Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

OMB No. 1545-0047

	roi ii	ile 2021 Caleii	dar year, or tax year beginning and ending					
В	Check	if applicable:	C Name of organization Coding Kids Foundation		D Emplo	yer identification number		
	Addres	ss change	Doing business as		87-0922779			
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number		
	Initial ı	return	7303 NE William Rogers Rd		(360)	329-2094		
	Final ret	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amen	ded return	Indianola, WA 98342		G Gross	receipts \$ 2,670,000.		
	Applicat	ion pending	F Name and address of principal officer: Christopher Danfor	rd H(a)	Is this a group re	eturn for subordinates? Yes No		
			7303 NE William Rogers Rd Indianola, WA	. 98342 Н(ь)	Are all subore	dinates included? Yes No		
	ax-exe	mpt status:	X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instructions		
Jν	Vebsite	»: ▶http	os://codingkidsfoundation.org	H(c)	Group exemp	tion number		
		organization:		of formation: 202	1 M	State of legal domicile: WA		
P	art I	Summa	ary		'			
	1	Briefly desci	ribe the organization's mission or most significant activities:					
ė		To int	roduce and teach computer programmin	g concepta	s and	skills to		
Activities & Governance			-aged children.					
ern	2	Check this b	box ▶ ☐ if the organization discontinued its operations or disposed of more	than 25% of its net	assets.			
Š	3	Number of v	voting members of the governing body (Part VI, line 1a)		3	3		
ಶ	4	Number of in	ndependent voting members of the governing body (Part VI, line 1b)		4	2		
ies	1		er of individuals employed in calendar year 2021 (Part V, line 2a)			0		
Ĭ	1		er of volunteers (estimate if necessary)			7		
Act	1		ted business revenue from Part VIII, column (C), line 12			0.		
	1		d business taxable income from Form 990-T, Part I, line 11			0.		
			, ,	Prior Year		Current Year		
	8	Contribution	s and grants (Part VIII, line 1h)			2,670,000.		
<u>e</u>	9		rvice revenue (Part VIII, line 2g)					
enr	1	_	ncome (Part VIII, column (A), lines 3, 4, and 7d)					
Revenue	1		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
-	1		ie – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,670,000.		
			similar amounts paid (Part IX, column (A), lines 1-3)			2/0/0/0000		
	1		d to or for members (Part IX, column (A), line 4)					
	1		ner compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	1		I fundraising fees (Part IX, column (A), line 11e)					
ens	1		ising expenses (Part IX, column (D), line 25) ▶					
Ä	1		uses (Part IX, column (A), lines 11a-11d, 11f-24e)			8,793.		
_	1	•	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)			8,793.		
	1	•	ss expenses. Subtract line 18 from line 12			2,661,207.		
		110101100100	o spondo. Cubitati into 10 from into 12 v v v v v v v v v v v v v v v v v v	Beginning of Curr	rent Year	End of Year		
ts or	20	Total assets	(Part X, line 16)	Degining or our	TOTAL TOUR	2,671,732.		
Asse Ball	21		es (Part X, line 26)			10,526.		
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20			2,661,206.		
	art II		ure Block			2/001/2001		
			rry, I declare that I have examined this return, including accompanying schedules and	d statements, and to th	e best of my	knowledge and belief, it is		
	•		lete. Declaration of preparer (other than officer) is based on all information of which p		•	,		
		•	,		9-			
Si	gn	Signature	e of officer	Da	te			
	ere	▶ Chri	stopher Danford, President					
			print name and title					
P	aid	Prin	t/Type preparer's name Preparer's signature	Date	Check	if PTIN		
	epar	or			self-em			
	epai se Oi	I	name •		Firm's EIN ▶			
Ů:	Je Ul	- 1	address >		hone no.			
			······································	' '				
May	the IF	RS discuss th	nis return with the preparer shown above? See instructions			· · · · Yes No		

Par	Statement of Program Se Check if Schedule O contains a res	•		
1	Briefly describe the organization's mission	· · · · · · · · · · · · · · · · · · ·		
	•		ing concepts and skills	: to
	school-aged children			
2	Did the organization undertake any signific	cant program services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on S			
3	Did the organization cease conducting, or	make significant changes in how it conduct	s, any program	
				Yes X No
	If "Yes," describe these changes on Sche			
4	_	ce accomplishments for each of its three lar	dest program services, as measured by	
•		i) organizations are required to report the arr		
	the total expenses, and revenue, if any, fo		iount of grants and anocations to others,	
	the total expenses, and revenue, if any, to	r each program service reported.		
4a	(Code:) (Expenses \$ 4	.,092. including grants of \$) (Revenue \$	
Tu			in computer operation,	/
		s, and specific progra		
		ed into for different		
		exposure to computer p		
	courses are structur	red and typically run	a week in length.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(2000) (Σλροπούο ψ	mordaning grante or \$) (ittorollad	/
4d	Other program services (Describe on Sch	nedule O.)		
	(Expenses \$ including	grants of \$) (Rev	enue \$	
4e	Total program service expenses			4.092.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	and the second s			
	Schedule D. Parts XI and XII.	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		3.5
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20.0	If "Yes," complete Schedule G, Part III	19		X
20a b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
£ I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	democracy government on that the condition (r.y., mile to mile the following for and the trainers to the trainers to the condition of the cond			

Form 990 (2021) Coding Kids Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			Х
	If "Yes," complete Schedule L, Part IV	28a		77
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			37
	If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,	20		v
22	Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		v
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1	34		v
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 22
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			I
	Check if Schedule O contains a response or note to any line in this Part V			. 🖂
	The same and the same are supplementally since any		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c		

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2 a	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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4 a	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				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_						
_	required to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f						
f								
g								
h •	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h						
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	Ů						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	0.5						
a	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration							
	or excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

UYA

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

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 employees."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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	;)					
(A)	(B)			Posi	tion			(D)	(E)	(F)
Name and title	Average	(do n	ot ch			than o	ne	Reportable	Reportable	Estimated amount
	hours	box, ı	unles	s pe	rson	is both	an	compensation	compensation	of other
	per week			•		or/truste		from the	from related	compensation
	(list any		_					organization (W-2/	organization (W-2/	from the
	hours for	Individual or director	stit	Officer	еу (mple	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	dua ecto	ltio	뿌	dme	est o	<u>e</u>	1099-NEC)	1099-NEC)	related organizations
	below	or fr	<u>าล</u>		Key employee	e				
	dotted line)	Individual trustee or director	Institutional trustee		эе	per				
		Ф	tee			Highest compensated employee				
						ed				
(1) Christopher Danford	12.00									
President	12.00			х						
(2)										
(-)										
(3)										
(4)										
(5)										
(6)										
/ - />										
(7)										
(8)										
(0)										
(9)										
(10)										
(11)										
<u>(12)</u>										
(40)							_			
(13)										
(4.4)				\vdash			\vdash			
(14)										
			I	1		l	I	ĺ		

Section A. Officers, Directors, The	Jaces, Ne	y L 1111	pio;	y C C	3, a	IIU III	gii	est Compensati	-u Lilipioye	'C3 (00	onunueu)	
(A) Name and title	(B) Average hours per week (list any hours for related	box, u	unles er and	Position eck more that is person is but a director/tru Officer		is both	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organization (W-2, 1099-MISC/	on ed W-2/	Estimate of compe from	ed amount other ensation in the ation and
	organizations below dotted line)	10 -	Institutional trustee	cer	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC)	related or	ganizations
(15)												
(16)												
(17)												
(18)												
(19)										+		
(20)										+		
(21)												
(22)												
(23)										+		
(24)												
(25)												
1b Subtotal c Total from continuation sheets to Pa d Total (add lines 1b and 1c) 2 Total number of individuals (including line reportable compensation from the organical states)	out not limit	ted to					b ve)	who received m	ore than \$1	00,00	0 of	
 3 Did the organization list any former office employee on line 1a? If "Yes," complete 4 For any individual listed on line 1a, is the organization and related organizations guindividual 5 Did any person listed on line 1a receive of for services rendered to the organization 	Schedule Je sum of repreater than or accrue co	for social	uch ole d ,000 nsa	ind com 0? Ii	lividi iper f "Yo i fro	<i>ual</i> Isatio es," c m any	n ar o <i>mp</i>	nd other comper plete Schedule J	sation from for such	 ⁄idual	3	Yes No X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Retax year.	compensat	ed inc	depe	end	ent	contra	acto	ors that received	more than \$	\$100,0	000 of	n's
(A) Name and business address								(B) Description of se	ervices	C	(C) Compens	ation
2 Total number of independent contractors	s (including	but n	ot li	mite	ed t	o thos	se li	sted above) who				
received more than \$100,000 of compen							JU 11	c.oa above, wiic				

		Check if Schedule O contains a response or r	note to any line in this	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	a				
ran	b	· · · —	b				
, G	c		С				
iifts ar /	d		d				
s, G ⊞	e		е				
ion: r Si	f	All other contributions, gifts, grants,					
outi			f 2,670,000.				
d O	g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants, and Other Similar Amounts	h			2,670,000.			
ē			Business Code				
Program Service Revenue	2a						
S.	b						
<u>Xi</u>	С						
Ser	d						
ram	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including dividends, intere	st,				
		and other similar amounts)	🟲				
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a			4			
	b	Less: rental expenses 6b		_			
	C	Rental income or (loss) 6c					
	_d	, , , , , , , , , , , , , , , , , , , ,					
	7a	Gross amount from sales of (i) Securities	(ii) Other	-			
	١.	assets other than inventory 7a		-			
	b						
		and sales expenses		-			
	I	Gain or (loss)	•				
	"	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
ne	8.2	Gross income from fundraising					
Ne.	""	events (not including \$					
R		of contributions reported on line 1c).					
Other Reven		See Part IV, line 18	a				
δ	b		b				
	I	Gross income from gaming activities.					
		See Part IV, line 19	a				
	b	Less: direct expenses	b				
			•				
	10a	Gross sales of inventory, less					
		returns and allowances)a				
	b	Less: cost of goods sold)b				
	С	Net income or (loss) from sales of inventory -	<u> </u>				
<u>s</u>			Business Code				
eon	11 a			1			
scellaneo Revenue	b			1			
Miscellaneous Revenue	С						
Ξ		All other revenue		+			
		Total. Add lines 11a-11d	<u>P</u>	2 670 000			
	12	i otal revenue. See instructions	🚩	2,670,000.	1		1

	ion 501(c)(3) and 501(c)(4) organizations must complete all colu Check if Schedule O contains a response or note to any				
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
	10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign 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				
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				
8	Pension plan accruals and contributions (include section				
_	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	1.		1	
	Accounting	<u> </u>		1.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	3,079.	1,540.	1,539.	
15	Royalties	7,515,5	_,	_,	
16	Occupancy	5,103.		2,551.	
17	Travel	•		•	
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
	Bank Fees				
	Licenses	610.		610.	
C					
d					
	All other expenses	0 500	1 540	4 501	
25	Total functional expenses. Add lines 1 through 24e	8,793.	1,540.	4,701.	
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)				
	11010 F 10110Willig OOI 30-2 (AOO 300-120)				

	Check if Schedule O contains a response or note to any line in this Part X	(A)	 I	
		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing		1	1,732
2	Savings and temporary cash investments		2	2,670,000
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
3 J	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges.		9	
1 -	a Land, buildings, and equipment: cost or		Ť	
''	other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10c	
11	Investments — publicly traded securities		11	
12	Investments — other securities. See Part IV, line 11		12	
13	·		13	
'	Investments — program-related. See Part IV, line 11		14	
14	Intangible assets		15	
15	Other assets. See Part IV, line 11		-	2 671 722
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,671,732
17	Accounts payable and accrued expenses		17	10,526
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			
21 22 22	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		26	10,526
0 10 10 10 10 10 10 10 10 10 10 10 10 10	Organizations that follow FASB ASC 958, check here			
≧	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	2,661,206
28	Net assets with donor restrictions.			
27 28 28	Organizations that do not follow FASB ASC 958, check here		28	
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.		32	2,661,206
29 30 31 32 33	Total liabilities and net assets/fund balances.		33	2,671,732
UYA	Total national and not association balances.	<u> </u>	_ 55	Form 990 (20

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 2	67	0,0	00.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,7	93.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4					
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, column (B))	10 2	,66	1,2	07.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or						
	basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by						
	basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	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?		3a		х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b				
UYA				990	(2021		

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number								
Coding Kids Foundation					87-0922779			
Part I Reason for Public Cha						ons.		
The organization is not a private found		`		•	•			
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2 A school described in section			-					
3 A hospital or a cooperative ho		•						
4 A medical research organizati	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A))(iii). Enter the		
hospital's name, city, and stat								
5 An organization operated for t		ollege or university ov	vned or o	perated b	y a governmental u	nit described in		
section 170(b)(1)(A)(iv). (Co				4=0/1				
6 A federal, state, or local gover	•			•				
7 An organization that normally		· · · · · · · · · · · · · · · · · · ·	ort from a	a governr	nental unit or from t	ne general public		
described in section 170(b)(1		•	o Dort II \					
8 A community trust described in9 An agricultural research organ					a conjunction with a	land grant callage		
or university or a non-land-gra								
university:	ant conege or agi	iculture (see iristructi	0113). LITE	ei tile ilai	ne, ony, and state o	i tile college of		
An organization that normally receipts from activities related support from gross investmen acquired by the organization at An organization organized and	after June 30, 19	75. See section 509 ((a)(2). (Co	omplete F	Part III.)	nip fees, and gross 33 1/3% of its businesses		
12 An organization organized and	•	•	•		` '` '	out the purposes of		
one or more publicly supported	•	•						
the box on lines 12a through	12d that describe	s the type of supporti	ng organ	ization ar	nd complete lines 12	e, 12f, and 12g.		
a Type I. A supporting organize	zation operated,	supervised, or contro	lled by its	supporte	ed organization(s), ty	pically by giving		
the supported organization(s	s) the power to re	egularly appoint or ele	ect a majo	ority of the	e directors or trustee	es of the supporting		
organization. You must cor	nplete Part IV, S	Sections A and B.						
b Type II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its sup	oported organization	ı(s), by having		
control or management of the			ne same p	ersons th	nat control or manaç	ge the supported		
organization(s). You must o	=							
c Type III functionally integr						y integrated with,		
its supported organization(s	•	•						
d Type III non-functionally in	•		•		• •	• , ,		
that is not functionally integr						an attentiveness		
requirement (see instruction	•	•		-		U T 101		
e Check this box if the organize functionally integrated, or Ty						II, Type III		
f Enter the number of supported	•	onally integrated supp	Joiling of	yanızano	11.			
g Provide the following information	•	orted organization(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
(i) Name of supported organization	(11) = 11	(described on lines 1-10	listed in you	ur governing	support (see	other support (see		
		above (see instructions))	docu	ment?	instructions)	instructions)		
			Yes	No				
(4)								
(A)								
(B)								
(C)								
(D)								
(E)								
T. (.1								

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.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	_					
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	_					
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
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						
12	Gross receipts from related activities, etc.	•	•			12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	<u>re</u>					▶
	on C. Computation of Public Suppo	rt Percentaç	ge				
14							%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3 % support test-2021. If the organi						
	box and stop here. The organization qua	· · · · · · · · · · · · · · · · · · ·		-			· ·
b	33 1/3 % support test–2020. If the organ						
	check this box and stop here. The organi				-		
17a	10%-facts-and-circumstances test-202						
	10% or more, and if the organization me						
	Part VI how the organization meets the fa			-	=		ported
	organization						▶ ∟
b	10%-facts-and-circumstances test-202						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				-		oublicly
	supported organization						▶ 🗀
18	Private foundation. If the organization d					ck this box and	l see
	instructions						▶ 🗀

Schedule A (Form 990) 2021 Coding Kids Foundation

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

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

Secti	on A. Public Support			•	•	,	
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	, ,	` ,	, ,		
	received. (Do not include any "unusual grants.")					2,670,000.	2,670,000.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					2,670,000.	2,670,000.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					2,669,999.	2,669,999.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					2,669,999.	2,669,999.
8	Public support. (Subtract line 7c from						
	line 6.)						1.
	on B. Total Support		•	i		i	
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6					2,670,000.	2,670,000.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						<u> </u>
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					+	
13	and 12.)					2 650 000	0 670 000
14	First 5 years. If the Form 990 is for the or	rganization's f	irst second th	ird fourth or	l fifth tay year a	2,670,000.	2,670,000.
1-	organization, check this box and stop here						
Secti	ion C. Computation of Public Support				<u> </u>		· · · · · • <u>A</u>
15	Public support percentage for 2021 (lir			v line 13 col	umn (f))	. 15	%
16	Public support percentage from 2020 9						
	ion D. Computation of Investment Inc				· · · · · · · · ·	. 10	
17	Investment income percentage for 2021 (by line 13 co	lumn (f))	. 17	%
18	Investment income percentage from 2021	•		-			//
	331/3 % support tests-2021. If the organ						
ıJa	line 17 is not more than 331/3%, check this I						
h	33 ¹ / ₃ % support tests–2020. If the organiz	_	-	-	-		_
D	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	-	-			
				,,			

Part IV Supporting Organizations

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

Section	A. AI	I Sup	porting	Org	anizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
L	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	7.0		
·	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
١٥-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
l0a	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)? <i>If</i> "Yes," <i>answer line 10b below.</i>	100		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
b	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)		1	
44	Lies the approximation accounted a gift on contribution from any of the following page 20		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively			
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
0	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	NO
•	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 on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	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 in	struc	tions	:)_
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 governmental entity.	entity (see	
•	instructions).		V	NI.
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (expla	nin in Part VI).
See instructions. All other Type III non-functionally integrated supporting o	rgar	nizations must complete S	Sections 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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see

UYA Schedule A (Form 990) 2021

	Town When Foundation Williams Foundation	CLION	·!		/-0922//9 Page /
Part		3) Supporting Organ	nizations (continu	iea)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required- explain in Part VI). See instr.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
	Evenes from 2010				

d Excess from 2020e Excess from 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Coding Kids Foundation 87-0922779 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B,
lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II
2021: Not in existence
Part II
for entire year

UYA

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

Organization type (check one):

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

2021

OMB No. 1545-0047

Name of the organization

Coding Kids Foundation

Employer identification number

87-0922779

Filers of:	Section:
Form 990 or 990-EZ	∑ 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
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ^{1/3} % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such dimore than \$1,000. If this box is checked, enter here the total contributions that were received an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the es to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

Coding Kids Foundation

87-0922779

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		\$2,670,000.	Person X Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021) Name of organization Employer identification number Coding Kids Foundation 87-0922779 Noncash (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (b) (c) (d) (a) No. from Part I Description of noncash property given FMV (or estimate) Date received (See instructions) (b) (c) (d) (a) No. from Description of noncash property given FMV (or estimate) Date received Part I (See instructions) (b) (c) (d) (a) No. from Part I Description of noncash property given FMV (or estimate) Date received (See instructions) (b) (c) (d) (a) No. from Part I Description of noncash property given FMV (or estimate) Date received (See instructions)

		Φ	
(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

\$

Name of organization **Employer identification number** 87-0922779 Coding Kids Foundation 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

Coding Kids Foundation

87-0922779

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

THE BOARD RECEIVES THE COMPLETED 990 PRIOR TO FILING AND IS GIVEN THE

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

OPPORTUNITY TO REVIEW THE RETURN AND ASK QUESTIONS BEFORE IT IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C IT IS POLICY THAT THE EXISTENCE OF ANY CONFLICT OF FORM 990, PART VI, SECTION B, LINE 12C INTEREST, OR APPARENT CONFLICT OF INTEREST, AS A DIRECTOR, FORM 990, PART VI, SECTION B, LINE 12C OFFICER, OR MANAGEMENT EMPLOYEE, SHALL BE DISCLOSED BY THAT FORM 990, PART VI, SECTION B, LINE 12C DIRECTOR, OFFICER, OR MANAGEMENT EMPLOYEE FORM 990, PART VI, SECTION B, LINE 12C BEFORE ENGAGING IN ANY TRANSACTION IN WHICH THE CONFLICT OF FORM 990, PART VI, SECTION B, LINE 12C INTEREST, OR APPARENT CONFLICT OF INTEREST, EXISTS. IT SHALL BE THE FORM 990, PART VI, SECTION B, LINE 12C CONTINUING RESPONSIBILITY OF THE DIRECTORS, OFFICERS, AND FORM 990, PART VI, SECTION B, LINE 12C MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR RESPECTIVE FORM 990, PART VI, SECTION B, LINE 12C TRANSACTIONS AND PERSONAL RELATIONSHIPS TO DETERMINE ACTUAL, FORM 990, PART VI, SECTION B, LINE 12C APPARENT OR POTENTIAL CONFLICTS OF FORM 990, PART VI, SECTION B, LINE 12C INTEREST AND TO REPORT IMMEDIATELY ANY SUCH CONFLICTS. FORM 990, PART VI, SECTION B, LINE 12C IMMEDIATELY UPON DISCOVERY, ACTUAL, APPARENT AND POTENTIAL FORM 990, PART VI, SECTION B, LINE 12C CONFLICTS OF INTEREST SHALL BE FORM 990, PART VI, SECTION B, LINE 12C REPORTED TO THE BOARD OF DIRECTORS THROUGH ITS CHAIR, FORM 990, PART VI, SECTION B, LINE 12C OR IF THE CHAIR IS THE ONE REPORTING, THEN THROUGH THE PRESIDENT OF THE FORM 990, PART VI, SECTION B, LINE 12C CORPORATION. MANAGEMENT EMPLOYEES SHALL REPORT CONFLICT OF INTEREST FORM 990, PART VI, SECTION B, LINE 12C CIRCUMSTANCES TO THE PRESIDENT WHO WILL, IN TURN, CONVEY THE

FORM 990, PART VI, SECTION B, LINE 15

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

FOR THE PRESIDENT AND VICE PRESIDENT, A COMMITTEE OF 2 THE BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 15

WAS FORMED. SALARY COMP DATA AND ANTICIPATED COMMITMENT TIME WERE USED

REPORT AND FINDINGS TO THE BOARD OF DIRECTORS THROUGH ITS CHAIR.

FORM 990, PART VI, SECTION B, LINE 15

TO CREATE A REASONABLE SALARY OFFER.

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number
Coding Kids Foundation	87-0922779
Part VI Line 11b THE BOARD RECEIVES THE COMPLETED 990 PRIOR TO FILING AND) IS GIVEN THE
Part VI Line 11b OPPORTUNITY TO REVIEW THE RETURN AND ASK QUESTIONS BEFOR	RE IT IS FINALIZED.
Part VI Line 19	
AVAILABLE THROUGH A LINK ON THE WEBSITE FOOTER.	