

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TESSA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 435 GOLD PASS HEIGHTS City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80906			D Employer identification number 84-0746803
	F Name and address of principal officer: JANET KERR 435 GOLD PASS HEIGHTS COLORADO SPRINGS, CO 80906			E Telephone number (719) 633-1462
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ 1,857,093.
	J Website: ▶ TESSACS.ORG			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1977 M State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO HELP WOMEN AND THEIR CHILDREN ACHIEVE SAFETY AND WELL-BEING.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	56.	
	6	Total number of volunteers (estimate if necessary)	6	165.	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	1,620,524.	1,454,180.
9		Program service revenue (Part VIII, line 2g)	29,670.	54,207.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-615.	38,181.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,721.	39,197.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,696,300.	1,585,765.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,279,022.	1,136,329.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,398.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	432,137.	248,848.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,711,159.	1,385,177.		
19	Revenue less expenses. Subtract line 18 from line 12	-14,859.	200,588.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	919,689.	1,115,385.	
	21	Total liabilities (Part X, line 26)	61,372.	60,459.	
22	Net assets or fund balances. Subtract line 21 from line 20	858,317.	1,054,926.		

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ STOCKMAN KAST RYAN & CO, LLP			EIN ▶ 84-1509584	P00841439
	Firm's address ▶ 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903			Phone no. ▶ 719-630-1186	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

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? Yes 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? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 423,227. including grants of \$) (Revenue \$)

SAFEHOUSE: TESSA'S SAFEHOUSE PROVIDES EMERGENCY SHELTER, FOOD, CASE MANAGEMENT, COUNSELING, AND SUPPORT TO FEMALE VICTIMS AND THEIR CHILDREN WHO HAVE BECOME HOMELESS DUE TO DOMESTIC VIOLENCE OR SEXUAL ASSAULT.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 345,897. including grants of \$) (Revenue \$)

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, AND/OR SEXUAL ASSAULT. SEE SCHEDULE O FOR CONTINUATION

4c (Code:) (Expenses \$ 181,213. including grants of \$) (Revenue \$)

THE CHILDREN'S 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 (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 FY2013, TESSA'S CHILDRENS PROGRAM PROVIDED SERVICES TO 208 RESIDENTIAL CHILDREN AND 135 CHILDREN FROM THE COMMUNITY.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 170,221. including grants of \$) (Revenue \$ 54,207.)

4e Total program service expenses 1,120,558.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, loans, contributions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9 regarding governing body members and relationships.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b regarding organizational policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TESSA 435 GOLD PASS HEIGHTS COLORADO SPRINGS, CO 80906 719-633-1462

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOLLY MILES PRESIDENT	2.00	X		X				0	0	0
(2) DIANA MAY VICE PRESIDENT	2.00	X		X				0	0	0
(3) ARACELY GUILLEN SECRETARY	2.00	X		X				0	0	0
(4) ALAN GREGORY TREASURER	2.00	X		X				0	0	0
(5) DONNA BILLEK MEMBER	2.00	X						0	0	0
(6) ALEX DUMAS MEMBER	2.00	X						0	0	0
(7) DONA HARRIS MEMBER	2.00	X						0	0	0
(8) WHITNEY LUCKETT MEMBER	2.00	X						0	0	0
(9) FRANCES PILCH MEMBER	2.00	X						0	0	0
(10) MEAGAN RAY MEMBER	2.00	X						0	0	0
(11) SUSAN WOESSNER MEMBER	2.00	X						0	0	0
(12) BRIAN GRIES MEMBER	2.00	X						0	0	0
(13) CLARISSA HOBSON MEMBER	2.00	X						0	0	0
(14) TYRONE JOHNSON MEMBER	2.00	X						0	0	0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	78,420.					
	b Membership dues	1b						
	c Fundraising events	1c	28,006.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	591,329.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	756,425.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,454,180.				
Program Service Revenue	Business Code							
	2a COUNSELING, INV & GROUP		624100	54,207.	54,207.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			54,207.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,570.			3,570.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		260,717.						
		b Less: cost or other basis and sales expenses			226,106.			
		c Gain or (loss)			34,611.			
	d Net gain or (loss)			34,611.			34,611.	
	8a Gross income from fundraising events (not including \$ 28,006. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 2		67,325.			
		b Less: direct expenses	b		45,222.			
		c Net income or (loss) from fundraising events	ATCH 3		22,103.			22,103.
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a REIMBURSED COSTS		624100	12,719.			12,719.		
b MISC INCOME - OTHER		624100	1,234.			1,234.		
c MISC INCOME - CELL PHONES		624100	3,141.			3,141.		
d All other revenue								
e Total. Add lines 11a-11d			17,094.					
12 Total revenue. See instructions			1,585,765.	54,207.		77,378.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	96,997.	80,682.	9,925.	6,390.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	886,034.	737,000.	90,662.	58,372.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	58,369.	48,551.	5,973.	3,845.
10 Payroll taxes	94,929.	78,963.	9,712.	6,254.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	17,574.	7,501.	1,529.	8,544.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,768.	1,181.	241.	1,346.
12 Advertising and promotion	16,749.	7,149.	1,457.	8,143.
13 Office expenses	27,523.	15,369.	6,691.	5,463.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	123,155.	107,328.	8,929.	6,898.
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	6,218.	1,765.	2,622.	1,831.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,253.	11,592.	1,585.	1,076.
23 Insurance	10,602.	8,820.	1,719.	63.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING & POSTAGE</u>	16,075.	8,732.	3,207.	4,136.
b <u>CLIENT ASSISTANCE</u>	5,629.	5,620.	9.	
c <u>MISCELLANEOUS</u>	8,302.	305.	7,960.	37.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,385,177.	1,120,558.	152,221.	112,398.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,135.	1	975.
	2 Savings and temporary cash investments	8,432.	2	218,395.
	3 Pledges and grants receivable, net	119,643.	3	153,070.
	4 Accounts receivable, net	30,428.	4	25,334.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	16,746.	9	13,753.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 289,799.		
	b Less: accumulated depreciation	10b 261,994.	10c	27,805.
	11 Investments - publicly traded securities	258,442.	11	676,053.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	450,000.	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	919,689.	16	1,115,385.	
Liabilities	17 Accounts payable and accrued expenses	61,372.	17	60,459.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	61,372.	26	60,459.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	298,621.	27	951,731.
	28 Temporarily restricted net assets	559,696.	28	103,195.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	858,317.	33	1,054,926.
	34 Total liabilities and net assets/fund balances	919,689.	34	1,115,385.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,585,765.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,385,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	200,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	858,317.
5	Net unrealized gains (losses) on investments	5	-3,979.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,054,926.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

TESSA

Employer identification number

84-0746803

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,475,548.	941,010.	1,420,228.	1,170,524.	1,204,180.	6,211,490.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	1,475,548.	941,010.	1,420,228.	1,170,524.	1,204,180.	6,211,490.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4.						6,211,490.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,475,548.	941,010.	1,420,228.	1,170,524.	1,204,180.	6,211,490.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,860.	5,468.	9,632.	9,241.	3,570.	42,771.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH-1	9,950.	29,718.	18,702.	8,509.	17,094.	83,973.
11 Total support. Add lines 7 through 10						6,338,234.
12 Gross receipts from related activities, etc. (see instructions)					12	671,151.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.00%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	96.30%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
7a 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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
REIMBURSED COSTS	3,282.	27,194.	14,610.	6,475.	12,719.	64,280.
MISC INCOME - OTHER	2,544.	207.	2.	97.	1,234.	4,084.
MISC INCOME - CELL PHONES	4,124.	2,317.	4,090.	1,937.	3,141.	15,609.
TOTALS	<u>9,950.</u>	<u>29,718.</u>	<u>18,702.</u>	<u>8,509.</u>	<u>17,094.</u>	<u>83,973.</u>

Schedule of Contributors

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

2012

Name of the organization

TESSA

Employer identification number

84-0746803

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization TESSA	Employer identification number 84-0746803
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 131,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 115,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 62,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 126,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 114,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TESSA	Employer identification number 84-0746803
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 67,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ ----- 78,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **TESSA**

Employer identification number

84-0746803

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization TESSA	Employer identification number 84-0746803
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

TESSA

Employer identification number

84-0746803

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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.

b If the organization elected, as permitted under SFAS 116 (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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment fund metrics.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. 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) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	1,950,637.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-3,979.	
b	Donated services and use of facilities	2b	368,851.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	364,872.
3	Subtract line 2e from line 1		3	1,585,765.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,585,765.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	1,754,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	368,849.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	368,849.
3	Subtract line 2e from line 1		3	1,385,177.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,385,177.

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D PART X LINE 2

TESSA BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		SEE PART IV (event type)	OTHER (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	94,341.	990.	0	95,331.
	2 Less: Contributions	28,006.		0	28,006.
	3 Gross income (line 1 minus line 2)	66,335.	990.	0	67,325.
Direct Expenses	4 Cash prizes			0	
	5 Noncash prizes			0	
	6 Rent/facility costs			0	
	7 Food and beverages	12,137.		0	12,137.
	8 Entertainment			0	
	9 Other direct expenses	33,085.		0	33,085.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(45,222.)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				22,103.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G PART II COLUMN A

EVENT #1: PASTA IN THE PARK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

TESSA

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

2012

**Open to Public
Inspection**

Employer identification number

84-0746803

MISSION

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.

PROGRAM SERVICES

FORM 990, PART III, LINE 4A

SAFEHOUSE CONTINUED: THE SAFEHOUSE PROGRAM PROVIDES SAFE SHELTER VOUCHERS TO ADULT MALE VICTIMS AND THEIR CHILDREN THROUGH COLLABORATIONS WITH LOCAL HOTELS. IN FY2013, TESSA PROVIDED 11,089 NIGHTS OF SHELTER TO 293 ADULTS AND 208 CHILDREN. STAFF AND TRAINED VOLUNTEERS PROVIDE CRISIS INTERVENTION, INFORMATION, SAFETY PLANNING, AND COMMUNITY REFERRAL SERVICES TO DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT VICTIMS. APPROXIMATELY 1,000 CALLS COME THROUGH THE CRISIS LINE EACH MONTH.

PROGRAM SERVICE

FORM 990, PART III, LINE 4B

VICTIM ADVOCACY CONTINUED: 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

Name of the organization TESSA	Employer identification number 84-0746803
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24/7 HOSPITAL RESPONSE TO VICTIMS SEEKING MEDICAL ATTENTION DUE TO AN
INCIDENCE OF ABUSE AND/OR SEXUAL ASSAULT. IN FY2013, TESSA PROVIDED
ADVOCACY SERVICES TO 1,441, INCLUDING HOSPITAL CALL OUTS TO 323 VICTIMS.

PROGRAM SERVICES

FORM 990, PART III, LINE 4D

COUNSELING PROGRAM: THE COUNSELING PROGRAM STAFF PROVIDE CLINICAL
SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT. TESSA'S
COUNSELORS, SPECIFICALLY TRAINED TO TREAT THE PSYCHOLOGICAL ISSUES THAT
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. IN FY2013, TESSA PROVIDED GROUP
COUNSELING SERVICES TO 327 VICTIMS.

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 INTERPERSONAL VIOLENCE
PREVENTION AND TEEN DATING VIOLENCE. IN 2013, TESSA REACHED 3,373
INDIVIDUALS THROUGH DIRECT EDUCATION AND COUNTLESS OTHERS AT LOCAL HEALTH
FAIRS AND COMMUNITY AWARENESS EVENTS.

FORM 990 REVIEW

Name of the organization TESSA	Employer identification number 84-0746803
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FORM 990, PART VI, SECTION B, LINE 11

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS MONTHLY AND
REVIEWS ALL FINANCIAL DOCUMENTS, INCLUDING THE ANNUAL AUDIT AND THE FORM
990.

CONFLICT OF INTEREST POLICY

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

POTENTIAL NEW BOARD MEMBERS RECEIVE ALL POLICIES BEFORE JOINING THE
BOARD. THE BOARD IS ASKED ANNUALLY TO REAFFIRM THAT THEY DO NOT HAVE
INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

TESSA 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.

PUBLIC DISCLOSURE POLICY

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
ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

AUDIT OVERSIGHT

FORM 990, PART XII, LINE 2C

THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE

Name of the organization TESSA	Employer identification number 84-0746803
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AUDIT, REVIEW, AND COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION
OF AN INDEPENDENT ACCOUNTANT.

NEW PROGRAM SERVICES

FORM 990, PART III LINE 2

PRE-PLEA INVESTIGATION REPORTS. THE DA WILL REFER AN INDIVIDUAL WHO HAS
BEEN ARRESTED IN A DOMESTIC VIOLENCE DISPUTE AND THE DA HAS DOUBTS
WHETHER THE DV WAS TRULY DV OR DEFENSE, PARTICULARLY IN CASES WHERE A
WOMAN HAS BEEN ARRESTED. THE INDIVIDUAL WILL PAY FOR THE CASE ASSESMENT
\$300 PER CASE.

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
COUNSELING PROGRAM - SEE SCHEDULE O		170,221.	54,207.
TOTALS		<u>170,221.</u>	<u>54,207.</u>

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SEE SCHEDULE G	28,006.
TOTAL	<u>28,006.</u>

Name of the organization TESSA	Employer identification number 84-0746803
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ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SEE SCHEDULE G	67,325.	45,222.	22,103.
TOTALS	<u>67,325.</u>	<u>45,222.</u>	<u>22,103.</u>