990

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)

 \blacktriangleright Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022
Open to Public Inspection

AFC	or the	2 202	z calendar year, or t	ax year beg	inning	10/01/	202	2	and e	naing	1)9/30/		
B Che	eck if app	olicable:	C Name of organization								D Employ	er iden	tification	number	
	Addres		TESSA								4				
X	change		Doing Business As										74680	3	
	Name	change	Number and street (or	P.O. box if mail is	s not delivered	to street ad	dress)		Room/sı	uite	E Teleph	one num	nber		
	Initial	return	P.O. BOX 26									(719	9)633-	-1462	
	Termir		City or town, state or p	rovince, country,	and ZIP or for	eign postal	code								
	Ameno return		COLORADO SP		80901						G Gross			002,9	
	Applica pendin		F Name and address of p	orincipal officer:	ANNE	MARKL	EY				H(a) Is this subord	a group dinates?	return for	Yes	X No
			P.O. BOX 26	62, COLOR	RADO SPR	INGS,	CO 8	30906			H(b) Are all	subordina	tes included?	Yes	No.
<u> </u>	ax-exe	empt st	atus: X 501(c)(3)	501(c) () 《 (ir	nsert no.)	4	1947(a)(1) oi	r	527	If "No	," attach a	a list. (see ir	structions)	
J V	Vebsit	e: >	TESSACS.ORG								H(c) Group	exemption	on number	>	
K F	orm o	f orgar	ization: X Corporation	Trust	Association	Othe	r 🕨		LY	ear of forma	tion: 1977	M St	ate of lega	al domicile	e: CO
Pa	rt I	Su	mmary												
	1	Briefly	describe the organizat	tion's mission	or most signi	ficant activ	/ities:								
9		TO I	HELP WOMEN AND	THEIR CH	ILDREN A	ACHIEV	E SA	FETY AI	ND WI	ELL-BEI	NG.				
Jan															
/er	2	 Check	this box 🕨 🔲 if the	organization	discontinued	d its opera	tions	or disposed	of mor	e than 25%	6 of its net a	assets.			
Governance	3	Numb	er of voting members of	of the governing	g body (Part \	VI, line 1a))					:	3		10
			er of independent votin										4		10
Activities &			number of individuals e										5		59
Ė			number of volunteers (e										6		209
Ac			unrelated business reve									• • –	a		
			related business taxab												
						,					Prior Yea			urrent Y	/ear
	8	Contri	butions and grants (Par	t VIII line 1h)			_			\neg	3,009	692		3.826	5,116.
nue	9	Progra	am service revenue (Par	t VIII line 2a)				COPY	_			7,964			1,323.
Revenue			ment income (Part VIII,					PUBLIC INS	SPECT	ON -		5,719			5,550.
			revenue (Part VIII, colu							→		9,231			9,327.
			revenue - add lines 8 th								3,243	-			3,662.
_			s and similar amounts p									1,857			5,002. 5,369.
											125	NON		23(NONI
			its paid to or for members, other compensation								1 700			2 101	
a) I											1,798	5,149			3,872.
ben			ssional fundraising fees), 1 4 3	,	'	6,089
Ä			fundraising expenses (P								400				102
			expenses (Part IX, colu									634			5,103.
			expenses. Add lines 13								3,087				1,433.
	19	Rever	ue less expenses. Sub	tract line 18 fro	m line 12		<u> </u>				155 nning of Cur	, 960		End of Ye	2,229.
ts o			. (D .)(begii					
20.00			assets (Part X, line 16)								1,927	•			2,019.
et A			liabilities (Part X, line 26									392			5,230.
			ssets or fund balances.	Subtract line 2	1 from line 2	0		<u></u>			1,756	,897	•	2,336	<u>5,789.</u>
Par			gnature Block	h	lite actions to a	la alla accessor		da a la alemania de la					1	dana anad l	
true,	er pen corre	aities o	of perjury, I declare that I I complete. Declaration of propertion of properties are that I I	nave examined t reparer (other tha	nis return, inc an officer) is ba	ased on all i	ompany informa	ying schedule ation of which	es and s h prepai	statements, er has any k	and to the b nowledge.	est of m	ny knowie	age and i	belief, it is
			Aura Marklan												
Sigr	,		Anne Markley								Date		5/2024	:	
Her			Signature of officer								Dali	3			
			E MARKLEY					CEO							
			Type or print name and title	e 	Duamararia				Data				DTIN		
Paid			Type preparer's name		Preparer's s	. 111	11.		Date		Check	\Box			
Prep	arer	KIM	BERLY N COLEMAI	N	1 mil	ejn (00l1	nen	08	/13/202	24 self-er	mployed	_	967133	
Use		Firm's	name > STOCKMA	N KAST RY	YAN & CO	LLP					Firm's EIN		84-15	09584	<u>: </u>
				CASCADE AVE				SPRINGS, C	0 8090	3	Phone no.			30-11	.86
May	the IF	RS dis	cuss this return with the	e preparer show	wn above? (s	ee instruct	tions)	<u></u>				<u></u>	X	Yes	No
For F	Paper	work	Reduction Act Notice,	see the separa	ate instructio	ns.								Form 99	0 (2022)

Form 990 (2022)
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Pa	Statement of Program Service Accomplishments Check if Schodule O contains a response or note to any line in this Part III	77
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
•	TESSA'S PURPOSE IS TO PROVIDE CONFIDENTIAL PROGRAMS THAT EMPOWER	
	VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN EL PASO AND TELLER	
	COUNTIES. (SEE SCHEDULE O FOR CONTINUATION)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mea	oured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	-
4a	(Code:) (Expenses \$615,565 including grants of \$25,829) (Revenue \$.)
	SAFEHOUSE PROGRAM: TESSA'S SAFEHOUSE PROGRAM PROVIDES EMERGENCY	
	SHELTER, FOOD, CASE MANAGEMENT, COUNSELING, AND SUPPORT TO	
	DOMESTIC VIOLENCE, SEXUAL ASSAULT AND HUMAN TRAFFICKING VICTIMS	
	AND THEIR CHILDREN WHO HAVE BECOME HOMELESS DUE TO DVSA OR HT. IN	
	FY2023, TESSA PROVIDED 6,725 NIGHTS OF SHELTER TO 97 (NEW) ADULTS	
	AND 75(NEW) CHILDREN. STAFF AND TRAINED VOLUNTEERS PROVIDE CRISIS	
	INTERVENTION, INFORMATION, SAFETY PLANNING, AND COMMUNITY REFERRAL	
	SERVICES TO DOMESTIC VIOLENCE, SEXUAL ASSAULT AND HUMAN	
	TRAFFICKING VICTIMS. APPROXIMATELY, 1,077 CALLS COME THROUGH THE	
	CRISIS LINE EACH MONTH.	
<u></u>	(Code:) (Expenses \$ 478,892. including grants of \$ 3,703.) (Revenue \$	1
75	VICTIM ADVOCACY: TESSA STAFF PROVIDE ADVOCACY, SYSTEMS ASSISTANCE	. /
	(CRIMINAL JUSTICE AND OTHER INSTITUTIONAL SYSTEMS), COURT SUPPORT,	
	AND COMMUNITY RESOURCES AND REFERRALS FOR VICTIMS EXPERIENCING	
	DOMESTIC VIOLENCE, DATING VIOLENCE, INTIMATE PARTNER STALKING,	
	SEXUAL ASSUALT AND/OR HUMAN TRAFFICKING. SERVICES ARE PROVIDED IN	
	A SECURE AND SAFE ENVIRONMENT. ADVOCACY ALLOWS VICTIMS TO IDENTIFY	
	OPTIONS; DEVELOP SAFETY PLANS; RECEIVE ASSISTANCE WITH TEMPORARY	
	PROTECTION ORDERS; AND ACQUIRE INFORMATION AND REFERRALS.	
	CONFIDENTIAL VICTIM ADVOCATES ALSO PROVIDE 24/7 HOSPITAL RESPONSE	
4c	(Code:) (Expenses \$	_)
	YOUTH AND CHILDREN'S PROGRAM: THIS PROGRAM OFFERS THERAPEUTIC AND	
	NON-THERAPEUTIC SERVICES FOR CHILDREN WHO HAVE WITNESSED AND/OR	
	BEEN VICTIMS OF DOMESTIC VIOLENCE. AVAILABLE TO BOTH CHILDREN	
	RESIDING IN TESSA'S SAFEHOUSE PROGRAM (RESIDENTIAL) AND CHILDREN	
	FROM THE COMMUNITY-AT-LARGE (COMMUNITY), SERVICES INCLUDE THERAPY;	
	PSYCHO-EDUCATIONAL/AGE-APPROPRIATE SUPPORT GROUPS; CASE	
	MANAGEMENT; CHILD-SPECIFIC ADVOCACY; AND RECREATIONAL	
	OPPORTUNITIES. IN FY2023, TESSA'S CHILDREN'S PROGRAM PROVIDED	
	SERVICES TO 62 NON-RESIDENTIAL CHILDREN AND CASE MANAGEMENT TO 65	
	CHILDREN RESIDING IN THE SAFE HOUSE.	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
-	(Expenses \$ 1,742,067. including grants of \$ 505,188.) (Revenue \$ 71,323.)	
40	Total program service expenses 3 130 017	

4e Total program service expenses 3,130,917

JSA
2E1020 1.000

Form 990 (2022)
Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, 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 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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		37
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		21
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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	200		v
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive more than \$23,000 in non-cash contributions: If res, complete schedule in	29		Λ
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	۱		
20	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.1	reportable gaming (gambling) winnings to prize winners?	1c		

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-				- 3
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			25
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-	ations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	ersor	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	r appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	en during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_)	Х
0001	on b. I divide (This decitor b requests information about policies not required by the line	mai	rtovonac	Code	·/ Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to					
	rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	ıd apı	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		_	10-		37
_	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure	· · ·		100		
17	List the states with which a copy of this Form 990 is required to be filed CO,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990-	and 990-T	(sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap			,		(3)
	X Own website Another's website X Upon request Other (explain on Sc	hedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's ITESSA 435 GOLD PASS HEIGHTS COLORADO SPRINGS, CO 80906	oooks	and record	S		

719-633-1462

Form **990** (2022)

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANNE MARKLEY	40.00									
CEO	NONE			Х				111,000.	NONE	NONE
(2) DARRYL GLENN	40.00			21				111,000.	NONE	NONE
OFFICER	NONE			Х				90,480.	NONE	NONE
(3) DR. JEFF ORAM-SMITH	3.00							70,200		
PRESIDENT	NONE	X		х				NONE	NONE	NONE
(4) COL. RONALD FITCH (RETIRED)	3.00							-	-	
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(5) JASON PIET	3.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) DR. LAURA POMERENKE	3.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(7) CMDR. DAVID MANZANILLA	3.00									_
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) JRACE RIDER	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) CMDR. MIKE VELASQUEZ	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) LYNANN WEAVER	3.00									
BOARD MEMBER (TO 08/2023)	NONE	Х						NONE	NONE	NONE
(11) JAMIE FABOS	3.00									
BOARD MEMBER (FROM 06/2023)	NONE	Х						NONE	NONE	NONE
(12) TIM COOPER	3.00									
BOARD MEMBER (FROM 06/2023)	NONE	Х						NONE	NONE	NONE
(13) MICHELLE WOLFF	3.00									
BOARD MEMBER (FROM 09/2023)	NONE	X						NONE	NONE	NONE
<u>(14)</u>										

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Form 990 (2022)

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Name and title Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (TD) Reportable compensation from the organization organization (w-2/1099-MISC)							(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	(F) stimated nount co other pensat om the anizatic d relate anizatio	ion on d				
			 	-										
			 											
			 											
С		I m continuation sheets to Part VII, S Id lines 1b and 1c)	=						> > >	201,480. NONE 201,480.	NONI NONI NONI	<u>c</u>		NONE NONE
	Total nur	nber of individuals (including but not	limited to t						re			4		NOINE
	reportab	le compensation from the organizatio	n ►					1					Yes	No
3		organization list any former office on line 1a? If "Yes," complete Sched										3		Х
4	organiza	individual listed on line 1a, is the tion and related organizations gr	eater than	\$15	0,0	000?	P If	"Yes	5," (complete Schedu	le J for such	4		X
5	Did any	person listed on line 1a receive or es rendered to the organization? If "Y	accrue co	mpen	sati	ion i	fron	n any	uni	related organization	on or individual	5		X
Se		ndependent Contractors	<u> </u>											
	Complete	e this table for your five highest come eation from the organization. Report of												
		(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compens	sation	
_														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

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Part VIII Statement of Revenue

(A) Total revenue (B) (C) (D) Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts Membership dues 95,406. c Fundraising events 1c 1,901,147. Government grants (contributions) . . 1e All other contributions, gifts, grants, 1,829,563 and similar amounts not included above ... 1f g Noncash contributions included in 18,941. lines 1a-1f 1g \$ Total. Add lines 1a-1f 3,826,116. **Business Code** Program Service Revenue 624100 71,323. COUNSELING, INV & GROUP d е All other program service revenue 71,323. Investment income (including dividends, interest, and 47,470. 47,470 other similar amounts)......... NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal Gross rents 6a 6b **b** Less: rental expenses Rental income or (loss) 6c NONE d Net rental income or (loss) . . NONE (ii) Other Gross amount from (i) Securities sales of assets 14,289. other than inventory 7a b Less: cost or other basis Other Revenue 7b 16,209 and sales expenses . . -1,920. c Gain or (loss) 7c -1,920. -1,920. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ __ of contributions reported on line 43,723. 1c). See Part IV, line 18 8a 73,050 8b **b** Less: direct expenses -29,327. -29,327. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a Gross sales of inventory, less returns and allowances NONE Net income or (loss) from sales of inventory. NONE **Business Code** Miscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d NONE 16,223. 3,913,662. 71,323. 12

2E1051 1.000

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	536,369.	536,369.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	201,480.	131,448.	61,152.	8,880
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE	1 100 100		
	Other salaries and wages	1,695,784.	1,692,433.		3,351
8	Pension plan accruals and contributions (include	18,536.	16,035.	1,786.	715
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	110,853.	103,451.	6,316.	1,086
10	Payroll taxes	157,219.	125,606.	23,970.	7,643
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	NONE	24 254		
	Accounting	31,395.	21,976.	7,849.	1,570
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	6,089.	10.000		6,089
	Investment management fees	14,289.	10,002.	3,573.	714
g	Other. (If line 11g amount exceeds 10% of line 25, column	60.660	67 160	1 707	701
	(A), amount, list line 11g expenses on Schedule O.)	69,660.	67,162.	1,797.	701
	Advertising and promotion	30,611.	21,647.	6,598.	2,366
13	Office expenses	111,999.	79,820.	23,540.	8,639
14	Information technology	43,806.	21,044.	11,984.	10,778
15	Royalties	NONE	150 014	C 10C	Г Г11
	. ,	170,551.	158,914. 7,056.	6,126.	5,511
	Travel	7,099.	7,056.	43.	
18	Payments of travel or entertainment expenses	MONTE			
40	for any federal, state, or local public officials	NONE 13,843.	7,932.	3,850.	2 061
	Conferences, conventions, and meetings		396.	143.	2,061
	Interest Payments to affiliates	567. NONE	370.	143.	28
		32,023.	29,804.	1,162.	1 057
	Depreciation, depletion, and amortization	41,239.	31,838.	7,704.	1,057 1,697
	Insurance	41,237.	31,030.	7,704.	Ι, Ο Ο Τ
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
•	INDIRECT EXPENSES	74,126.	49,824.	19,806.	4,496
	DUES & SUBSCRIPTIONS	6,509.	4,558.	1,625.	326
	: CLINICAL MISC EXPENSES	3,765.	3,765.	1,025.	520
	PROFESSIONAL LICENSES	804.	804.		
	All other expenses	12,817.	9,033.	210.	3,574
	Total functional expenses. Add lines 1 through 24e	3,391,433.	3,130,917.	189,234.	71,282
	Joint costs. Complete this line only if the	3,371,133.	3,230,727,	200,201.	, 1,202
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	50,481.	1	124,988.
	2	Savings and temporary cash investments	150,096.	2	100,025.
	3	Pledges and grants receivable, net	3,750.	3	11,250.
	4	Accounts receivable, net		4	458,561.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
S	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	7,222.
	_	Land, buildings, and equipment: cost or other	0/211.		,,222
		basis. Complete Part VI of Schedule D 10a 521,795			
	h	Less: accumulated depreciation	_	100	154,904.
	11	Investments - publicly traded securities		11	1,705,069.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	·			NONE
	14	Investments - program-related. See Part IV, line 11			
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11			NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,562,019.
	17	Accounts payable and accrued expenses		17	225,230.
	18	Grants payable	NONE		NONE
	19	Deferred revenue			NONE
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE		NONE
	26	Total liabilities. Add lines 17 through 25	170,392.	26	225,230.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,733,230.	27	2,324,372.
Ä	28	Net assets with donor restrictions		28	12,417.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances		32	2,336,789.
ž	33	Total liabilities and net assets/fund balances		33	2,562,019.
_			1,721,207.		Form 990 (2022)

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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		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,9	13,	<u>662</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,3	91,	<u>433</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		5	22,	<u> 229</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>897</u> .
5	Net unrealized gains (losses) on investments	5			57 <u>,</u>	<u>663</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,3	36,	<u>789</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
_			Г		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," ex	plain	on			
	Schedule O.			_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	I	2-	37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			20	v	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	I	3b	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uits .				(2022)
				. 01111	333	(~~~/

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

t. OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number TESSA 84-0746803

Pai	4 1	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this r	part.) See instruction	ns.				
		anization is not a private fou	<u> </u>									
1		A church, convention of chu		,		•	•					
2		A school described in secti					. •(=)(.)(.,(.).					
3		A hospital or a cooperative		·	-		(1)(A)(iii)					
4		A medical research organiz	•	•		٠,		(iii). Enter the				
•		hospital's name, city, and st		oonjanoaan wan a no	opital ao		1000110111110(10)(11)(11)	(iii)i Liitoi tiio				
5		An organization operated t		a college or universit	v owned	d or one	erated by a governme	ental unit described in				
•		section 170(b)(1)(A)(iv). (C		a conego or anivoron	, 0111100	и от орс	rated by a governme	mar ame accombca m				
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(h)(1)(Δ)(v)					
7	v	An organization that norma	•				, , , , , , ,	om the general nublic				
•		described in section 170(b)	=	· ·	pport in	om a go	vorminorital and or m	om the general public				
8		A community trust describe			Part II \							
9		An agricultural research org				nnerated	Lin conjunction with a	land-grant college				
9		or university or a non-land-	=			-						
		university:	grant conege or ag	griculture (see iristruci	юна). Е	iller line	name, dity, and state o	i the college of				
0		An organization that norma	Illy receives (1) me	oro than 231/2% of its	cupport	from cou	atributions momborsh	in face and gross				
U		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its				
		support from gross investm	nent income and u	nrelated business tax	able inco	mė (les:	s section 511 tax) from	businesses				
1		acquired by the organization An organization organized a	•		. , . , .		,					
2	-	An organization organized a	•	•	•			ry out the nurnesse of				
2		•	•	•								
		one or more publicly suppo	-									
		the box on lines 12a throug					•	=				
а			•	•								
		the supported organization				ajority of	the directors or truste	es of the				
_		7	upporting organization. You must complete Part IV, Sections A and B. ype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
b			•									
		control or management of			the sam	e persor	ns that control or man	age the supported				
		organization(s). You must	-									
С								lly integrated with,				
		$_{\lnot}$ its supported organization		· ·								
d					-							
		that is not functionally into			-		•	d an attentiveness				
		$_{\neg}$ requirement (see instruct	•	-								
е		Check this box if the orga						II, Type III				
		functionally integrated, or			-	_	ion.					
		ter the number of supported	•									
g		ovide the following information			I			T				
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
A)												
B)												
C)												
_												
D)												
E)												
_												
ota	ıl											

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

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.)

Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,309,006.	3,499,094.	3,682,166.	3,009,692.	3,826,116.	17,326,074.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	3,309,006.	3,499,094.	3,682,166.	3,009,692.	3,826,116.	17,326,074.
6	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						702,102. 16,623,972.
	tion B. Total Support						10,023,372.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,309,006.	3,499,094.	3,682,166.	3,009,692.	3,826,116.	17,326,074.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,327.	16,802.	13,785.	21,645.	47,470.	122,029.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				79,231.		79,231.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,721.	1,139.	11,268.	NONE	NONE	29,128.
11	Total support. Add lines 7 through 10					40	17,556,462.
12	Gross receipts from related activities, etc. (s	•				12	271,549.
13 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supply	<u> </u>					
14	Public support percentage for 2022 (lin		_	11. column (f))		14	94.69 %
15	Public support percentage from 2021		•			15	98.16 %
	331/3% support test - 2022. If the ord					·	neck this
	box and stop here. The organization qu	ualifies as a pub	licly supported	organization			х х
b	331/3% support test - 2021. If the org	janization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	n		
17a	10%-facts-and-circumstances test - 2	2022. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					-	-
	Part VI how the organization meets			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organiz					=	-
	in Part VI how the organization meets			_	-		
	organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990) 2022 Page **3**

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(4,	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

JSA 2E1221 1.000

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status
- 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.**
- 10 a 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.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1		
is ed			
	2		
er	3a		
d ie			
	3b		
3)	3с		
lf	4a		
n n			
	4b		
n ed 3)			
	4c		
;," N n;			
'n			
l.,	5a		
ly	5b		
	5с		
o d or			
	6		
or Sy	_		
_	7		
е	8		
e IS			
	9a		
h	9b		
it	9c		
n d	10a		
to.	10a		

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TESSA Schedule A (Form 990) 2022 Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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.	44-		
Socti	on B. Type I Supporting Organizations	11c		
Jecu	on B. Type i Supporting Organizations		Yes	No
			163	140
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Socti	on D. All Type III Supporting Organizations	1		
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	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		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	a inetr	uction	c)
·	The diganization supported a governmental entity. Describe in all winow you supported a governmental entity (se	.0 111311	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Page **6**

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 0	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or collection			
Of	f gross income or for management, conservation, or maintenance of			
	roperty held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other factors			
(ε	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	lultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
3 M	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integra	ted Type III supporting	g organization

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Page **7**

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	4 Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
			(ii)	(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOM	Œ					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISC INCOME - OTHER	16,721.	1,139.	11,268.	NONE	NONE	29,128.
TOTALS	16,721.	1,139.	11,268.	NONE	NONE	29,128.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

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

2022

Name of the organization		Employer Identification number			
TESSA		84-0746803			
Organization type (check of	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated	as a private fou	ndation		
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a	a private foundat	tion		
	501(c)(3) taxable private foundation				
·	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General	eral Rule and a S	Special Rule. See		
General Rule					
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the ey or property) from any one contributor. Complete Parts I and I contributions.	-	_		
Special Rules					
regulations unde 16b, and that red	ion described in section 501(c)(3) filing Form 990 or 990-EZ the rections 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheduceived from any one contributor, during the year, total contribution on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	ule A (Form 990) tions of the grea	, Part II, line 13, 16a, or ter of (1) \$5,000; or		
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
_	nat isn't covered by the General Rule and/or the Special Rules				

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

84_0746803

	TESSA	84-0746803
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is r	needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$405,652.	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	N/A	\$276,808.	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	N/A	\$1,010,072.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$135,679.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	N/A (b) Name, address, and ZIP + 4	\$135,679. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Page 2

Name of organization Employer identification number

TESSA 84-0746803 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Χ N/APerson **Payroll** 150,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II for

noncash contributions.)

Page 2

Name of organization

Employer identification number

	TESSA	84-0746803
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.

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

Page 3

Schedule B (Form 990) (2022) Page **4**

Name of o	rganization			Employer identification number
	TESSA			84-0746803
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any colons completing Part e year. (Enter this inf	one contributor. Call, enter the total commation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	•	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TESSA 84-0746803 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TESSA 84-0746803 Page **2**

Pa	rt Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets (continued)	
3	Using the organization's acquisition	n, accession, and	other recor	ds, check	any of	the follow	ring that make sigi	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan o	r exchan	ge progra	m		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	in how t	hey furth	er the or	ganization's exemp	t purpose ir	n Part
	XIII.								
5	During the year, did the organization						_		
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizati	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Fori	n 990, F	art IV, li	ne 9, or r	eported an amou	nt on Form	
1a	Is the organization an agent, trus	tee, custodian or o	ther interm	ediary fo	r contrib	utions or	other assets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in								
							Amount		
С	Beginning balance					С			
d	Additions during the year					d			
е	Distributions during the year					е			
f	Ending balance					f		1	
	Did the organization include an am						_	Yes	_ No
	If "Yes," explain the arrangement in	n Part XIII. Check n	ere if the ex	<u> pianation</u>	nas beer	n provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	es" on For	m 99∩ F	Part IV/ li	ne 10			
	Complete ii the organiza	(a) Current year	(b) Prio			ears back	(d) Three years back	(e) Four year	s hack
				year	(6) 1 110)	- Caro Baok	(u) Tillee years back	(e) i oui yeai	
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 2	End of year balance	of the current year	and halana	lino 1a	column (a)) hold ac			
a	Board designated or quasi-endown			e (iiile 1g,	Coluititi (a	a)) Helu as	•		
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are held	and admir	nistered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•						3b	
4	Describe in Part XIII the intended u		tion's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	Jipment. ation answered "Y	es" on For	m 990 F	Part IV/ I	ine 11a .	See Form 990 Pa	art X line 1	Λ
	Description of property		r other basis		or other basis			d) Book value	·
		(inves	stment)		ther)		eciation		
1a	Land								
b	Buildings				11 020		02 100	110	7.4.0
C	Leasehold improvements				11,938		93,189.	118,	
d	Equipment				68,254		47,376.		878.
	Other		m 990 Part	X colum	41,603		26,326.	154,	277.

Schedule D (Form 990) 2022

<u>Schedule D (Form 990) 2022 TESSA 84-0746803 Page 3</u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) 800k value (c) Method of valuation: (c) Closely held equity interests	Part VII	Investments - Other Securities.	\/ F 000	Dant IV 15 - 445 Cas Farms 000	Deat V. Br. 40
Including name of security Cost or end-of-year market value					
(2) Closely held equity interests		(a) Description of security or category (including name of security)	(b) Book value		
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financia	al derivatives			
(A) (B) (C) (C) (D) (E) (F) (G) (H) (G) (G) (H) (G) (H) (G) (H) (G) (G) (G) (H) (G) (G) (H) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely	held equity interests			
(E) (C) (C) (D) (E) (E) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(C) (C) (C) (E) (F) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(E) (E) (F) (G) (Total: (Column (b) must equal Form 990, Part X, cot. (B) line 12.)					
(E) (F) (G) (H) (F) (G) (G) (H) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
Fig.					
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Book value					
Cost or end-of-year market value	Part VIII		"Yes" on Form 990,	, Part IV, line 11c. See Form 990	, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		(a) Description of investment	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				Cost or end-of-year mark	ket value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (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. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2)				
(5) (6) (7) (8) (9) Total. (Column (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. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	(4)				
(7) (8)	(5)				
(8) (9) Total. (Column (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. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(6)				
10	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(8)				
Part IX					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		n (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Part IX				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11d. See Form 990	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		(a) Des	scription		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	<u>(5)</u>				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			ne 15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (a) Description of liability (b) Book value (b) Book value	Part X	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	1		tion of liability		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			tion of hability		(b) Book value
(3) (4) (5) (6) (7) (8) (9)		ar income taxes			
(4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
		on (h) must equal Form 000 Part V and (B) line 05 1			

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 .

Schedule D (Form 990) 2022 TESSA 84-0746803 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	4,415,520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants.		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	505,208.
3	Subtract line 2e from line 1	3	3,910,312.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-,,-
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	3,350.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,913,662.
Part 2		rn.	
1	Total expenses and losses per audited financial statements	1	3,835,628.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	447,545.
3	Subtract line 2e from line 1	3	3,388,083.
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.)		
С	Add lines 4a and 4b	4c	3,350.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,391,433.
	Supplemental Information.		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; PXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE S	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2022 TESSA 84-0746803 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D PART X LINE 2

TESSA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, TESSA QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). TESSA BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4 B

OTHER: \$3,350 FUNDRAISING EXPENSE INCLUDED IN AUDITED FINANCIAL STATEMENTS AS REVENUE, RECLASSIFIED TO EXPENSE FOR TAX RETURN REPORTING.

SCHEDULE D, PART XII, LINE 4 B

OTHER: \$3,350 FUNDRAISING EXPENSE INCLUDED IN AUDITED FINANCIAL STATEMENTS AS REVENUE, RECLASSIFIED TO EXPENSE FOR TAX RETURN REPORTING.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury

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

OMB No. 1545-0047

	f the organization					Employer identification	on number
TESS	A					84-074680	
Part I					Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	· · · · · · · · · · · · · · · · · · ·				Hall a l	
ſ	Indicate whether the organization raise. Mail solicitations	_	_	•			
a b	Internet and email solicitations	e f			non-government g government grants		
C	Phone solicitations	ı Ç			ising events	5	
d	In-person solicitations	2	J Opc.	Jiai Turiara	ionig evento		
	Did the organization have a written o	r oral agreement	with any in	dividual (in	cluding officers, d	lirectors, trustees.	
	or key employees listed in Form 990						Yes No
	If "Yes," list the 10 highest paid indi		s (fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
(compensated at least \$5,000 by the	organization.					
						(v) Amount paid to	T .
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No		5 to 10 (4)	
1							
2							
3							
3							
4							
5							
6							
7							
8							
9							
3							
10							
Total					. 9 . 0		
	List all states in which the organiza registration or licensing.	tion is registered	or licensed	to solicit	contributions or	nas been notified	it is exempt from
	registration of licensing.						

Schedule G (Form 990) 2022 84-0746803 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PASTA IN PARK (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 139,129. 139,129. 2 Less: Contributions 95,406. 95,406. 3 Gross income (line 1 minus 43,723. 43,723. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 73,050. 73,050. 10 Direct expense summary. Add lines 4 through 9 in column (d) 73,050. 11 Net income summary. Subtract line 10 from line 3, column (d) -29,327. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses _____ Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) _______ Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2022

10a

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2022 TESSA 84-0746803 Page	3
11	Does the organization conduct gaming activities with nonmembers?	<u>о</u>
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	0
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address N	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	0
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address •	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Calling manager compensation P Q	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_
h	retain the state gaming license? Yes Yes Note that the amount of distributions required under state law to be distributed to other exempt organizations	U
b	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par		—
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	
		_

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990)

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

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

Name of the organization Employer identification number 84-0746803 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (q) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance noncash assistance or assistance or government grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) 2022

Schedule I (Form 990) (2022) TESSA 84-0746803 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HOUSING, ATTORNEYS, UTILITIES, TRANSPORTATION ETC.	536	536,369.			
_ 2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I LINE 2

GRANT FUNDING IS MONITORED IN THE FOLLOWING WAYS:

FUNDING IS PROVIDED ONLY AFTER VERIFICATION OF THE STATUS OF INDIVIDUALS

AND FUNDS ARE PAID DIRECTLY TO SERVICE PROVIDERS, LANDLORDS, UTILITY

COMPANIES, ATTORNEYS, ETC.

Schedule I (Form 990) (2022) TESSA 84-0746803 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART III, LINES 1 - , COLUMN (B)

THE NUMBER OF RECIPIENTS WAS ESTIMATED BASED ON THE NUMBER OF

APPLICATIONS FILLED FOR ASSISTANCE, AND THE NUMBER OF INDIVIDUALS COUNTED

DURING DISTRIBUTION OF GOODS OR SERVICES.

Schedule I (Form 990) (2022) TESSA 84-0746803 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I PART III GRANT DESCRIPTION

RENT ASSISTANCE, LIFT LAWYERS, GRANT SUBRECIPIENT, HOTEL VOUCHERS,

CONTRACTORS, INTERPRETATION AND TRANSLATION, MORTGAGE ASSISTANCE, MOVING

ASSISTANCE, UTILITY AND TRANSPORTATION ASSISTANCE.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TESSA

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 84-0746803

FORM 990, PART III, LINE 1

CONTINUED: WE PURSUE THREE PRIMARY OBJECTIVES TOWARD OUR MISSION: TO PROVIDE IMMEDIATE SAFETY FOR WOMEN AND CHILDREN IN CRISIS. TO EMPOWER SURVIVORS THROUGH SUPPORTIVE SERVICES SUCH AS OUR ADVOCACY, COUNSELING AND CHILDREN'S PROGRAMS. TO CREATE A SAFER COMMUNITY FOR ALL FAMILIES THROUGH EDUCATION AND AWARENESS OUTREACH.

FORM 990, PART III, LINE 4B

CONTINUED: AS PART OF TESSA'S HOUSING FIRST PROGRAM, TESSA PROVIDES

TEMPORARY HOUSING AND/OR UTILITY ASSISTANCE. CLIENTS ARE REQUIRED TO

COMPLETE A DETAILED APPLICATION THAT REQUIRES THEM TO DESCRIBE THEIR

FINANCIAL SITUATION (EMPLOYMENT, INCOME SOURCES, EXPENDITURES, APARTMENT

SIZE, ETC.) IN DEPTH. ALL ASSISTANCE IS PAID DIRECTLY TO LANDLORDS OR

UTILITY COMPANIES. ADDITIONALLY, TESSA USES A SLIDING SCALE TO DECREASE

ASSISTANCE OVER TIME TO HELP FOSTER THE CLIENT'S FINANCIAL INDEPENDENCE.

FORM 990, PART III, LINE 4D

RURAL ADVOCACY PROGRAM: TO IMPROVE SERVICE ACCESS FOR VICTIMS LOCATED IN ISOLATED RURAL AREAS, TESSA OPERATES SATELLITE OFFICES IN TELLER COUNTY AND EASTERN EL PASO COUNTY. A FULL-TIME ADVOCATE STAFFS EACH OFFICE WHILE A STAFF THERAPIST SPLITS TIME BETWEEN THE TWO. CONFIDENTIAL ADVOCACY, EDUCATION, OUTREACH, AND COUNSELING ARE PROVIDED, WHILE CLIENTS WHO REQUIRE SHELTER ARE REFERRED TO TESSA'S SAFEHOUSE PROGRAM IN COLORADO SPRINGS.

COUNSELING PROGRAM: PROGRAM STAFF PROVIDES CLINICAL SERVICES TO VICTIMS
OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND/OR HUMAN TRAFFICKING. TESSA'S
COUNSELORS, SPECIFICALLY TRAINED TO TREAT THE PSYCHOLOGICAL ISSUES THAT

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

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Employer identification number

TESSA 84-0746803

RESULT FROM THESE TYPES OF VIOLENCE, PROVIDE INDIVIDUAL PSYCHOTHERAPY;

PSYCHO-EDUCATIONAL SUPPORT GROUPS FOR ADULT VICTIMS OF DOMESTIC VIOLENCE;

AND THERAPEUTIC SUPPORT GROUPS FOR SEXUAL ASSAULT AND DOMESTIC VIOLENCE

SURVIVORS. THESE SERVICES ENCOURAGE PARTICIPANTS TO WORK ON SELF-ESTEEM,

PROVIDE EDUCATION ABOUT HEALTHY VS. UNHEALTHY RELATIONSHIPS, AND ASSIST

IN GOAL SETTING AND PROBLEM-SOLVING.

HOUSING FIRST PROGRAM: TESSA ASSISTS DVSA AND HT CRIME VICTIMS IN MEETING

HOUSING FIRST PROGRAM: TESSA ASSISTS DVSA AND HT CRIME VICTIMS IN MEETING
THEIR LONG-TERM HOUSING NEEDS BY PROVIDING RENTAL ASSISTANCE, MOVING
ASSISTANCE, EMERGENCY HOUSING, AND/OR UTILITY ASSISTANCE.

MOBILE ADVOCACY: TESSA ADVOCATES WILL MEET SURVIVORS WHERE THEY ARE IN THE COMMUNITY, HOME, OR WHEREVER IS MOST CONVENIENT AND SAFE FOR THE SURVIVOR. THE SURVIVORS HAVE A SAY IN HOW AND WHERE THE CONTACTS WILL TAKE PLACE (E.G. HOME VISITS, COFFEE SHOP, ETC) AND ADVOCATES ALONG WITH SURVIVORS CAN SAFETY PLAN TO DETERMINE WHERE MEETINGS WILL OCCUR.

ACCOMPANY SURVIVORS TO MEETINGS AND APPOINTMENTS SUCH AS ASSISTING IN THE HOUSING APPLICATION PROCESS, IF NEEDED).

LEGAL SERVICES PROGRAM: TESSA WILL ASSIST DVSA VICTIMS IN ACCESSING

DIRECT CIVIL LEGAL REPRESENTATION. TESSA HAS CONTINUED TO CONNECT WITH

COLORADO LEGAL SERVICES, THE EL PASO COUNTY BAR ASSOCIATION, THE EL PASO

COUNTY WOMEN'S BAR ASSOCIATION, AND THE PIKES PEAK JUSTICE AND PRO BONO

CENTER TO BUILD CONTACTS AND RECRUIT ATTORNEYS.

EDUCATIONAL OUTREACH: TESSA PROVIDES TRAINING AND EDUCATION TO SCHOOLS,
BUSINESSES, COMMUNITY ASSOCIATIONS, AND FAITH-BASED ORGANIZATIONS. IN
ADDITION, TESSA STAFF WORK CLOSELY WITH MANY SCHOOLS IN OUR COMMUNITY TO
PROVIDE EDUCATION AND OUTREACH TO TEACHERS, STAFF, AND STUDENTS AROUND

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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Name of the organization

TESSA

Employer identification number

84-0746803

INTERPERSONAL VIOLENCE PREVENTION AND TEEN DATING VIOLENCE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS MONTHLY AND
REVIEWS ALL FINANCIAL DOCUMENTS, INCLUDING THE ANNUAL AUDIT REPORT. THE
CEO OF THE ORGANIZATION DISTRIBUTES A PDF COPY OF THE 990 RETURN TO ALL
BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO BEING FILED.

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

AT EACH BOARD MEETING, IF THERE IS A DISCUSSION OF SELECTING OR ENGAGING
A VENDOR OR SERVICE PROVIDER, ALL IN ATTENDANCE ARE ASKED TO RECUSE
THEMSELVES FROM THIS DISCUSSION IF THERE COULD BE A PERCEIVED CONFLICT.
ANNUALLY, THE ORGANIZATION REVIEWS AND DISCUSSES THE CONFLICT OF INTEREST
POLICY AND REQUESTS THAT EACH BOARD MEMBER LIST AND ACKNOWLEDGE ANY KNOWN
CONFLICTS. POTENTIAL NEW BOARD MEMBERS RECEIVE ALL POLICIES BEFORE
JOINING THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15 A & B

USES DATA FROM CANPO (COLORADO ASSOCIATION OF NON-PROFIT ORGANIZATIONS)

SURVEYS FOR COMPARABILITY OF JOB RESPONSIBILITIES AND COMPENSATION. TESSA

STRIVES TO BE IN THE 25TH PERCENTILE OF OUR PEERS (SIZE & SERVICES) FOR

ANNUAL SALARY RATES FOR ALL POSITIONS. THE BOARD OF DIRECTORS REVIEWS THE

COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE BOARD VOTES ON ANY CHANGES

TO SALARY AND IMPLEMENTS THEM ACCORDINGLY. THE ORGANIZATION HAS NO OTHER

PAID OFFICERS OR EMPLOYEES MEETING THE IRS DEFINITION OF A KEY EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19

TESSA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. CERTAIN DOCUMENTS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TESSA

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 84-0746803

ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VIII, LINE 2A

PRE-PLEA INVESTIGATION REPORTS. THE DISTRICT ATTORNEY WILL REFER AN INDIVIDUAL WHO HAS BEEN ARRESTED IN A DOMESTIC VIOLENCE DISPUTE AND THE DISTRICT ATTORNEY HAS DOUBTS WHETHER THE DOMESTIC VIOLENCE WAS TRULY DOMESTIC VIOLENCE OR DEFENSE, PARTICULARLY IN CASES WHERE A WOMAN HAS BEEN ARRESTED. THE INDIVIDUAL WILL PAY FOR THE CASE ASSESSMENT \$250 PER CASE.

FORM 990, PART XII, LINE 2C

THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, AND COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Name of the organization Employer identification number TESSA 84-0746803

FORM	990,	PART	III,	LINE	4D	-	OTHER	PROGRAM	SERVICES
------	------	------	------	------	----	---	-------	---------	----------

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DESCRIPTION	GRANTS	EXPENSES	REVENUE
government and program	00 685	210 250	E1 202
COUNSELING PROGRAM	20,675.	312,379.	71,323.
RURAL PROGRAM	26,271.	222,483.	
LEGAL/OVW	131,642.	509,558.	
HOUSING	320,200.	474,171.	
DHS		47,501.	
HUMAN TRAFFICKING	6,400.	175,975.	
TOTALS	505,188.	1,742,067.	71,323.

=========

2023 TAX RETURN

Final Audit Report August 14, 2024

Created: August 14, 2024

By: Stockman Kast Ryan & Co.(sengland@skrco.com)

Status: ESigned

Transaction ID: AEMFPFGNG5R4C0AN23V4TL237M

Documents: TESSA_2023_TAX RETURN_PIC 2022 FORM 990 - TESSA FYE 9-30-2023 --

PIC 8.13.2024.pdf

TESSA_2023_TAX RETURN_2022 FORM 990 - TESSA FYE 9-30-2023 - TO-

BE SIGNED 8.13.2024.pdf

"2023 TAX RETURN" History

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