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Form 8879-TE		IRS e-file Signa for a Tax	ature Authorization Exempt Entity	ŀ	OMB No. 1545-0047
	For calendar year 20		, 2021, and ending	, 20	0001
Department of the Treasury			IRS. Keep for your records.		2021
Internal Revenue Service		Go to www.irs.gov/Form	n8879TE for the latest information.		
Name of filer				EIN or SSN	
CODESE	PA AMERICA			45-54	19038
Name and title of officer or p	erson subject to tax	MICHELLE RIES			
Part I Type of	Return and R	EXECUTIVE DIR eturn Information	LECTOR		
			and a standard second to a labor second of the	6 II	
Form 5330 filers may enter or 10a below, and the arr	er dollars and cent rount on that line f	s. For all other forms, enter w or the return being filed with t	and enter the applicable amount, if any hole dollars only. If you check the box this form was blank, then leave line 1k the return, then enter -0- on the applic	on line 1a, 2a, 5 , 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check	here 🕨 🕨 🗴	b Total revenue, if any	(Form 990, Part VIII, column (A), line 1	2)	1b 527,227.
	eck here 🛛 🕨 🗌		(Form 990-EZ, line 9)		
3a Form 1120-POL	····		-POL, line 22)		
4a Form 990-PF ch	eck here		ment income (Form 990-PF, Part V, lir		4b
5a Form 8868 check			868, line 3c)		
6a Form 990-T chee			, Part III, line 4)		
7a Form 4720 checl			, Part III, line 1)		
8a Form 5227 checl	k here ►		d of tax year (Form 5227, Item D)		8b
9a Form 5330 checl	k here ►	b Tax due (Form 5330,	Part II, line 19)		9b
10a Form 8038-CP o			yment requested (Form 8038-CP, Par		10b
Part II Declara	tion and Signa	ature Authorization of	Officer or Person Subject to	Tax	
Under penalties of perjury	/, I declare that 🚺	$\mathbf{\zeta}$ I am an officer of the abov	/e entity or 🔲 I am a person subjec	t to tax with resp	pect to (name
of entity)			, (EIN)	and that I have	examined a copy of the
payment of taxes to recei	ve confidential info mber (PIN) as my s	ormation necessary to answe	authorize the financial institutions invol r inquiries and resolve issues related to turn and, if applicable, the consent to	o the payment. I	have selected a
X I authorize D		5, P.C.		_ to enter my P	PIN 19038
		ERO firm na	me		Enter five numbers, but
with a state age	•	charities as part of the IRS I	. If I have indicated within this return th Fed/State program, I also authorize the		•
return. If I have	indicated within th program, I will ente		r, I will enter my PIN as my signature o eturn is being filed with a state agency closure consent screen.	(ies) regulating c	harities as part of the $9/7/2022$
Signature of officer or person subj	ation and Auth	·		Date	
ERO's EFIN/PIN. Enter y number (EFIN) followed b	-	-	526935190 Do not enter all z		
			n the 2021 electronically filed return ind 3, Modernized e-File (MeF) Information		
ERO's signature 🕨 <u>DEN</u>	IBO JONES,	P.C.	Date 🕨	08/31/22	
		EDO Must Datain Thi	is Form - See Instructions		
	Do Not 9		is Form - See Instructions	Do So	
LHA For Privacy act an		uction Act Notice, see instr		2000	Form 8879-TE (2021)
	-	,			() =)
102521 01-11-22					

Form 8879-TE		IRS e-file Signa for a Tax B	iture Ai Exempt	uthorization Entity	┝	OMB No. 1545-0047
	For calendar year 20	21, or fiscal year beginning	, 202	1, and ending	, 20	2021
Department of the Treasury		Do not send to the	IRS. Keep for	or your records.		2021
Internal Revenue Service		Go to www.irs.gov/Form	8879TE for t	he latest information.		
Name of filer					EIN or SSN	
CODESP.	A AMERICA				45-542	19038
Name and title of officer or pe	rson subject to tax	MICHELLE RIES				
Daut L. Truck of I		EXECUTIVE DIR	ECTOR			
		eturn Information				
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents ount on that line fo	re using this Form 8879-TE a s. For all other forms, enter wl or the return being filed with tl -0-). But, if you entered -0- on	hole dollars o his form was	nly. If you check the box of blank, then leave line 1b , 2	n line 1a, 2a, 3 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🔀	b Total revenue, if any (Form 990, Pa	art VIII, column (A), line 12)		ıb 527,227.
2a Form 990-EZ che				, line 9)		
3a Form 1120-POL	····					3b
4a Form 990-PF che	ck here			(Form 990-PF, Part V, line		4b
5a Form 8868 check						5b
6a Form 990-T check				4)		6b
7a Form 4720 check)		7b
8a Form 5227 check		b FMV of assets at end				8b
9a Form 5330 check		b Tax due (Form 5330, F	-			9b
10a Form 8038-CP ch				• ted (Form 8038-CP, Part II		10b
		ture Authorization of	Officer or	Person Subject to Ta	ax	
Under penalties of periury.	I declare that	I am an officer of the above	e entity or	Lam a person subject to	o tax with respe	 ct to (name
of entity)			-	a ↓)a		
later than 2 business days payment of taxes to receiv	prior to the paym confidential info	account. To revoke a paymer ent (settlement) date. I also a rmation necessary to answer ignature for the electronic ret	uthorize the f inquiries and	inancial institutions involve I resolve issues related to t	d in the process he payment. I ha	sing of the electronic ave selected a
X I authorize DE	MBO JONES	. P.C.			to enter my PIN	N 19038
		ERO firm nan	10		to enter my r n	Enter five numbers, but
						do not enter all zeros
with a state age on the return's o As an officer or p return. If I have i	ncy(ies) regulating lisclosure consent person subject to ndicated within th	tax with respect to the entity, is return that a copy of the re	ed/State prog I will enter m turn is being	gram, I also authorize the a ny PIN as my signature on t filed with a state agency(ie	forementioned I he tax year 202	ERO to enter my PIN
•	ι γ	r my PIN on the return's discl		n screen.		9/7/22
Signature of officer or person subject		Tetute A. Friestra	ບ		Date	
Part III Certifica	tion and Auth					
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-		5269351903 Do not enter all zero		
		PIN, which is my signature on e requirements of Pub. 4163		ctronically filed return indic	ated above. I co	
ERO's signature 🕨 <u>DEM</u>	BO JONES,	P.C.		Date ▶ 08	3/31/22	
		ERO Must Retain Thi				
		Submit This Form to th		ess Requested To De	o So	0070 77
LHA For Privacy act and	Paperwork Red	uction Act Notice, see instru	ictions.			Form 8879-TE (2021)
102521 01-11-22						

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print	nt CODESPA AMERICA				45-5419038		
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. box, s						
instruction	ns. City, town or post office, state, and ZIP code. For a f WASHINGTON, DC 20035						
Enter th	ne Return Code for the return that this application is for (fi	le a separat	te application for each return)				
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above) 90-T (corporation)	06	Form 8870			12	
Tele • If th • If th box • 1 I tt 2 If	request an automatic 6-month extension of time until	UT AVE s in the Uni Group Exe and atta NOVEI ganization's , an check reaso	Fax No. ► ited States, check this box	f this is fo all membe	r the whole ers the exte upt organiza	group, check this nsion is for.	
	ny nonrefundable credits. See instructions.	s, enter the	teritative tax, less	3a	\$	0.	
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b	\$	0.		
_	Balance due. Subtract line 3b from line 3a. Include your p						
	using EFTPS (Electronic Federal Tax Payment System). See instructions.			0.			
Cautio instruct	n: If you are going to make an electronic funds withdrawa tions. For Privacy Act and Paperwork Reduction Act Notice	•		453-TE and		9-TE for payment 8868 (Rev. 1-2022)	

07580831 758104 201010



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. A For the 2021 calendar year, or tax year beginning and ending

B	Check if applicable	C Name of organization	-	D Employer identification number			
	Addre	CODESPA AMERICA					
	chang Name	— · · · ·	45-5419038				
F	_ chang _Initial	÷	Room/suite	E Telephone number			
	return Final	1050 CONNECTICUT AVE - UNIT 66235	NUUIII/Suite	202-495-2			
	⊥return/ termin ated	termin_			527,227.		
	Ameno			G Gross receipts \$ H(a) Is this a group re	•		
				for subordinates			
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates in			
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1	list. See instructions		
		e: ► WWW.CODESPA-AMERICA.ORG		H(c) Group exemption			
_		organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: DC		
	art I	Summary	1	· ·	5		
	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{lllllllllllllllllllllllllllllllllll$	RE A N	ONPROFIT THA	Т		
& Governance		ALLEVIATES POVERTY AROUND THE WORLD THROU					
nai	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
Ne	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		9			
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1			
vitie	6	Total number of volunteers (estimate if necessary)	6	11			
\ctj	 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 			7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ō	8	Contributions and grants (Part VIII, line 1h)		465,601.	526,847.		
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		349.	380.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		465,950.	527,227.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		120,280.	114,783.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)		274 600	207 020		
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		374,680.	397,920.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		494,960.	512,703.		
		Revenue less expenses. Subtract line 18 from line 12		-29,010.	14,524.		
ts or				ginning of Current Year 65 , 112 •	End of Year 64,329.		
Assets	20	Total assets (Part X, line 16)		162,087.			
et A	1	Total liabilities (Part X, line 26)	<u>146,780.</u> -82,451.				
	art II	Net assets or fund balances. Subtract line 21 from line 20		-96,975.	-04,401.		
Г	artii						

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

Sign	Signature of officer		Date				
Here	MICHELLE RIESTRA, EXECU	JTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature Date					
Paid	JOSHUA G. DZYAK, CPA	08,	/31/22 self-employed P01398949				
Preparer	Firm's name 🕨 DEMBO JONES, P.C.	•	Firm's EIN ▶ 52-1073331				
Use Only	Firm's address 🖕 6116 EXECUTIVE BI	LVD., SUITE 500					
	NORTH BETHESDA, MD 20852 Phone no. 301-770-510						
May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) CODESPA AMERICA	45-5419038	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	WE ARE A NONPROFIT THAT ALLEVIATES POVERTY AROUND THE WO		
	MARKET BASED SOLUTIONS, WITH LOCAL TEAMS IN MORE THAN 1	1 COUNTRIES,	WE
	CREATE OPPURTUNITIES FOR PEOPLE TO LIFT THEMSELVES OUT (OF POVERTY	
	THROUGH THEIR OWN WORK AND TALENT AS INCOME PRODUCING A		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-			s X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
~			s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Ye	S A NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$292,831. including grants of \$) (Rev		
	PROMOTING ENTREPRENEURSHIP, EMPLOYMENT, COMMUNITY SAVING	GS, AND CRED	IT
	GROUPS IN HUARAL PERU.		
	THIS PROJECT WORKS IN IMPROVING THE ECONOMIC OPPURTUNIT:	IES IN THE	
	VULNERABLE COMMUNITIES OF HUARAL BY PROVIDING TECHNICAL	ASSISTANCE	AND
	ACCOMPANIMENT TO COMMUNITY MEMBERS THAT WANT TO EITHER	START A	
	BUSINESS, IMPROVE AND MAKE AN EXISTING BUSINESS ECONOMIC		OR
	WOULD LIKE TO HAVE JOB TRAINING AND JOB PLACEMENT. THE		
	THE PROJECTS ARE THE FOLLOWING: 1) PROMOTION AND STRENG		_
	BUSINSS FOSTERING ENTREPRENEURSHIP AMONG WOMEN AND YOUNG		
	CREATE COMMUNITY CREDIT AND SAVINGS GROUPS AS A MEANS TO		τπλτ.
	AND SUSTAINABLE CREDIT FOR VULNERABLE ENTREPRENEURS; 3)		
	FORMATION AND LABOR INSERTION FOR WOMEN AND YOUNG ADULT:	S AT RISK OF	
4b		enue \$	-
	MARKET CONSOLIDATION AND SMALL BUSINESSES DEVELOPMENT FO		
	TEXTILE ARTISANS AS A SOURCE FOR ALTERNATIVE EMPLOYMENT	AND INCOME .	FOR
	VULNERABLE WOMEN, PERU AND BOLIVIA.		
	THE PROJECT AIMS AT THE COMPETITIVE CONSOLIDATION OF THE	E TEXTILE	
	PRODUCTIONACTIVITIES INITIATED IN A PREVIOUS PROJECT, CO	ONTINUING	
	WORKING IN IMPROVING PROFESSIONAL ABILITIES FOR 700 A		
	QUECHUA INDIGENOUS WOMEN IN PUNO(PERU) AND COPACABANA(B	OLIVIA), AND	
	STRENGTHENING THEIR SMALL ENTERPRISESAIMED TO CONSOLIDA'	TE TEXTILE	
	PRODUCTION AND GUARANTEE ACCESS TO FASHION MARKETS. COD	ESPA AMERICA	IS
	IMPLEMENTING THREE MAIN COMPONENTS OF TECHNICAL ASSIST		
	INCLUDE FINAL BENEFICIARIES IN FURTHER ECONOMIC DEVELOP		
4c	(Code:) (Expenses \$ 3,912. including grants of \$) (Rev		
-0	FOSTERING ACCESS TO SLOW FASHION TEXTILE MARKETS FOR		
	WOMEN IN CAUCA, COLUMBIA.	INDEGENOOD	
			TRO
	THE PROJECT IS IMPROVING THE TECHNICAL SKILLS AND BUSI		
	OF 200 INDIGENOUS WOMEN ARTISANS OF CAUCA ACTIVITY THE		AIN
	BE COMMUNITY ENTERPRISE CONNECTED TO FASHION MARKETS AND		
	SOURCE OF SUSTAINABLE INCOME FOR THE ARTISAN WOMEN. CO		A IS
	WORKING ON IMPROVING THE PRODUCTION, DESIGN, QUALITY AND		
	PROCESSES OF ENREDARTE, A SOCIAL ENTERPRISE CREATED FOR	R AND MANAGE	D BY
	THESE INDIGENOUS WOMEN ARTISANS. CODESPA CONNECTS THEM	WITHCOMMERC	IAL
	MARKET SEGMENTS THAT HAVE A GREATER TENDENCY TO RECOGN	IZE THEVALUE	OF
	ARTISAN WORK AND THE CULTURALIDENTITY THEY REPRESENT. S	PECIFICALLY,	THE
	TARGET COMMERCIAL MARKET SEGMENT OF THE PROJECT IS THE		
4d	Other program services (Describe on Schedule O.)		
τu		١	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 433,589.)	
4e	Total program service expenses 433,589.	-	990 (202
			330 (202
32002	12-09-21 SEE SCHEDULE O FOR CONTINUATION (ן מ	
	3		
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гош	990	12021

Form 990 (2021) CODESPA AMERICA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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		_X_
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	3 12-09-21	⊦orm	220 ((2021)

132003 12-09-21

2021.04021 CODESPA AMERICA

4

Form	990	(2021)
	330	(2021)

Form 990 (2021) CODESPA AMERICA
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		X
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	22		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
274	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		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32. If "Yes," complete Schedule R. Part I.	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
04		34		x
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · ·		
4 -	Enter the number reported in box 2 of Form 1006. Enter 0 if not every limit 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
d C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
132004	12-09-21		990	(2021)
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5 2021.04021 CODESPA AMERICA

	Form	ODESPA AMERICA	45-5419	038	Р	age 5
2a Entry the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a 1 bit at least one is reported on line 2a, did the cognitation file all required defail employment tax returns? 2b X bit the cognitation of line 1 and 0 file to gate 2 file of the paral T MoV is line 3b, poxide an explanation on Schedule 0 3a X bit the cognitation of the to gate the max schedule 0 acids see to make acid the application have an interest in, or a signature or other authority one, a financial account in a financial account is a bink account, securities account, or other thrancial account is reported to application have an interest in, or a signature or other authority one, a financial account is reported to application in the ave and produce thranking the same of the signature or other authority one, a financial account is reported to application app	Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Tet of the calendar year ending with or within the year covered by this return 2 1 If all sets one separation line is reported basines groups and group					Yes	No
b If a last one is reported on line 2a, did the organization file all required declar employment tax returns? 28 X 30 Did the organization have unrelated business gross income of 51,000 on more during the year? 38 X 31 Did the organization have unrelated business gross income of 51,000 on more during the year? 38 X 34 At any time during the ordenders year, did the organization have an interest in or a signature or other attributy over, a francial account in a fereign occurty (such as a bank account, securities account, or other financial Account's (EAAA), as a bank account, securities account, or other financial Account's (EAAA), as a bank account, securities account, or other attributy over, a francial account in a fereign occurty (such as a bank account, securities account, or other attributy over, a francial account in the man or this forging constrainton life francing and the year? 58 X b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization allow the value of the goods or services provided? 58 X b If May, 'and the organization in fer forms that were not accuritible contributions and parts are traditionant parts (or goods and services provided? 58 X c If May contains mexice a gradition of the works of the goods or services provided? 78 X d If Yes, 'ind the organization notin was win a grad the gradin and parts (2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: The sum of iners 1a and 2a is greater than 250, you may be required to exise. See instructions. 3a X bit the organization have unreaded business grows income of 130, 000 mme during the year? 3b 3b 3b bit the organization have unreaded business grows income of 130, 000 mme during the year? 4a At any time during the calendar year, dd the organization have each state-orthy avertifies account, or tom financial accounts (FBAR). 4a X bit the organization aperty to a prohibited tax shale cale and year any time during the tax year? 5a X bit the organization have annual gross receipts that are or onsally greater than \$100,000, and did the organization solid any contributions that are provided to the organization as approximately received eductible contributions and great year bits are normally greater than \$100,000, and did the organization solid any contributions and greater than \$100,000, and did the organization solid any contributions that are normally greater than \$100,000, and did the organization solid any contributions and great year bits as contributions or gifts were not tax deductible? 5a X fit if "vs: 'indicate the number of Forms 8282 filed during thy year 7a X 7a X fit if "vs: 'indicate the number of Forms 8282 filed during thy year 7a X 7a X fit if vs: 'indicate the number of Forms 8282 filed during thy year 7a X <td< td=""><td></td><td>filed for the calendar year ending with or within the year covered by this return</td><td>2a 1</td><td></td><td></td><td></td></td<>		filed for the calendar year ending with or within the year covered by this return	2a 1			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Xa 4a A any time during the calendar year, did the organization have an interest in, or a signature or other authonty over, a financial account? 3a Xa 5b If *iss, 'a during the calendar year, did the organization have an interest in, or a signature or other authonty over, a financial account? 4a Xa 5b If *iss, 'a during the torsegn country > See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5b Was the organization have to a prohibit da xa bine for B86-17 5a Xa 61 H *iss, 'i did the organization find from 886-17 5a Xa 62 Did any taxable party notify the organization include with every solicitation an express statement that such continuutons or gifts were not tax deductibles a charable contributions and services provided to the party of the 'ast did the organization notify the donor of the value of the goods or services provided? 7a Xa 7 Organization such accounts, or display parsonal property for which it was required to the form 882827 7a Xa 7 Organization set, accharage, or charvise display parsonal property for which it was required to the form 828827 7a Xa 7 Tys: 'indicate the number of forms £28282 field during the year? 7a Xa 7 Tys: 'indica	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	X	
b If was, 'has it field a form 980-17 or this year? if yet's to ima 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an infrest in, or a signature or other authority over, a thrancel account in a longing country (such as a bank account, securities account, or other financial accounts (FBAR). 4g X b If 'tex,'' inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5s X 5a Was the organization that grain requires the Thranscial accounts (FBAR). 5s X 54 D' d'any taxation tay comparization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5s X 55 D' des the organization that any comparization that was or is a party to a prohibited tax shelter transaction? 5s X 61 D' des the organization that are normally greater than \$100,000, and did the organization solid any contribution and party for pools and services provided to the party? 7a X 7 Organization shelt way receive deskubble contribution and party for pools and services provided to the party? 7a X 7 Organization factor that way receive deskubble contribution and party for pools and services provided? 7a 7a 7 Organization factor the factor part of desceot 1 angly for pools and services provided? 7a 7a 7 To des consolation		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
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Sa Was the organization a party to a prohibited tax shelter transaction? Sa X b Did any taxabite party notify the organization file Form 8896-17? Sa Sa X c f1 'Yes' to line 6a or 5b, did the organization file Form 8896-17? Sa Sa X 6a Does the organization have amound grees nearbyts that are normally greater than \$100,000, and did the organization solicit any contributions frat were not tax deductibles or chandael contributions? Sa X b If 'Yes,' did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles or chinbuiton any express statement that such contributions or gifts Sa X b If 'Yes,' did the organization noticity medune in excss (37) fragment in excs (3	b					
b Def any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction? Bb X c if "Yes" to line 5a or 5b, did the organization file Form 8886-T7 Bo Sec Sec a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or gifts Sec Sec b If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Form 6000000000000000000000000000000000000	_			_		v
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductibles 6a 7 Prognization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a 8 If "Yes," did the organization include with every solicitation and partly for goods and services provided 7 7a 7 Typanization receive deductible contributions under section 170(c). 7d 8 If "Yes," did the organization notify the done or the value of the goods or services provided 7 7d 7 Typa, 'indicate the number of Forms 8282 filed during the year 7d 7d 7 If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7 If the organization received a contribution of callelie threlectual property, did the organization file Form 8098 required? 7d 7 If the organization neceived a contribution of called functs, to pay premiums, directly or indirectly, to nay premiums, are necessed? 7d 8 Did the organization neceived a contribution or called functs, on a personal benefit contract? 7d 7 If the organization neceived a contribution or called functs, on a personal benefit contract? 7d 9 Sponsoring organization are exc						
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b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X d If 'Yes,'' indicate the number of Forms 2828 filed during the year 7d 7c X d If 'Yes,'' indicate the number of Forms 2828 filed during the year 7d 7c X d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d 7d d If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required? 7d 7d f If the organization maintaining door advised funds. Did a door advised fund a door advised fund anintaining of advised funds. a door advised fund a Sponsoring organization maintaining door advised funds. a door advised fund a door advised fund a door advised fund a Did the sponsoring organization make a distribution to a doner, drone advisor, or related person? go go b Soction 501(c)(2) organizations. Enter: 10a 10b 10b a Initiation flees and capital contributions included on Part VIII, line 12, for public use of club facilities 11a 12a b Groses income from members or shareholders				-		v
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 76 h If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C? 76 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 9 Socian Solic(X) organizations. Enter: 10a 10b 11 Section 501(c)(X) organizations. Enter: 11a 12b 12 Section 501(c)(X) qualified nonprofit health insurance issuers. 11b 12b 13 Section 501(c)(X) qualified nonprofit health plans in more than one state? 13a 13a 14a Did t			I	7.		
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1 4	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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	9		
	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		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization make any significant changes to its governing documents since the prior rolm soo was ned?	5		X
		6		X
6 7-	Did the organization have members or stockholders?	0		
7a				
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	o o ,	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	í		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
		14		
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?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s only)	availa	ble
18	for public inspection. Indicate how you made these available. Check all that apply.			
18				
18	Own website Another's website X Upon request Other (explain on Schedule O)			
		d financ	cial	
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finand	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	nd finand	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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	nd finand	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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 \blacktriangleright <u>THE ORGANIZATION - 202-495-1202</u>	nd finand		
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an 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		ial	(202

Form 990 (2	2021) CODESPA AMERICA	45-5419038	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated									
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.								

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average			(Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(do not check more than one		compensation	compensation	amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHELLE RIESTRA	40.00									
EXECUTIVE DIRECTOR				Х				100,000.	0.	7,051.
(2) ROBERT ZULANDI	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) ROD NYDAM	1.00									
SECRETARY	1 00	х		X				0.	0.	0.
(4) ROLAND HAWTHORNE	1.00	.,								0
TREASURER	1 00	Х						0.	0.	0.
(5) CARLOS PADULA BOARD MEMBER	1.00	x						0.	0.	0.
(6) WILLIAM MOSS	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(7) SHAILEE ADINOLFI	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) SEEMA ALEXANDER	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) JOSE IGNACIO GONZALEZ ALLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MAX PRIMORAC	1.00									
BOARD MEMBER		Х						0.	0.	0.
		ŀ								
		-								
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Form **990** (2021)

07580831 758104 201010

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) (B) Name and title Average hours per week (list any					rson i) than o s both pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	n I	ar	(F) stimati nount other npensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	f org an	rom th ganizat ad relat	ne tion ted
	Subtotal								100,000.		0.		7 0	51.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.		7,0	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							► o re	100,000. eceived more than \$100,	000 of reportable			7,0	<u>. 1C</u>
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer,	,					,	0		,	1			
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4		X
	rendered to the organization? If "Yes." corr tion B. Independent Contractors											5		X
1	Complete this table for your five highest co	•	•							•	pensat	tion fr	om	
	the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	<u>ith c</u>	or wi	thin	<u>i the organization's tax y</u> (B)	ear.		(C)	
	Name and business address NONE Description of services							С	ompe	ensatic	n			
								_						
2	Total number of independent contractors (ii	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz						,			I		Form	990	(2021)

		CODESPA AMERICA			45-5419	038 Page 9
Pa	rt V	III Statement of Revenue				
		Check if Schedule O contains a response or note to any I				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1	a Federated campaigns1a				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	-			
ם מ		c Fundraising events	-			
ífts, r Ai		d Related organizations 1d	-			
, Gi nila		e Government grants (contributions) 1e 12,433	-			
ons Sir		f All other contributions, gifts, grants, and	-			
utio		similar amounts not included above 1f 514, 414				
trib Otl		g Noncash contributions included in lines 1a-1f 1g \$ 3,956				
Con		h Total. Add lines 1a-1f	526,847.			
0.0		Business Code				
đ	2 8	a				
vice		b				
Ser						
n Sel		cd				
Program Service Revenue		e				
Pro		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	380.			380.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	-	(i) Real (ii) Personal				
	6	a Gross rents 6a				
		b Less: rental expenses 6b				
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
		a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
		b Less: cost or other basis				
e		and sales expenses 7b				
evenue		c Gain or (loss) 7c				
		d Net gain or (loss)				
Other R		a Gross income from fundraising events (not				
oth		including \$ of				
-		contributions reported on line 1c). See				
		Part IV, line 18				
		b Less: direct expenses 8b				
		c Net income or (loss) from fundraising events				
	9 :	a Gross income from gaming activities. See				
		Part IV, line 19 9a				
		b Less: direct expenses 9b				
		c Net income or (loss) from gaming activities				
	10 :	a Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold 10b				
		c Net income or (loss) from sales of inventory				
ß		Business Code	e			
e a	11 :	a			ļ	
ane		b			ļ	
Sell		c			ļ	
Miscellaneous Revenue		d All other revenue				
_		e Total. Add lines 11a-11d			-	
	12	Total revenue. See instructions	527,227.	0.	0.	380.
13200	9 12-0					Form 990 (2021

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	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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	107,051.	28,845.	78,206.	
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			E 640	
10	Payroll taxes	7,732.	2,083.	5,649.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10 772	1 000	1 (072	
	9 F	18,773.	1,900.	16,873.	
d	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		365,946.	358,972.	3,956.	3,018.
10	column (A), amount, list line 11g expenses on Sch 0.)	505,940.	550,972.	5,950.	5,010.
12 13	Advertising and promotion	10,489.	150.	6,044.	4 295.
13 14	Office expenses	295.	150.	119.	<u>4,295.</u> 176.
15	Royalties				
16	Occupancy				
17	Travel	192.		192.	
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	336.		336.	
23	Insurance	1,564.		1,564.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	PENALTIES AND FEES	325.	41 620	325.	
b	INDIRECT COST RECOVERY	0.	41,639.	-41,639.	
C.					
d					
	All other expenses	512,703.	433,589.	71,625.	7,489.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	514,103.	433,309.	/1,023.	/,409.
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 Figure 160 if following SOP 98-2 (ASC 958-720)				
	Check here P [] II 10110WING SUP 98-2 (ASC 958-720)				– 000 (2004)

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Form 990 (2021)

X

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CODESPA AMERICA 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)

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Form 990 (2021) Part X Balance Sheet CODESPA AMERICA

Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note to any line	e in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		63,575.	1	35,903.
	2	Savings and temporary cash investments		2	05 100	
	3	Pledges and grants receivable, net		0.	3	25,120.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former offi				
		trustee, key employee, creator or founder, substantial contr				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified person				
		under section 4958(f)(1)), and persons described in section			6	
Assets	7	Notes and loans receivable, net			7	
SSE	8	Inventories for sale or use		1 001	8	2 200
4	9			1,201.	9	3,306.
	10a	Land, buildings, and equipment: cost or other				
	_	basis. Complete Part VI of Schedule D 10a				
		Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		336.	13	0.
	14	Intangible assets	220.	14	0.	
	15	Other assets. See Part IV, line 11		65,112.	15	64,329.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2,070.	<u>16</u> 17	165.
	17 18	Accounts payable and accrued expenses	2,070.	18	105.	
	19	Grants payable	72,245.	19	54,648.	
	20	Deferred revenue		12,213.	20	51,010.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of S		21		
	22	Loans and other payables to any current or former officer, of			21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contri				
bili		controlled entity or family member of any of these persons			22	
Lia	23	Secured mortgages and notes payable to unrelated third pa	Г		23	
	24	Unsecured notes and loans payable to unrelated third parti		75,339.	24	65,558.
	25	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24). Co				
		of Schedule D	·	12,433.	25	26,409.
	26	Total liabilities. Add lines 17 through 25		162,087.	26	146,780.
		Organizations that follow FASB ASC 958, check here	X			
sec		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		-96,975.	27	-82,451.
Bal	28	Net assets with donor restrictions	[28	
pu		Organizations that do not follow FASB ASC 958, check I				
μ		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fu			30	
As	31	Retained earnings, endowment, accumulated income, or ot	her funds		31	
Net	32	Total net assets or fund balances		-96,975.	32	-82,451.
	33	Total liabilities and net assets/fund balances		65,112.	33	64,329.

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Form **990** (2021)

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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		
		27.
2 Total expenses (must equal Part IX, column (A), line 25) 2 51	<u>2,7</u>	03.
	-	24.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -9	<u>6,9</u>	75.
5 Net unrealized gains (losses) on investments 5		
6 Donated services and use of facilities 6		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	2,4	51.
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: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	Х	
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:		
X Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		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:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	Х	
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?		X
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	000	(2021)

Form **990** (2021)

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of the	organization
------	--------	--------------

							er identification number						
								5-5419038					
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general j	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	•	, ,	•								
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section !	509(a)(2).	See section	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type or	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing				
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus											
С		Type III functionally inte						ly integrate	ed with,				
		its supported organization		-									
d		Type III non-functionally						-					
		that is not functionally int			•			an attentiv	veness				
		requirement (see instructi	,	•									
е		Check this box if the orga					Туре I, Туре	II, Type III					
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.							
		r the number of supported c	•										
g		vide the following information) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization	(1) 2.13	(described on lines 1-10	in your governi		support (see ir		support (see instructions)				
		5		above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,				
Tota													

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support					Section A. Public Support								
Cale	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.")	296,177.	240,903.	629,120.	465,601.	526,847.	2158648.							
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf													
3	The value of services or facilities furnished by a governmental unit to the organization without charge													
		296,177.	240,903.	629,120.	465,601.	526,847.	2158648.							
	Total. Add lines 1 through 3 The portion of total contributions	250,177.	240,903.	025,120.	405,0010	520,047.	2130040.							
5	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.						2158648.							
	tion B. Total Support	<u>.</u>			•									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total							
7	Amounts from line 4	296,177.	240,903.	629,120.	465,601.	526,847.	2158648.							
8	Gross income from interest,													
	dividends, payments received on													
	securities loans, rents, royalties,													
	and income from similar sources \dots			2,016.	349.	380.	2,745.							
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						2161393.							
	Gross receipts from related activities,		,			12								
13	First 5 years. If the Form 990 is for the		rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)								
800	organization, check this box and stor ction C. Computation of Publi						······ >							
			-				99.87 %							
	Public support percentage for 2021 (I		•	())		14 15								
	Public support percentage from 2020													
108	33 1/3% support test - 2021. If the c													
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-			or more, check thi								
N	and stop here. The organization gual													
17-	10% -facts-and-circumstances test					and line 14 is 10%								
170	and if the organization meets the fact													
	meets the facts-and-circumstances te			-	-	-								
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is [.]								
	more, and if the organization meets the	-												
	organization meets the facts-and-circu													
18	Private foundation. If the organization													
	<u> </u>		,	. , ,			(Form 990) 2021							

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

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

Sec	ction A. Public Support						
Cale	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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	0		,	,	()()	tion,
_	check this box and stop here						
	ction C. Computation of Public					1 1	
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20 Investment income percentage from			line 13, column (f))		17 18	<u>%</u>
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the	-	-				
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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			16	5			· ·

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A	(Form 990) 2021	CODESPA	AMERICA
Part IV	Supporting Org	anizations (contin	ued)

1

2

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	or controlled the supporting organization.	
Section C. Ty	pe II Supporting 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
 Image: Control or managed

 the supported organization(s).
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Section 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 E. Type III Functionally Integrated Supporting Organizations

ee instructions)	the vear	Test during the	the Integral Part To	organization used to satisfy	Check the box next to the method that th	1
eeı	the year	lest during the	the Integral Part 1	organization used to satisfy	Check the box next to the method that th	

- a 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 (see instruction <u>s).</u>
---	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 CODESPA AMERICA			45-5419038 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain</i>)	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

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e Excess from 2021

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	5	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u> i</u>	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: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

Yet Will Supplemental Information. Provide the explanations required by Patt II, line 10; Patt II, line 17, Patt II, line 17, Patt IV, Section A, line 1, Sa, Sa, Bu, Ab, Sa, Bu, Sb, Sh, Sh, Sb, Sh, Sh, Sh, Sh, Sh, Sh, Sh, Sh, Sh, Sh	Schedule A	(Form 990) 2021	CODESPA			45-5419038 Page 8
2010 B1-LL 22 Scheduk A (Form 990 201	Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	, 5a, 6, 9a, 9b, 9c, 11a, 11b, ; t IV, Section E, lines 1c, 2a, 2	and 11c; Part IV, Section B, lines b, 3a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
		(See Instructions.)				
	132028 01-04-2	2		21		Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

45-5419038

CODESPA	AMERICA

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

CODESPA AMERICA

Name of organization

Page 2 Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST BABPTIST CHURCH OF GLENARDEN 3600 BRIGHTSEAT RD LANDOVER, MD 20785	\$32,222.	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	FONDATION CHAPEL INC 9 WEST 57 STREET 44 FLOOR NEW YORK, NY 10019	\$183,770.	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	ROLAND HAWTHORNE DEMOCRACY BOULEVARD #325 BETHESDA, MD 20817	\$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
		\$	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
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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A AMERICA	4	45-5419038
Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) (See instructions.) (b) \$

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24 2021.04021 CODESPA AMERICA Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Schedule E	3 (Form 990) (2021)		Page 4					
Name of or	rganization		Employer identification number					
CODESE	PA AMERICA		45-5419038					
Part III	Exclusively religious, charitable, etc., contribut	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ī		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

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Schedule B (Form 990) (2021)

25

SCHED	ULE D
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Department of the Treasury

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

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

e latest information

Name	of the	organization
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	e of the organization CODESPA AMERICA			Employer identification number 45-5419038
Par		ed Funds or Other Similar Funds	or Acc	
	organization answered "Yes" on Form 990, Part IV, lir			
		(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 donor advisors in	writing that the assets held in donor advis	ed funds	8
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferrir	ng
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation or	f a histor	ically important land area
	Protection of natural habitat	Preservation or	f a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a con	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure	
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organiz	ation during the tax
	year 🕨			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion ease	ements during the year
•			(L) (4) (D) (!)	
8	Does each conservation easement reported on line $2(d)$ above and easting $\frac{1}{2}O(b)(4)(D)(i)$			
•		· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports conservat	•		
	balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	note to the organization's mancial statem	ents that	describes the
Par		f Art. Historical Treasures. or Ot	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under FASB ASC 98		and balar	nce sheet works
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, ,		. ,
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	···· · · · · · · · · · · · · · · · · ·			► \$
2	If the organization received or held works of art, historical tre			· · ·
	the following amounts required to be reported under FASB A		C , P	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
b	Assets included in Form 990, Part X			► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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Sche		AMERICA				45	-543	19038	3 р	age 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical T	reasures, o	r Other S	Similar A	ssets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records,	check any of th	e following tha	t make sign	ificant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange progr	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain h	now they further	the organizati	on's exempt	purpose i	n Part X	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical tre	easures, or oth	er similar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of the	organization's	collection?				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organiza	tion answered	"Yes" on Fo	orm 990, Pa	art IV, li	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermediar	ry for contribution	ons or other as	sets not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII							-		_
		·	0					Amount	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ansv	vered "Yes" on							
		(a) Current year	(b) Prior year	(c) Two yea	irs back (d)	Three years	s back	(e) Four	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									
2	Provide the estimated percentage of the curr	ent year end balance (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
	Permanent endowment									
С		%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organization	on that are held	and administe	red for the c	organizatio	n	r	<u> </u>	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations	Maria Baka di ang maring kura						3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza			<pre>{?</pre>				3b		
Par	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		nent tunas.							
	Complete if the organization answered		Part IV, line 11a	See Form 990). Part X. line	e 10.				
	Description of property	(a) Cost or oth		ost or other		umulated		(d) Bool	k valu	<u>م</u>
	Description of property	basis (investme	• • •	is (other)		ciation		(u) Dool	valu	C
1a	Land	· · · · · ·	,	x /						
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		column (R) line	10c)	•	Þ	•			0.
		sear ronn ooo, rait A.					nedule	D (Form	n 990)	

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Schedule D (Form 990) 2021	CODESPA	AMERICA

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line -	11b See Form 990 Part X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (I Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of vear market value
(1)		(N) BOOK Value		
(1)				
(2) (3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line ⁻	11d. See Form 990. Part X. line 15.	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X	Other Liabilities.	, 10.,		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
	(a) Description of liability			(b) Book value
	eral income taxes			
	E TO CODESPA SPAIN			26,409
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mp (b) must squal Form 000. Port V. sol. (D) line	25)		26,409
•	mn (b) must equal Form 990, Part X, col. (B) line	-	the organization's financial statements the	

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 CODESPA AMERICA		45-5419038 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
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		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

CODESPA IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT
ACTIVITIES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE. UNDER THESE PROVISIONS, NO TAX IS IMPOSED ON ANY INCOME
RELATED TO CODESPA'S TAX-EXEMPT PURPOSE. CODESPA HAS DETERMINED THAT IT
DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF
DECEMBER 31, 2021 AND 2020. CODESPA IS SUBJECT TO ROUTINE AUDITS BY TAXING
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS. CODESPA'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAX AUTHORITIES,
GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

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132054 10-28-21

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 202

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132071 12-20	-21				
			31		
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Statement of Activities Outside the United States	Statement o	f Activities	Outside the	United States
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Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	tside the
2	United States.		organization s	sidecules for monitoring the use of he	s grants and other assistance ou	
3		he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUT	'H AMERICA	0	0	SUBCONTRACTED SERVICES	BUSINESS GUIDANCE	365,946.
3 2	Subtotal	0	0			365,946.
	Total from continuation sheets to Part I	0	0			0.
с	Totals (add lines 3a and 3b)	0	0			365,946.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047
2021
Open to Public
Inspection

Employer identification number

45-5419038

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

SCHEDULE F (Form 990)

CODESPA AMERICA

Form 990, Part IV, line 14b.

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(a) Name of organizat	and EIN (if applicable)	grant	of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FM appraisal, other)
-							
		ecognized as charities by the t or counsel has provided a sect		Second and a second and a second	•		
		or coursernas provided a sect			P		

CODESPA AMERICA

(b) IRS code section

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

(a) Name of organization

Part II

1

(d) Purpose of

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

(e) Amount

(f) Manner of

(g) Amount of

(h) Description

Page 2

(i) Method of

valuation (book, FMV,

Schedule F (Form 990) 2021

CODESPA AMERICA

(b) Region

(e) Manner of

cash disbursement

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

(d) Amount of

cash grant

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

(a) Type of grant or assistance

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Schedule F (Form 990) 2021

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

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

Schedule F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 2:

CONTRACTORS OUTSIDE OF THE USA PROVIDE REIMBURSABLE EXPENSE REPORTS THAT

ARE APPROVED BEFORE BEING PAID.

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SCHEDULE O (Form 990)

Name of the organization



CODESPA AMERICA

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

WITH LOCAL TEAMS IN MORE THAN 11 COUNTRIES, WE CREATE OPPURTUNITIES FOR

PEOPLE TO LIFT THEMSELVES OUT OF POVERTY THROUGH THEIR OWN WORK AND

TALENT AS INCOME PRODUCING ACTIVITIES, ALLOWING THEM TO TAKE CHARGE OF

THEIR OWN DEVELOPMENT AND TRANSFORM THE FABRIC OF THEIR OWN

COMMUNITIES.

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

ALLOWING THEM TO TAKE CHARGE OF THEIR OWN DEVELOPMENT AND TRANSFORM THE

FABRIC OF THEIR OWN COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SOCIAL EXCLUSION. THE OUTPUTS OF THE PROJECT ARE 1) AT LEAST 750 INDIVIDUALS OF THESE COMMUNITIES ARE TRAINED IN BUSINESS MANAGEMENT, SOFT SKILLS AND ENTREPRENEURIAL TRAINING 2) AT LEAST 315 BUSINESSES ARE INITIATED OR STRENGTHENED IN HUARAL 3) AT LEAST 19 SAVINGS AND CREDIT GROUPS ARE FORMED 4) CREDIT AND SAVINGS GROUPS OPERATE SUSTAINABLY MANAGING LOANS TO ITS MEMBERS 5) AT LEAST 150 YOUNG ADULTS AND 250 WOMEN ARE PROFESSIONALLY TRAINED AND CERTIFIED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFE IMPROVEMENT: FOR 300 BENEFICIARIES IN PERU, THROUGH

CERTIFICATION, COMMERCIAL CONNECTIONS AND ALLIANCES WITH THE PUBLIC

SECTOR. 2) STRENGTHENING OF A SOCIAL ENTERPRISE IN BOLIVIA(KURMI), FOR

THE COMMERCIALISATION OF BENEFICIARIES' PRODUCTS; 3) IMPROVEMENT FOR

MARKET ACCESS FOR 400 BENEFICIARIES IN BOLIVIA, THROUGH PRODUCT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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Name of the organization CODESPA AMERICA	Employer identification number 45-5419038			
STANDARDIZATION, COMMERICAL CONNECTIONS AND ALLIANCES WIT	TH THE PUBLIC			
SECTOR. MAIN OUTPUTS OF THEPROJECT WILL BE: 100 BENEFICIAN	RIES, WOMEN			
TEXTILE ARTISANS CERTIFIED INLABOR COMPETENCIES BY THE LABOR MINISTRY				
OF PERU AND INTEGRATED INTO KURMI;90% OF THE BENEFICIARIES OF KURMI				
HAVE IMPROVED THEIR CAPACITIES TO MEET EXPORT STANDARDS	, DOUBLING			
THEIR PRODUCTIVE CAPACITY. 400 INDIGENOUS WOMEN HAVE INCREASED BY 30%				
THEIR INCOME RELATED TO HANDICRAFTS AND TEXTILE PRODUCTION	DN.			
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:				
MARKET IN THE CITY OF BOGOTA, WHICH IS CHARACTERIZED BY DEMANDFOR				
UNIQUE TEXTILES AND ARTISANAL PRODUCTS WHICH ARE DESIGNED	AND MADE			
FORBOUTIQUE MARKETS RATHER THAN BY MASS-PRODUCTION FOR RI	EADY CONSUMER			
MARKETS. THE PROJECT IS STRENGHTENING THEIR PRODUCTIVE T	CHNIQUES FOR			
TEXTILES AND CRAFTS, REDUCING THE QUALITY GSP THAT SEPARA	ATES THEM FROM			
THE SLOW FASHIONMARKET. UP TO DATE, 200 INDIGENOUS WOMEN I	HAVE IMPROVED			
THEIR CAPACITY IN DESIGNING AND PRODUCING HIGHLY DEMANDED GARMENTS IN				
THE LOCAL MARKET, OBTAINING THE PROFESSIONAL TEXTILE CER	TIFICATION,			
AND ACCESSING SLOW FASHION MARKETS IN BOGOTA AND ABROAD	THAT BUY			
THEIR PRODUCTS' UP TO DATE, ENREDARTE'S ARTISANS INCOME	HAS INCREASED			
BY 44%, PROVIDING ECONOMIC STABILITY FOR THEMSELVES AND THE	HEIR FAMILIES.			

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

990 WILL BE REVIEWED BEFORE FILING.

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

IF ANY SUCH CONFLICT OF INTEREST ARISES WITH REGARD TO A MATTER REQUIRING

ACTION OF THE BOARD, THE INTERESTED PARTY SHALL IMMEDIATELY CALL IT TO THE

ATTENTION OF THE BOARD AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. THE 132212 11-11-21 Schedule O (Form 990) 2021 37

Schedule O (Form 990) 2021	Page 2				
Name of the organization CODESPA AMERICA	Employer identification number $45-5419038$				
FACT THAT THE OFFICER IS ALSO A DIRECTOR OR MEMBER OF A NON-PROFIT					
ORGANIZATION THAT OBTAINS OR SEEKS FUNDS SHALL NOT BY ITSELF BE DEEMED A					
CONFLICT OF INTEREST, WHEN THERE IS A DOUBT AS TO WHETHER ANY CONFLICT OF					
INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF					
DIRECTORS, EXCLUDING THE PERSON WHO IS SUBJECT OF THE POSSIBLE CONFLICT OF					
INTEREST.					
FORM 990, PART VI, SECTION B, LINE 15:					
REVIEW AND APPROVAL BY BOARD					
FORM 990, PART VI, SECTION C, LINE 18:					
UPON REQUEST					
FORM 990, PART VI, SECTION C, LINE 19:					
UPON REQUEST					
FORM 990, PART IX, LINE 11G, OTHER FEES:					
OUTSIDE CONTRACT SERVICES:					
PROGRAM SERVICE EXPENSES	358,972.				
MANAGEMENT AND GENERAL EXPENSES	3,956.				
FUNDRAISING EXPENSES					
TOTAL EXPENSES	365,946.				
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	365,946.				
FORM 990, PART XII, LINE 2C:					
THIS WAS THE FIRST YEAR THERE WAS A REVIEW ENGAGEMENT, SO THE OVERSIGHT					
PROCESS WAS NEW THIS YEAR.					

132212 11-11-21