ii) Other				
		sales of assets other than inventory 7a						
<u>e</u>	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
Rev	С	Gain or (loss)						
Other	d	Net gain or (loss)		▶				
ğ	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).						
		See Part IV, line 18	8a	96,472				
	b	Less: direct expenses	8b	21,172				
	C	Net income or (loss) from fundraising event	ts	▶	75,300			
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
			10a					
	b C	Less: cost of goods sold	10b	•				
<u>ග</u>		reconstruction (1000) nom sales of inventor	, <u>. </u>	Business Code				
Miscellaneous Revenue	11a		[
scellaneo Revenue	b							
Rev	2 0	All other revenue	-					
Mis –	d e	Total. Add lines 11a–11d	· L	•				
	12	Total revenue See instructions	<u> </u>		871 888	231 700		33

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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 response or note	to any line in this Pa	rt IX		X
	not include amounts reported on lines 6b, 7b, 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				·
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	37,097	37,097		
6	Compensation not included above to disqualified	·	·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	257,523	189,172		68,351
8	Pension plan accruals and contributions (include	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,579	17,350		5,229
11	Fees for services (nonemployees):	22,010	11,000		0,220
	Management				
b	Legal	1,510	1,510		
C	Accounting	4,650	4,650		
d	Lobbying	4,000	+,050		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	19,601	19,601		
13	Office expenses	17,586	17,586		
14	Information technology	3,262	3,262		
		3,202	3,202		
15 16	Royalties	38,212	38,212		
	Occupancy				
17	Travel	9,309	9,309		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10.510	10.510		
23	Insurance	48,513	48,513		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PAYPAL FEES, SHIPPING & OTHER	4,756		4,756	
b	EVENTS	24,016			24,016
С	CURRICULUM EXPENSE	2,500	2,500		
d	MISCELLANEOUS	2,431	2,431		
е	All other expenses	59,440	59,440		
25	Total functional expenses. Add lines 1 through 24e	552,985	450,633	4,756	97,596
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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Part X **Balance Sheet**

2 Savings and temporary cash investments 3 3 3 3 3 3 4 Accounts receivable, net 3 3 3 3 3 3 4 Accounts receivable, net 12,400 4 32,349 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a felined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 1 1 1 1 1 1 1 1			Check if Schedule O contains a response or note to any line in this Part X.			
2 Savings and temporary cash investments 3 3 3 3 3 3 4 Accounts receivable, net 3 3 3 3 3 3 4 Accounts receivable, net 12,400 4 32,349 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 5 5 5 5 5 5 5						
3 Pledges and grants receivable, net 1,2,400 4 32,349		1	Cash—non-interest-bearing	422,771	1	476,482
A Accounts receivable, net. 12,400		2	Savings and temporary cash investments		2	250,000
A Accounts receivable, net. 12,400		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges. 10a Land, buldings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—publicly traded securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 28 Grants payable and accrued expenses. 29 Tax-exempt bond liabilities. 20 Tax-exempt bond liabilities. 21 Ecrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Acsets with donor restrictions. 28 Secured mortgages and notes payable to unrelated third parties. 29 Organizations that do not follow FASB ASC 958, check here Part A of Schedule D. 26 Total liabilities. Add lines 17 through 25. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 31 Paid-in or capital surplus, or fund balances. 444,078 32 762,981		4		12,400	4	32,349
Controlled entity or family member of any of these persons. 5		5	Loans and other receivables from any current or former officer, director,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 30 Retained earnings, endownen, accumulated income, or other funds. 31 Retained earnings, endownen, accumulated income, or other funds. 32 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endownen, accumulated income, or other funds. 32 Total net assets or fund balances. 444,078 32 762,981			trustee, key employee, creator or founder, substantial contributor, or 35%			
### Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7			controlled entity or family member of any of these persons		5	
7		6	Loans and other receivables from other disqualified persons (as defined			
10a	ssets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a		7	Notes and loans receivable, net		7	
10a		8	Inventories for sale or use		8	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b 10c 11 Investments—publicly traded securities . 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—orgoram-related. See Part IV, line 11 . 13 14 Intangible assets . 14 15 Other assets. See Part IV, line 11 . 9,375 15 9,375 16 Total assets. Add lines 1 through 15 (must equal line 33) . 447,772 16 771,407 17 Accounts payable and accrued expenses . 3,694 17 8,426 18 Grants payable and accrued expenses . 3,694 17 8,426 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities (including federal income tax, payables to related third parties . 24 26 Total liabilities. Add lines 17 through 25 . 3,694 26 8,426 27 Net assets with donor restrictions . 256,553 27 487,981 28 Net assets with donor restrictions . 256,553 27 497,981 29 Capital stock or trust principal, or current funds . 29 30 Paid-in or capital surplus, or land, building, or equipment fund . 30 31 Retained earnings, endowment, accumulated income, or other funds . 444,078 32 762,981	⋖	9	Prepaid expenses and deferred charges	3,226	9	3,201
b Less: accumulated depreciation 10b 10c 11c 1 1 1 1 1 1 1 1		10a	Land, buildings, and equipment: cost or			
11 Investments—publicly traded securities 11 12 10 12 10 10 13 13 14 11 12 11 13 14 11 12 11 13 14 11 13 14 11 15 15 14 11 15 15						
12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 15 9,375 15 9,375 15 9,375 16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 771,407 18 Grants payable and accrued expenses 3,694 17 8,426 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond l		b	Less: accumulated depreciation 10b		10c	
13 Investments—program-related. See Part IV, line 11 13 14 16 16 16 16 16 17 17 18 18 19 17 18 17 18 17 18 18 19 19 19 19 19 19		11	Investments—publicly traded securities		11	
14 Intangible assets 14		12	Investments—other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11 9,375 15 9,375 16 771,407 16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 Accounts payable and accrued expenses 3,694 17 8,426 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D 21 23 Escrow or custodial account liability complete Part IV of Schedule D 21 24 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with donor restrictions 256,553 27 487,981 28 Net assets with donor restrictions 256,553 27 487,981 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 444,078 32 762,981		13	Investments—program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11 9,375 15 9,375 16 771,407 16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 Accounts payable and accrued expenses 3,694 17 8,426 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D 21 23 Escrow or custodial account liability complete Part IV of Schedule D 21 24 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with donor restrictions 256,553 27 487,981 28 Net assets with donor restrictions 256,553 27 487,981 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 444,078 32 762,981		14	Intangible assets		14	
16 Total assets. Add lines 1 through 15 (must equal line 33) 447,772 16 771,407 17 Accounts payable and accrued expenses 3,694 17 8,426 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with other orestrictions 256,553 27 487,981 28 Net assets with donor restrictions 256,553 27 487,981 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 444,078 32 762,981 32 Total net assets or fund balances 444,078 32 762,981		15		9,375	15	9,375
17		16		·	16	771,407
18 Grants payable 18 19 Deferred revenue 19 20 21 20 21 20 21 21 20 21 21		17		3,694	17	8,426
19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,694 26 8,426 27 Net assets with onor restrictions 256,553 27 487,981 28 Organizations that follow FASB ASC 958, check here 3 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 444,078 32 762,981 32 Total net assets or fund balances 444,078 32 762,981		18			18	
Tax-exempt bond liabilities		19			19	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 24 25 25 26 26 26 27 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 29 29 29 29 29 29 29		20			20	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 24 25 25 26 26 26 27 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 29 29 29 29 29 29 29		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	S					
Unsecured notes and loans payable to unrelated third parties	≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties	abi				22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 3,694 26 8,426 Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 28 275,000 Organizations that do n		24	Unsecured notes and loans payable to unrelated third parties		24	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25. 3,694 26 8,426 Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 275,000 Organizations that do not follow FASB ASC 958, check here ► ART 187,525 28 28 275,000 Organizations that do n		25				
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Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 3,694 26 8,426 8,426 256,553 27 487,981 187,525 28 275,000 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Total net assets or fund balances. 444,078 32 762,981			Part X of Schedule D		25	
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		3,694	26	8,426
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	S					
Net assets without donor restrictions	ည					
28 Net assets with donor restrictions	<u>a</u>	27		256.553	27	487.981
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	m					
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	п			101,020		210,000
29 Capital stock or trust principal, or current funds	Ţ					
Paid-in or capital surplus, or land, building, or equipment fund	ō	29	-		29	
78 Retained earnings, endowment, accumulated income, or other funds	ets		· · · · · · · · · · · · · · · · · · ·			
32 Total net assets or fund balances	SS					
2 33 Total liabilities and net assets/fund balances	Ϋ́			444 078		762 981
	Š			·		771,407

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	71,888
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	52,985
3	Revenue less expenses. Subtract line 2 from line 1	3		3	18,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4	44,078
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		76	62,981
Part	·				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O.				V
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3	<u>a</u>	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_ [
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3	D C	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		PLATOON, NEP						99578			
Par		Reason for Public Char									
	orga	anization is not a private foundat	•		-		•				
1		A church, convention of church				. , . ,	(A)(i).				
2		A school described in section 1	1 70(b)(1)(A)(ii) . (Atta	ach Schedule E (Form	990 or 99	0-EZ).)					
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	o)(1)(A)(ii	i).				
4		A medical research organizatio hospital's name, city, and state	· ·	nction with a hospital c	lescribed i	n section	170(b)(1)(A)(iii). En	ter the			
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in			
6		A federal, state, or local govern	ment or governmen	ital unit described in s e	ection 170	(b)(1)(A)(v).				
7	Χ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10		university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See se	ection 509	9(a)(4).				
12											
	 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported 										
С		organization(s). You must c Type III functionally integra			n connect	ion with	and functionally integ	rated with			
Ŭ		its supported organization(s						ratoa witii,			
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att				
е		Check this box if the organiz functionally integrated, or Ty	ation received a wri	itten determination fror	n the IRS	that it is a		e III			
f		Enter the number of supported of									
g		Provide the following information Name of supported organization	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of			
	(1)	Name of supported organization	(11) EIN	(described on lines 1–10 above (see instructions))	listed in you		support (see instructions)	other support (see instructions)			
					Yes	No					
(A)											
(B)											
(6)											
(C)											
(D)											
(E)											
Tota											

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,100	171,351	324,207	476,764	564,855	1,559,277
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3	22,100	171,351	324,207	476,764	564,855	1,559,277
6	Public support. Subtract line 5 from line 4						1,559,277
	tion B. Total Support						.,000,2
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	22,100	171,351	324,207	476,764	564,855	1,559,277
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		·				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,559,277
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here						> X
Sec	tion C. Computation of Public Su					 	
14	Public support percentage for 2019 (line 6, c					14	
15	Public support percentage from 2018 Schedu					15	
	33 1/3% support test—2019. If the organization qualifies as	s a publicly supporte	ed organization .				· · · · · • 🗀
р	33 1/3% support test—2018. If the organization qualified box and stop here. The organization qualified			•			
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets t Part VI how the organization meets the "facts organization	the "facts-and-circu s-and-circumstance	mstances" test, ch es" test. The organ	eck this box and st ization qualifies as	t op here. Explain a publicly support	in ed	>
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and- ts the "facts-and-cire	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. ualifies as a public	cly	▶ [
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		_

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						ĺ
2	Gross receipts from admissions, merchandise						1
	sold or services performed, or facilities furnished in any activity that is related to the						I
	organization's tax-exempt purpose						I
3	Gross receipts from activities that are not an	-					
	unrelated trade or business under section 513						1
4	Tax revenues levied for the						
	organization's benefit and either paid to						1
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						1
	organization without charge						1
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						1
b	Amounts included on lines 2 and 3						
	received from other than disqualified						1
	persons that exceed the greater of \$5,000						I
	or 1% of the amount on line 13 for the year						1
С	Add lines 7a and 7b	-					
8	Public support (Subtract line 7c from						
	line 6.)						1
Sec	tion B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						1
	royalties, and income from similar sources						1
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						1
	acquired after June 30, 1975						1
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						I
	or not the business is regularly carried on .						1
12	Other income. Do not include gain or						
	loss from the sale of capital assets						1
	(Explain in Part VI.)						1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1
14	First five years. If the Form 990 is for the on	ganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and $\ensuremath{\mathbf{stop}}$ here .						> _
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2019 (line 8, co			(f))		15	
16	Public support percentage from 2018 Schedu		-			16	
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line			column (f))		17	
18	Investment income percentage from 2018 Sc					18	
	33 1/3% support tests—2019. If the organiz						
	not more than 33 1/3%, check this box and s						▶ □
b	33 1/3% support tests—2018. If the organiz	-			-		<u>-</u>
	line 18 is not more than 33 1/3%, check this b	oox and stop her d	e. The organization	n qualifies as a pub	licly supported org	anization	
20	Private foundation. If the organization did n	ot check a hox on	line 14 19a or 10	h check this hox a	and see instruction	\$	▶□

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.0		
2-		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
30		
6		
J		
7		
8		
,		
9a		
J u		
04		
9b		
9с		
10a		
10b		
TUD		

Schedule A (Form 990 or 990-EZ) 2019

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
00011	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 in (2), 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	_		
<u> </u>	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activities Test. Answer (a) and (b) below.	•	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	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 in (a) 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 (a) and (b) 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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	ns A through E.	
Section 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			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e 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 1-1/2% 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 .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	g organization (see	
instructions).				

Schedule	e A (Form 990 or 990-EZ) 2019 CODE PLATOON, NFP		4	7-2499578 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	, , , , , , , , , , , , , , , , , , , ,	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	i		0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
<u> </u>	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С				
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Fo	orm 990 or 990-EZ) 2019 CODE PLATOON, NFP	47-2499578	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	- ,	
		=== =====	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

CODE PLATOON, NFP

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

47-2499578

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Chack if your armonization is an	versed by the Consent Bule or a Special Bule			
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.			
Special Rules				
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
contributor, during the y contributions totaled mo during the year for an e General Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the orthis organization because it received nonexclusively religious, charitable, etc., contributions during the year			
Caution: An organization that is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,			

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number CODE PLATOON, NFP 47-2499578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	DRW TRADING GROUP FOUNDATION 540 WEST MADISON STREET SUITE 2500 CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	DRW LLC 540 WEST MADISON STREET SUITE 2500 CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	SPROUT SOCIAL 131 DEARBORN ST STE 700 CHICAGO IL 60611 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	ECHO GLOBAL LOGISTICS 600 WEST CHICAGO AVE STE 725 CHICAGO IL 60654 Foreign State or Province: Foreign Country:	\$10,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	WORKDAY FOUNDATION 6110 STONERIDGE MALL ROAD PLEASANTON CA 94588 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	AVANT LLC 222 N LA SALLE ST STE 1700 CHICAGO IL 60601 Foreign State or Province:	\$10,000	Person X Payroll Noncash (Complete Part II for		

Name of organization Employer identification number CODE PLATOON, NFP 47-2499578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	ROBERT R MCCORMICK FOUNDATION 205 N MICHIGAN AVE STE 4300 CHICAGO IL 60601 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	CHICAGO COMMUNITY TRUST 225 N MICHIGAN AVE STE 2200 CHICAGO IL 60601 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	MOTOROLA SOLUTIONS FOUNDATION 500 WEST MONROE ST CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$60,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	STATE OF ILLINOIS VETS CASH 207 STATE HOUSE SPRINGFIELD IL 62706 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	INSTACART 50 BEALE STREET SAN FRANCISCO CA 94107 Foreign State or Province: Foreign Country:	\$9,196	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 12	NIKE FOUNDATION ONE BOWERMAN DR BEAVERTON OR 97005 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number CODE PLATOON, NFP 47-2499578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	THE COMCAST NBC UNIVERSAL FOUNDATION ONE COMCAST CENTER 49TH FL PHILADELPHIA PA 19103 Foreign State or Province: Foreign Country:	\$8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	THE WEINBERG FOUNDATION INC 7 PARK CENTER COURT OWINGS MILLS MD 21117 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	CTC TRADING GROUP 440 SO LASALLE STREET CHICAGO IL 60605 Foreign State or Province: Foreign Country:	\$30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	DR SCHOLL FOUNDATION 1033 SKOKIE BLVD 230 NORTHBROOK IL 60062 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	KENNETH BRODY 540 W MADISON AVE STE 2500 CHICAGO IL 60661 Foreign State or Province: Foreign Country:	\$ <u>8,175</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	THE BOEING COMPANY PO BOX 516 ST LOUIS MO 63166 Foreign State or Province: Foreign Country:	\$ 75,000	Person X Payroll		

Name of organization Employer identification number CODE PLATOON, NFP 47-2499578

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	EIGHT LIGHT 25 EAST WASHINGTON CHICAGO IL 60602 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	TRADING TECHNOLOGIES 222 S. RIVERSIDE PLAZA STE 1100 CHICAGO IL 60606 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	GUARANTEED RATE 3940 RAVENSWOOD AVE CHICAGO IL 60613 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	G2 CROWD INC 100 S WACKER DR 600 CHICAGO IL 60606 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	DANNY & JENNIFER O; SHAUGHNESSY CHARITABI PO BOX 15203 ALBANY NY 12212 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number CODE PLATOON, NFP 47-2499578

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

For. Prov.

Country

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization		Employer identification number
COD	E PLATOON, NFP		47-2499578
Par			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono		
	only for charitable purposes and not for the be		
Dow	conferring impermissible private benefit?		Yes No
Par	Conservation Easements.		7
	Complete if the organization answer		/
1	Purpose(s) of conservation easements held by		ion of a historically important land area
	Preservation of land for public use (for exam	· -	• •
	Protection of natural habitat	Preservat	ion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation ease		
c d	Number of conservation easements on a certification value of conservation easements included in the conservation easements included in the conservation easements included in the conservation easements on a certification of the conservation easements on a certification easement of the conservation easeme		20
u	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,		
	the tax year •		, ,
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspectio	n, handling of
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	g conservation easements during the year
_	•		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year
0	▶ \$ Does each conservation easement reported o	n line 2(d) above setiate the requirements	of coction 170(h)(4)(P)(i)
8	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization rep		
3	balance sheet, and include, if applicable, the t		·
	organization's accounting for conservation eas		ianolal statements that decembes the
Par			or Other Similar Assets.
	Complete if the organization answer		
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educa	ation, or research in furtherance of
	public service, provide in Part XIII the text of the	ne footnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		ation, or research in furtherance of
	public service, provide the following amounts in		
	(i) Revenue included on Form 990, Part VIII, I		• \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of all		<u> </u>
_	following amounts required to be reported und		
a L	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X	1	
D	Assets included in Fulli 330, Fall A		🛩 Ф

Part	Organizations Maintaining Office (Collections of A	rt, Histo	rical Tre	asures, or O	ther Similar Asset	s (contir	าued)	
3	Using the organization's acquisition, ac	cession, and other	records,	check any	of the following	that make significant	use of its	S	
	collection items (check all that apply):			1					
а	Public exhibition		d	Loan or	exchange prog	ram			
b	Scholarly research		е	Other					
С	Preservation for future generations	S							
4	Provide a description of the organization XIII.	on's collections and	explain h	ow they fu	ırther the organ	ization's exempt purpo	se in Pa	ırt	
5	During the year, did the organization seassets to be sold to raise funds rather						Ye	.e 🗀	No
Part			- ac par	. 01 1110 015	gamzanon o con			<u> </u>	
Part	Complete if the organization a		n Form 9	990, Part	IV, line 9, or	reported an amoun	t on For	m	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, c included on Form 990, Part X?			-			Ye	·- 🗀	No
b	If "Yes," explain the arrangement in Pa						16	,s	NO
b	ii res, explain the arrangement iii r	It Am and complete		wing table	•		Amount		
С	Beginning balance					1c	anount		
d	Additions during the year					1d			
е	Distributions during the year					1e			-
f	Ending balance					1f			
2a	Did the organization include an amoun	t on Form 990, Par	t X, line 2	1, for escr	ow or custodial	account liability?	Υe	es X	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the expl	anation ha	as been provide	ed on Part XIII	. .		
Part	-				·				
	Complete if the organization a	nswered "Yes" c	n Form 9	990, Part	IV, line 10.				
		(a) Current year		or year	(c) Two years ba	ck (d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships						+		
е	Other expenditures for facilities								
_	and programs						+		
f	Administrative expenses						+		
g	End of year balance		h = l = := = = /	lina 4 m a a					
2	Provide the estimated percentage of the Board designated or quasi-endowment		%	ine ig, co	numm (a)) neid	as.			
a b	Permanent endowment	%							
C	Term endowment ►	%							
	The percentages on lines 2a, 2b, and 2		0%.						
3a	Are there endowment funds not in the	•		n that are	held and admi	nistered for the			
	organization by:	1	Ü				Ī	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	ganizations listed a	as require	d on Sche	dule R?		3b		
4	Describe in Part XIII the intended uses	of the organization	n's endowr	nent funds	S				
Part									
	Complete if the organization a	inswered "Yes" o	n Form 9	990, Part	IV, line 11a.	See Form 990, Par	X, line	10.	
	Description of property	(a) Cost or ot		` '	or other basis	(c) Accumulated	(d) Bo	ook value	9
	Land	(investm	nent)	(0	other)	depreciation			
1a	Land	<u> </u>							
b	Buildings	•							
c d	Leasehold improvements	1							
u e	Other	1							
	Add lines 1a through 1e. (Column (d) r		90, Part X.	column (l	B), line 10c.) .				

Part VII				
	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 990	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	ıl derivatives			
(2) Closely	held equity interests			
(3) Other				
/A\				
(B)				
(C)				
(D)				
(E)				
(F)				
(H)	(1) (5 000 5 ()/ (/5) (/ (0) 5			
	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	<u> </u>	IV II	Deat IV I'm 44 - O - France 000	2. Deat V. Page 40
	Complete if the organization answered '	'Yes" on Form 990,		
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
raitix	Complete if the organization answered '	'Ves" on Form 990	Part IV line 11d See Form 99	n Part X line 15
	(a) Descri		Tarriv, mile 11d. dee 1 diii 300	(b) Book value
(1)	(.,,	,		(0) 2 2 2 1 1 1 2 2 2 2
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.	•		
,	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Descript	tion of liability		(b) Book value
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) li	ine 25.)		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the o	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.

Χ

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part		•	Return.	
1	Total revenue, gains, and other support per audited financial statements			. 1	871,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·	07 1,000
² a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	871,888
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	871,888
Part	Reconciliation of Expenses per Audited Financial Statement	ts With	Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			. 1	552,985
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	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	552,985
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			
	Others (December in Dest VIII.)	41.			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b				552,985
5 Part	Add lines 4a and 4b			. 5	·
5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, I	nes 1b and 2b;	Part V, line 4;	·
5 Part	Add lines 4a and 4b	Part IV, I	nes 1b and 2b;	Part V, line 4;	·
5 Part Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, I	ines 1b and 2b;	Part V, line 4;	·
5 Part Provi	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, I	ines 1b and 2b;	Part V, line 4;	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN 1	Part V, line 4; rmation.	·
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN 1	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN 1	Part V, line 4; rmation.	Part X, line
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c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line
c 5 Parti Provi 2; Pa Part)	Add lines 4a and 4b . Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proximal X Line 2 CONSIDERATION OF FASB ASC 740-10 DETERMINED THAT NO MA	Part IV, I	ines 1b and 2b; y additional info UNCERTAIN T STATEMENTS	Part V, line 4; rmation.	Part X, line

Schedule D (Fo		CODE PLATOON, NFP	47-2499578	Page 5
Part XIII	Suppleme	ental Information (continued)		

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019

Open to Public Inspection

Name of the organization

CODE PLATOON, NFP

Employer identification number 47-2499578

ı aı			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	X	
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 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?			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
D	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	in you allowed to the draw of the above, please explain. If you have there expand, about art in			
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
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
_				
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
				,,
h	Other extracurricular activities?	5h		Х
	in you anowered Too to any or the above, produce explaint. If you need more epace, also Tark in			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
_	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, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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.	
Line 6a FINANCIAL AID IS RECEIVED FROM THE DEPARTMENT OF VETERANS AFFAIRS FOR STUDENTS	
USING THE GI BILL AND VET TECH.	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Inspection Employer identification number

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

Pá	art II	Fundraising Events.	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV	, line 18, or reported
		more than \$15,000 of for	_	_	ome on Form 990-EZ	, lines 1 and 6b. List
	1	events with gross recei			T	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRATE CP (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
ne ne			(evenit type)	(event type)	(total number)	
Revenue	1	Gross receipts	96,472			96,472
Re		•	·			·
	2	Less: Contributions				
	3	Gross income (line 1 minus	00.470			00.470
		line 2)	96,472			96,472
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages				
irect	8	Entertainment				
	9	Other direct expenses	21,172			21,172
					<u>I</u>	,,
	10	Direct expense summary. Add				(21,172)
Do	11 irt III	Net income summary. Subtract Gaming. Complete if the	ct line 10 from line 3, colu	mn (d)		75,300
Гс	art III	than \$15,000 on Form	=	ed res on Form 990	D, Fait IV, iiile 19, Oi i	eported more
Φ		, -,	,	(b) Pull tabs/instant		(d) Total gaming (add
enne		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Sevenue			,		(c) Other gaming	
Revenue	1	Gross revenue	,		(c) Other gaming	
		Gross revenue	,		(c) Other gaming	
	1 2		,		(c) Other gaming	
		Gross revenue	,		(c) Other gaming	
ct Expenses	2	Gross revenue	,		(c) Other gaming	
Expenses	2	Gross revenue	,		(c) Other gaming	
ct Expenses	2 3 4	Gross revenue	,		(c) Other gaming	
ct Expenses	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
ct Expenses	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo Yes % No	Yes %	
ct Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colum	yes	Yes %No	col. (a) through col. (c))
ct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colu	Yes % No mn (d)	Yes %No	col. (a) through col. (c))
ct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column. Subtract line 7 from line	Yes % No mn (d)	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column. Subtract line 7 from line ganization conducts gamin anduct gaming activities in	Yes % No mn (d)	Yes	(0) Yes No
Direct Expenses	2 3 4 5 6 7 8 er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colur. Subtract line 7 from line ganization conducts gamin nduct gaming activities in	Yes % No mn (d)	Yes	(0)
Direct Expenses	2 3 4 5 6 7 8 er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column. Subtract line 7 from line ganization conducts gamin and uct gaming activities in	Yes % No mn (d)	Yes	(0) Yes No
Direct Expenses	2 3 4 5 6 7 8 Er a Is	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gamin nduct gaming activities in	Yes % No mn (d)	Yes	(0)
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in columns. Subtract line 7 from line ganization conducts gamin and uct gaming activities in aming licenses revoked, s	Yes % No mn (d)	Yes % No during the tax year?	col. (a) through col. (c)) (0) . Yes No . Yes No
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in colur Subtract line 7 from line ganization conducts gamin nduct gaming activities in	Yes % No mn (d)	Yes % No No during the tax year?	col. (a) through col. (c)) (0) . Yes No . Yes No

Schedu	ile G (Form 990 or 990-EZ) 2019 CODE PLATOON, NFP	47-	2499578	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	nd		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$ \$:		
С	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			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	г	_	
	retain the state gaming license?	L	Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year \$	r		
Part		ns (iii) a	nd (v): a	and
· art	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
	See instructions.			

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

CODE PLATOON, NFP 47-2499578 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes No Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total \$ \triangleright **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)

(7) (8) (9) (10)

Washing Business Transactions In Complete if the organization	volving Interested Persons. n answered "Yes" on Form 990, F	Part IV, line 28a, 28b,	or 28c.	5/8 _[
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve
				Yes
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
Provide additional informati	on for responses to questions on	Schedule L (see inst	ructions).	
	on for responses to questions on			
Provide additional informati	on for responses to questions on			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Employer identification number

CODE PLATOON, NFP 47-2499578 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 C, Line 19: ALL FORMAL WRITTEN REQUESTS TO REVIEW GOVERNING DOCUMENTS, FORM 990 AND FINANCIAL STATEMENTS ARE COMPLIED WITHIN A REASONABLE AND TIMELY MANNER. Form 990, Part IX, Line 24(E): INDEPENDENT/OUTSIDE CONTRACTORS===\$59,440 Form 990, Part VI, Section B, Line 15A: 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. Form 990, Part VI, Section B, Line 15B: KEY PERSONEL COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR FOLLOWING A DISCUSSION WITH THE TREASURER AND THE BOARD. COMPARABILITY DATA IS SIMILARLY USED FOR THIS PROCESS. Form 990, Part VI, Section C, Line 18: FINANCIAL STATEMENTS CAN ALSO BE FOUND ON WWW.GUIDESTAR.ORG Form 990, Part VI, Section A, Line 4: AMENDED BYLAWS REGARDING CONFLICTS OF INTEREST, CODE OF ETHICS, RACIAL NONDISCRIMINATION POLICY AND BOARD EXPECTATIONS.

Schedule O (Form 990 or 990-EZ) (2019)	Pa	age 💈	2
Name of the organization	Employer identification number		_
CODE PLATOON, NFP	47-2499578		