



August 14, 2023

TESSA 435 Gold Pass Heights Colorado Springs, CO 80906

Dear Ms Markley:

Enclosed are the following income tax returns prepared on behalf of TESSA for the year ended September 30, 2022.

2021 990 - Return of Organization Exempt from Income Tax

2021 8879-TE - IRS E-file Signature Authorization Form

2021 Schedule A - Public Charity Status and Public Support

2021 Schedule B - Schedule of Contributors

2021 Schedule D - Supplemental Financial Statements

2021 Schedule G - Supplemental Info. Regarding Fundraising/Gaming

2021 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.

2021 Schedule O - Supplemental Information to Form 990 or 990EZ

The above mentioned returns will be electronically filed. The efile authorizations should be signed and dated according to the filing instructions included with the copy of the return.

The enclosed returns were prepared primarily from data and information which you submitted. Please review the returns to ensure that there are no omissions or misstatements. Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 and Schedules must be made available for public inspection for a period of three years from the date of filing. Please visit the Not-for-Profit Services page on our website www.skrco.com for information regarding Federal disclosure and Colorado registration requirements, additional rules and applicable penalties for noncompliance.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

STOCKMAN KAST RYAN & CO, LLP

Enclosures

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVE, SUITE 400 COLORADO SPRINGS, CO 80903

Fax: 719-630-1187

TESSA Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended September 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS CO 80903

> Fax to: 719-630-1187 Attn: E-file Desk

Email to: Visit https://www.skrco.com/client-center/

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before August 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

EOM 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning $\frac{10/01/2021}{2021}$ and ending $\frac{09/30/2022}{2021}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

► Go to www.irs.gov/Form8879TE for the latest information.

▶ Do not send to the IRS. Keep for your records.

EIN or SSN

84-0746803 TESSA Name and title of officer or person subject to tax ANNE MARKLEY, CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3, 243, 606. 2a Form 990-EZ check here 3a Form 1120-POL check here . > b Tax based on investment income (Form 990-PF, Part V, line 5). 4b 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here ▶ b Total tax (Form 990-T. Part III. line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here . . > b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** I am an officer of the above entity or ____ I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 7 | 8 | 2 | 5 | 8 | as my signature X I authorize STOCKMAN KAST RYAN & CO, to enter my PIN **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 08/15/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |8|4|3|5|5|6|8|4|1|5|0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

JSA 1X3008 3.000

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or th	e 2021	calendar year, or tax year beginning	10/01/2021	and ending		09/30/2022
_			C Name of organization			D Employer ider	ntification number
B	heck if a	pplicable:	TESSA				
	Addre		Doing business as			84-0746	803
	Name	e change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite	E Telephone nur	nber
	Initia	l return	435 GOLD PASS HEIGHTS			(719)63	33-1462
		return/ nated	City or town, state or province, country, a	nd ZIP or foreign postal code		, ,	
	Amer	nded	COLORADO SPRINGS, CO 8	0906		G Gross receipts	3,314,231.
		cation	F Name and address of principal officer:	ANNE MARKLEY		H(a) Is this a grou	up return for Yes X No
	penu	iiig	435 GOLD PASS HEIGHTS,		80906	subordinates' H(b) Are all subordi	
ī	Tax-ex	empt st) (insert no.) 4947(a)(1)			tach a list. See instructions
		ite: ►		, (este.)	0. 02.	H(c) Group exemp	otion number
				Association Other	I Year of	formation: 1977 M S	
	art l		ımmary	Curior P	2 1001 01	Torridation: ±5// III (state of logal definione.
	1	-	y describe the organization's mission or	most significant activities:			
Φ	l '	•	HELP WOMEN AND THEIR CHI		AND WELL.		
au Č		10 1	HELF WOMEN AND THEIR CHI	DDKEN ACHIEVE SAFEII	AND WELL	DEING.	
š	2	Chool	k this box if the organization di	acentinued its apprations or dispos	ad of more the	an 250/ of its not spects	
Governance	3						1 1
	_		per of voting members of the governing				-
Activities &	4		per of independent voting members of the				4 10 5 59
Ξ	5		number of individuals employed in cale				
₹cti	6		number of volunteers (estimate if necess				6 81
`			unrelated business revenue from Part VI				7a
	D	Net ur	nrelated business taxable income from F	orm 990-1, Part I, line 11			7b
	١.					Prior Year	Current Year
ne	8		ibutions and grants (Part VIII, line 1h)			3,188,79	
Revenue	9		am service revenue (Part VIII, line 2g)			91,16	
Re	10		tment income (Part VIII, column (A), line			25,05	
	11		revenue (Part VIII, column (A), lines 5,			147,14	
	12		revenue - add lines 8 through 11 (must			3,452,14	
	13		s and similar amounts paid (Part IX, colu			197,23	38. 794,857.
	14		fits paid to or for members (Part IX, colur				ONE NONE
es	15		ies, other compensation, employee bene	· · · · · · · · · · · · · · · · · · ·		2,147,71	
Expenses			ssional fundraising fees (Part IX, column			NO	ONE 6,149.
×			fundraising expenses (Part IX, column (D				
_	1		expenses (Part IX, column (A), lines 11a			858,15	
	18		expenses. Add lines 13-17 (must equal			3,203,10	
	19	Rever	nue less expenses. Subtract line 18 from	line 12		249,04	155,960.
Net Assets or Fund Balances						Beginning of Current Y	ear End of Year
set	20	Total	assets (Part X, line 16)			2,140,80	1,927,289.
t As	21	Total I	liabilities (Part X, line 26)			165,86	55. 170,392.
		Net as	ssets or fund balances. Subtract line 21	from line 20		1,974,94	1,756,897.
Pa	ırt II	Sig	gnature Block				
			of perjury, I declare that I have examined this complete. Declaration of preparer (other than				my knowledge and belief, it is
Tiue	z, corre	ot, and	complete. Declaration of preparer (other than	officer) is based off all information of wif	icii preparei nas	s any knowledge.	
0:-		\ _				08/1	15/2023
Sig		S	Signature of officer			Date	
He	re		ANNE MARKLEY	CEO)		
		T	Гуре or print name and title				
		Print/	Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paic		L			08/14	/2023 self-employe	P00841439
	parer	Firm's	s name ► STOCKMAN KAST RYA	AN & CO, LLP		Firm's EIN ▶	84-1509584
use	Only			E, SUITE 400 COLORADO SPRINGS,	CO 80903	Phone no.	719-630-1186
Ma	y the		liscuss this return with the preparer				X Yes No
			Reduction Act Notice, see the separate				Form 990 (2021)

TESSA 84-0746803

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	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	
_	Did the constitution of action and the first and the constitution of the constitution	
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
		A 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
	services?	Y NO
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	ırad h
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	
	the total expenses, and revenue, if any, for each program service reported.	0111011
4a	(Code:) (Expenses \$ 476,810. including grants of \$) (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	
	FY2022, 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 \$ 433,696. including grants of \$) (Revenue \$)	
75	VICTIM ADVOCACY: TECCA CTATE DOVIDE ADVOCACY CYCTEMS ACCICTANCE	
	(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	
	TO	
40	(Code:) (Expenses \$ 256,655. including grants of \$) (Revenue \$)	
40	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 FY2022, 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 \$ 1,772,409. including grants of \$) (Revenue \$ 77,964.)	
4e	Total program service expenses ► 2,939,570.	

JSA
1E1020 1.000

TESSA 84-0746803

Form 990 (2021) Page 3
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
4-	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			37
40	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	4.0	37	
40	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?	4.		37
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4
Part IV Checklist of Required Schedules (continued)

ı aı ı	Officerist of required officeduces (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	l		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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	05-		3,7
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		v
26	If "Yes," complete Schedule L, Part I	25b		Х
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		Х
21	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,			Λ
20	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
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		
27		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		v
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		X
38	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		, ,,,		ı
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1a	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			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	000	

TESSA 84-0746803

Form 990 (2021) Page 5 Nο Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 59 Statements, filed for the calendar year ending with or within the year covered by this return. . L 2b Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ 7b Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Χ 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which 14a Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ If "Yes," see the instructions and file Form 4720, Schedule N. 16 Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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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			
	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 relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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 elect or 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) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	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 be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	. 3.0		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
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-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			. ,
	X Own website X Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	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 books and record	ls ▶		
	TESSA 435 GOLD PASS HEIGHTS COLORADO SPRINGS, CO 80906			

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	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	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				104,300.	NONE	NONE	
(2) DR. JEFF ORAM SMITH	3.00							101/3001	110112	1,01,1	
PRESIDENT	NONE	x		X				NONE	NONE	NONE	
(3) TYRONE JOHNSON	3.00										
PAST PRESIDENT	NONE	Х		Х				NONE	NONE	NONE	
(4) RONALD FITCH	3.00										
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE	
(5) JASON PIET	3.00										
TREASURER (FROM 2/2022)	NONE	Х		Х				NONE	NONE	NONE	
(6) TARA LOO	3.00										
SECRETARY	NONE	X		Х				NONE	NONE	NONE	
(7) DAVID MANZANILLA	3.00										
BOARD MEMBER (FROM 9/2022)	NONE	X						NONE	NONE	NONE	
(8) LAURA POMERENKE	3.00										
BOARD MEMBER (FROM 2/2022)	NONE	X						NONE	NONE	NONE	
(9) JRACE RIDER	3.00										
BOARD MEMBER (FROM 7/2022)	NONE	X						NONE	NONE	NONE	
(10) MIKE VELASQUEZ	3.00										
BOARD MEMBER (FROM 7/2022)	NONE	X						NONE	NONE	NONE	
(11) LYNANN WEAVER	3.00										
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(12) JOHN KOCH	3.00										
BOARD MEMBER (TO 6/2022)	NONE	X						NONE	NONE	NONE	
(13) JAN WEBBER	3.00	1									
BOARD MEMBER (TO 6/2022)	NONE	X						NONE	NONE	NONE	
<u>(14)</u>		1									

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per week (list any	box, unless person is both a					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		compensation from the organization and related organizations
C	Sub-total Total from continuation sheets to Part VII, S							>	104,300. NONE		NONE NONE	NONE
2	Total (add lines 1b and 1c)	limited to t				bove	e) who	o re	104,300. ceived more than	\$100,000 (NONE of	NONE
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the	er, directo	ch ind	ivid	ual							Yes No
5	organization and related organizations greindividual. Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	eater than	\$15 mpen	0,0 sati	00? on f	<i>If If</i>	"Yes n any	s," (uni	complete Schedu related organization	le J for on or indivi	s <i>uch</i> dual	4 X 5 X
Se 1	ction B. Independent Contractors Complete this table for your five highest com	pensated in	ndepe	ende	ent (con	racto	rs t	hat received more	than \$100),000 c	of .
	compensation from the organization. Report c year.	ompensati	on for	the	ca	lenc	lar ye	ar e	ending with or with	nin the orga	anizatio	n's tax
	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compensation
_								+				
_								+				
2	Total number of independent contractors (ir more than \$100,000 in compensation from th				nite	d to	thos		sted above) who	received		

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Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សស	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ج ق	C	Fundraising events						
Ę,ţ		•						
ਭੁੱਛੋ	d	Related organizations		2 226 065				
Ë,S	e	Government grants (contribu		2,336,065.				
ဥ်လ	f	All other contributions, gifts,	-					
를		and similar amounts not included	d above . 1f	673,627.				
Ĕŏ	g	Noncash contributions include	ded in					
g 2		lines 1a-1f	<u>1g</u>	\$				
<u>ာ</u>	h	Total. Add lines 1a-1f		<u></u>	3,009,692.			
				Business Code				
ဗ	2a	COUNSELING & PRE-PLEA REPO	ORT REVENUE	624100	77,964.	77,964.		
ه ڲٙ	b		_					
מַ בַּ	c							
a a	d							
200								
Program Service Revenue	e							
	f	All other program service rev Total. Add lines 2a-2f			77,964.			
	g				77,504.			
	3	Investment income (include			21 645			21,645
		other similar amounts)		_	21,645.			21,045
	4	Income from investment of	•		NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NON	NONE				
	d	Net rental income or (loss).		▶	NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	66,483.					
Ф	b	Less: cost or other basis						
Revenue		and sales expenses 7b	11,408.					
e e	С	Gain or (loss) 7c	55,075.					
		N (' ()		•	55,074.			55,074
Other								
ŏ	8a	Gross income from f	9					
		events (not including \$						
		of contributions reported		138,448.				
		1c). See Part IV, line 18						
	b	Less: direct expenses		59,217.	50.001			
	С	Net income or (loss) from fu	ndraising events	· · · · · · •	79,231.			79,231
	9a	Gross income from	gaming					
		activities. See Part IV, line 19) <u>9a</u>	NONE				
	b	Less: direct expenses	9b	NONE				
	С	Net income or (loss) from g	aming activities	<u> </u>	NONE			
	10a	Gross sales of inventor	ory, less					
		returns and allowances	10a	NONE				
	b	Less: cost of goods sold	10b	NONE				
		Net income or (loss) from sal	les of inventory		NONE			
s				Business Code				
on e	11a							
nu	_							
Miscellaneous Revenue	b							
Sc. Re	c d	All other revenue						
Ξ		Total. Add lines 11a-11d			NONE			
	<u>е</u> 12	Total revenue. See instructio			3,243,606.	77,964.		155,950.
	14	i otal levellue. Occ Illollublib	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ا ۵٫۷۹۵٫۵۵۵۰	11,204.		1 100,000.

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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 response 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	794,857.	794,857.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors, trustees, and key employees	109,923.	91,236.	5,496.	13,191					
		100,023.	J1,230.	3,470.	13,191					
0	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	1,458,534.	1,427,117.	29,994.	1,423					
	Pension plan accruals and contributions (include	17,199.	14,285.	1,643.	1,271.					
ŭ	section 401(k) and 403(b) employer contributions)				<i>.</i> 					
9	Other employee benefits	79,667.	72,962.	1,896.	4,809					
10	Payroll taxes	132,683.	110,112.	15,505.	7,066					
11	Fees for services (nonemployees):									
а	Management	NONE								
b	Legal	NONE								
С	Accounting	18,115.	17,536.	410.	169					
d	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17.	6,149.			6,149					
f	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	00 000	0.0 411	225	224					
40	(A), amount, list line 11g expenses on Schedule O.)	82,880. 20,037.	82,411. 2,687.	235. 138.	234 17,212					
	Advertising and promotion	84,669.	76,433.	3,371.	4,865					
14	Office expenses	37,910.	29,023.	540.	8,347					
15	Royalties.	NONE	25,025.	310.	0,317					
16		142,999.	128,359.	8,859.	5,781					
	Travel	14,190.	13,891.	212.	87					
	Payments of travel or entertainment expenses	·	·							
	for any federal, state, or local public officials	NONE								
19	Conferences, conventions, and meetings	2,554.	1,273.	22.	1,259					
20	Interest	NONE								
21	Payments to affiliates	NONE								
22	Depreciation, depletion, and amortization	32,023.	31,625.	282.	116					
23	Insurance	31,574.	30,566.	713.	295					
24										
	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.)	0 041	0 041							
	CLIENT/PPIR MISC EXPENSES	9,241.	9,241.		6 202					
	FUNDRAISING CLIENT ACTIVITIES	6,303. 6,139.	5,956.		6,303					
		0,139.	5,950.		103					
d e	All other expenses									
	Total functional expenses. Add lines 1 through 24e	3,087,646.	2,939,570.	69,316.	78,760					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	3,007,010.	2,232,370.	0,510.	,0,,00					
	fundraising solicitation. Check here if 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 Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-71,865.	1	50,481.
	2	Savings and temporary cash investments	434,159.	2	150,096.
	3	Pledges and grants receivable, net	26,250.	3	3,750.
	4	Accounts receivable, net	422,843.	4	457,889.
	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
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges	5,927.	9	6,241.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 521,795.			
	b	Less: accumulated depreciation	249,484.	10c	186,927.
	11	Investments - publicly traded securities	1,073,510.	11	1,071,905.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	500.	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,140,808.	16	1,927,289.
	17	Accounts payable and accrued expenses	154,447.	17	170,392.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	1,01,1		1,011
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	11,418.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third	11,110.		110111
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	165,865.	26	170,392.
es		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	103,003.	20	170,322.
anc	27	-	1 040 240	27	1 722 020
Bal	27 28	Net assets without donor restrictions	1,940,349.	27	1,733,230.
<u>Б</u>	20		34,594.	28	23,667.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	1,974,943.	32	1,756,897.
<u>z</u>	33	Total liabilities and net assets/fund balances	2,140,808.	33	1,927,289.
					Form 990 (2021)

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Form 990 (2021)

Form 99	90 (2021)			Pa	age 12
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,	243,	606
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	087,	646
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>155,</u>	960
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	974,	943
5	Net unrealized gains (losses) on investments	5		<u> 266,</u>	<u>699</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		<u>107,</u>	307
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	<u> </u>	756,	<u>897</u>
Part	·				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ
				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	kplain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	I -		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th			
	Single Audit Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		,,	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits			(0004)
			For	m 990	(2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

7ESSA

84-0746803

_	JUA							740003
Pa		Reason for Public Cha	<u> </u>					<u>S.</u>
The	org	anization is not a private fou		•			•	
1		A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectic	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X	An organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized	ted to its exempt frent income and union after June 30, 1	unctions, subject to connelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more than s section 511 tax) from e Part III.)	1 331/3 % of its
11			•	, ,	•		` ' ' '	my out the nurneese of
12		An organization organized a	•	•				
		one or more publicly suppo	-					
	Г	the box on lines 12a throug					·	=
а	L	Type I. A supporting orga	-	•	-		= ::	
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization.						
b	L		•					
		control or management of	· · · -	=	the sam	ie persor	is that control or man	age the supported
		organization(s). You must	-					
С	L	Type III functionally integ						ly integrated with,
_		its supported organization		•				
d	L	Type III non-functionally						= ::
		that is not functionally into	-		-		•	an attentiveness
		requirement (see instruct	•	-				
е	L	Check this box if the organic					• • • • • • • • • • • • • • • • • • • •	I, Type III
	г.	functionally integrated, or	7.1	, , ,		•		
f		ter the number of supported						
9		ovide the following information						6.0 4 4 4
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our 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)								
Tot	al							

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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 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.)

Sec	tion A. Public Support				-		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,781,591.	3,309,006.	3,499,094.	3,682,166.	3,009,692.	16,281,549.
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	Total. Add lines 1 through 3	2,781,591.	3,309,006.	3,499,094.	3,682,166.	3,009,692.	16,281,549.
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)						55,015.
6	Public support. Subtract line 5 from line 4						16,226,534.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,781,591.	3,309,006.	3,499,094. 16,802.	3,682,166. 13,785.	3,009,692.	16,281,549. 87,207.
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.)SEE.SUPP.PAGE	26,528.	16,721.	1,139.	11,268.		55,656.
11	Total support. Add lines 7 through 10						16,503,643.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	229,217.
13	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
				11 solumn (f))		14	98.32 %
14 15	Public support percentage for 2021 (li Public support percentage from 2020					15	99.08 %
_	331/3% support test - 2021. If the org					•	
ıva	box and stop here. The organization q	•					
b	331/3% support test - 2020. If the org	•		•			
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-		_			
	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	zation meets th	e facts-and-circ	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets					-	•
	organization			_			
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions						▶ 📙

Schedule A (Form 990) 2021 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.)

	tion A Dublic Company			· · ·	<u> </u>	,	
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(6) 2021	(i) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") 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						
3	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						
	Amounts included on lines 1, 2, and 3						
. a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	J	,		,		` ` ` ' _
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Scher					16	%
Sec	tion D. Computation of Investment					T T	
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the org	-					
	17 is not more than 331/3 %, check this		-				
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check	this box and ${\bf s}$	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔼
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions -

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Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

organization was described in section 509(a)(1) or (2).

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g Dy			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)	2-		
,,	3с		
If	4a		
ın on	74		
	4b		
n ed 3)			
,	4c		
s," N n; on			
	5a		
ly			
· y	5b		
	5с		
o d or			
	6		
or :y	7		
е	8		
e Is	9a		
L	Ja		
h	9b		
fit	9с		
n d			
to	10a		
	10b		

84-0746803 TESSA Schedule A (Form 990) 2021 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 11b **b** A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

rd. | 3b | Schedule A (Form 990) 2021

3a

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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

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Schedule A (Form 990) 2021 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	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	Recoveries of prior-year distributions	2		
3 C	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	Portion of operating expenses paid or incurred for production or collection			
0	f gross income or for management, conservation, or maintenance of			
	roperty held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	aggregate fair market value of all non-exempt-use assets (see			
	nstructions 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	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 C	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7 R	Recoveries of prior-year distributions	7		
8 N	Ninimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3 N	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable 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	ılly integra	ated Type III supporting	g organization

Schedule A (Form 990) 2021

(see instructions).

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 Schedule A (Form 990) 2021
 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion 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 exer	npt purposes of support	ed				
	organizations, in excess of income from activity		2	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations 3	3			
4	Amounts paid to acquire exempt-use assets		4	ı 🗆			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	5			
6	Other distributions (describe in Part VI). See instructions.		6	;			
7	Total annual distributions. Add lines 1 through 6.		7	,			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.		8	3			
9	Distributable amount for 2021 from Section C, line 6		g)			
10	Line 8 amount divided by line 9 amount		10	0			
			(ii)		(iii)		

Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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 INCO)ME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISC INCOME - OTHER	26,528.	16,721.	1,139.	11,268.		55,656.
_						
TOTALS	26,528.	16,721.	1,139.	11,268.		55,656.
=		==========	==========	=========	==========	=========

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

TESSA 84-0746803 Organization type (check one): Filers of: Section: X 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization TESSA Employer identification number 84-0746803

art 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	EL PASO COUNTY, COLORADO 200 S. CASCADE COLORADO SPRINGS, CO 80903	\$84,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STATE OF COLORADO-DEPT OF HUMAN SERVICE 1575 SHERMAN ST. DENVER, CO 80203	\$105,460.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE OF COLORADO - DIVISION OF CRIMINAL 700 KIPLING, SUITE 1000 LAKEWOOD, CO 80215	\$1,169,979.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 U.S. DEPT OF JUSTICE - OFFICE OF JUSTICE 810 SEVENTH STREET NW	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 U.S. DEPT OF JUSTICE - OFFICE OF JUSTICE 810 SEVENTH STREET NW WASHINGTON, DC 20531 (b)	\$ 796,839.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 U.S. DEPT OF JUSTICE - OFFICE OF JUSTICE 810 SEVENTH STREET NW WASHINGTON, DC 20531 (b) Name, address, and ZIP + 4 U.S. DEPT OF JUSTICE - OFFICE OF VIOLENC 950 PENNSYLVANIA AVENUE, NW	\$ 796,839.	Person 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 84-0746803 TESSA

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WOODFORD MANUFACTURING 2121 WAYNOKA RD COLORADO SPRINGS, CO 80915	\$\$ 72,863.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

84-0746803 TESSA Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

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Page 4 Schedule B (Form 990) (2021)

Name of organization **TESSA** 84-0746803 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

TES	SA				84-	074680	3	
Pa	rt I Organizations Maintaining Donor Ad				Accounts	-		
	Complete if the organization answered							
		(a) Donor advi	sed fu	ınds	(b) Fu	nds and oth	her accoun	ts
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and dono	•						_
	funds are the organization's property, subject to the	_		-			Yes L	No
6	Did the organization inform all grantees, donors,							
	only for charitable purposes and not for the ben							
	conferring impermissible private benefit?			<u> </u>		<u> L</u>	Yes	No
Pa	rt II Conservation Easements.			n / 1: =				
	Complete if the organization answered							
1	Purpose(s) of conservation easements held by the	- '	that					
	Preservation of land for public use (for examp	le, recreation or education)	H	Preservation				area
	Protection of natural habitat			Preservation	of a certifie	d historic	structure	
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization l	neld a qualified conserv	ation	contribution in		t a conse d at the En		av Vaar
	easement on the last day of the tax year.					at the Er	id of the 1	ax rear
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easemen				2b			
C	Number of conservation easements on a certified			` '	2c			
d	Number of conservation easements included in				24			
2	historic structure listed in the National Register.				2d by t	ho organi	ization di	uring the
3	Number of conservation easements modified, tr tax year ▶	ansierieu, releaseu, ex	ingui	snea, or term	mated by t	ne organi	izalion ut	ining the
4	Number of states where property subject to cons	orvation passmont is loc	atod	_				
5	Does the organization have a written policy re				ion handli	— na of		
3	violations, and enforcement of the conservation e					-	Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, ins							
•	b	pooting, narialing of viole	,	and emoroning	oonservation	Cascinon	to during	tilo your
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violation	ons. a	ınd enforcina c	onservation	easemer	ıts durina	the vear
-	▶ \$	og,g o	,,,,,			04000		,
8	Does each conservation easement reported on line	2(d) above satisfy the re	eauire	ements of secti	on 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	• •	•		, , ,	^ ^ _ [Yes	☐ No
9	In Part XIII, describe how the organization reports					tatement a	and	
	balance sheet, and include, if applicable, the text				•			е
	organization's accounting for conservation easem	ents.						
Pa	rt III Organizations Maintaining Collection				r Similar <i>A</i>	ssets.		
	Complete if the organization answered	d "Yes" on Form 990,	Part	IV, line 8.				
1a	If the organization elected, as permitted under F	ASB ASC 958, not to	repor	t in its revenu	e statemen	t and bal	ance she	et works
	of art, historical treasures, or other similar ass service, provide in Part XIII the text of the footnote	ets held for public ext	nibitic ents th	on, education, nat describes t	or researd hese items	h in furth	nerance o	of public
b	If the organization elected, as permitted under I					nd halanc	e sheet v	works of
~	art, historical treasures, or other similar assets h							
	provide the following amounts relating to these ite	ems:					•	
	(i) Revenue included on Form 990, Part VIII, line	1				. • \$_		
	(ii) Assets included in Form 990, Part X					. ▶ \$_		
2	If the organization received or held works of				assets for	financial	gain, pro	vide the
	following amounts required to be reported under	FASB ASC 958 relating	to th	ese items:				
a	Revenue included on Form 990, Part VIII, line 1					· 💆 💲		
b	Assets included in Form 990, Part X					5		

Schedule D (Form 990) 2021 TESSA 84-0746803 Page **2**

Pa	rt III 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 record	ds, check	any of t	he follow	ring that make sigi	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan c	or exchan	ge prograi	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 in	Part
	XIII.								
5	During the year, did the organization						_		_
	assets to be sold to raise funds rath		ained as pa	rt of the c	organizatio	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Forr	n 990, P	art IV, lir	ie 9, or r	eported an amou	nt on Form	
1a	Is the organization an agent, trus	tee, custodian or c	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							1	
	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check n	iere it the ex	planation	nas been	provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	es" on Forr	n 00∩ F	Part I\/ lin	ne 10			
	Complete ii the organiza	(a) Current year	(b) Prior		(c) Two y		(d) Three years back	(e) Four years	hack
				yeai	(0) 1110 y	Jaro Daok	(u) Tillee years back	(e) i oui years	
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 halance	\lino 1a	column (a)) hold ac			
a	Board designated or quasi-endown			e (iiile 1g,	Column (a	i)) Held as			
	Permanent 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 a	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		ation's endo	vment 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 Iii	ne 11a .	See Form 990 Pa	art X line 10)
	Description of property	(a) Cost o	r other basis	(b) Cost of	or other basis	(c) Acc	cumulated (d	d) Book value	
	Land	(inves	stment)	(01	ther)	depr	eciation		
1a	Land								
b	Buildings				11 020	1	70 250	1/1 /	0 1
c d	Leasehold improvements				11,938 168,254		70,258. 43,757.	141,6	197.
	Equipment				41,603		20,853.		749.
	I. Add lines 1a through 1e. (Column		m 990, Part	X, columr			20,833.	186,9	

Schedule D (Form 990) 2021

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Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 90	0 Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuat	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
	n (h) must aqual Form 000. Part V and (P) line 12			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related.			
Part VIII	Complete if the organization answered	"Yes" on Form 90	0 Part IV line 11c See Form 990	Part X line 13
	<u> </u>			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(4)				
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
(7)				
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rareix	Complete if the organization answered	"Yes" on Form 99	0. Part IV. line 11d. See Form 990.	Part X. line 15.
	· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)		•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		 	

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) 2021 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.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	3,396,815.
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	153,209.
3	Subtract line 2e from line 1	3	3,243,606.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3,213,0001
	Investment expenses not included on Form 990, Part VIII, line 7b4a		
	Other (Describe in Part XIII.)		
		4c	
5	Add lines 4a and 4b	5	3,243,606.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	-	3,213,000.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,507,554.
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	419,908.
3	Subtract line 2e from line 1	3	3,087,646.
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,087,646.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE :	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021 TESSA 84-0746803 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2

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

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.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of th	e organization					Employer identification	on number
TESSA						84-074680)3
Part I	Fundraising Activities. Comp	lete if the organ	ization ar	swered "	Yes" on Form 99		
	Form 990-EZ filers are not re					,	
1 Inc	dicate whether the organization rais	·			activities Check a	all that apply	
a [Mail solicitations	e		_	non-government g		
b –	Internet and email solicitations	f			government grants		
	T					5	
c –	Phone solicitations	g	Spec	ciai rundra	ising events		
d L	In-person solicitations						
or b If	d the organization have a written of key employees listed in Form 990, "Yes," list the 10 highest paid indiv Impensated at least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	adraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	g
1			103	110			
2							
3							
4							
5							
6							
7							
8							
9							
10							
10							
Fatal							
3 Lis	st all states in which the organizat gistration or licensing.				contributions or	has been notified	it is exempt from

Schedule G (Form 990) 2021 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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events PASTA IN PARK NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 138,448. 138,448. 2 Less: Contributions3 Gross income (line 1 minus 138,448. 138,448. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 59,217. 59,217. 10 Direct expense summary. Add lines 4 through 9 in column (d) \triangleright 59,217. 11 Net income summary. Subtract line 10 from line 3, column (d). 79,231. 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 Expenses 2 Cash prizes 4 Rent/facility costs

Ë					
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes% No	Yes% No	
	7 Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b	9			es?	Yes No
10a b	,	g licenses revoked, susp	pended, or terminated d	uring the tax year?	Yes No
				Sc	hedule G (Form 990) 2021

Sched	lule G (Form 990 or 990-EZ) 2021 TESSA 84	1-0746803	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	. Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
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 ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gamin		
	revenue?	. Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ie	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Maria N		
	Name ►		
	Caming manager componentian • ¢		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
	Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds	s to	
-	retain the state gaming license?		No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par		nd (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in		
	(see instructions).		

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization						Employer identification	on number
TESSA					84-0746803		
Part I General Information on Grants and	d Assistanc	е					
Does the organization maintain records to so the selection criteria used to award the grant			•		• •		X Yes No
2 Describe in Part IV the organization's proced	dures for moi	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					

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

Schedule I (Form 990) (2021) 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.	519	794,857.			
_ 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) (2021) 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 23	2.
	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 REPORTED IS ESTIMATED BASED ON THE TOTAL NUMBER

OF CLIENTS SERVED: UTILITY ASSISTANCE, RENTAL ASSISTANCE, AND LEGAL

ASSISTANCE.

Schedule I (Form 990) (2021) 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.

SCHEDULE O (Form 990 or 990-EZ)

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
2021
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. Inspection is at www.irs.gov/form990.

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. IN FY2022, TESSA PROVIDED SERVICES IN THE RURAL COMMUNITIES TO 165 VICTIMS.

COUNSELING PROGRAM: PROGRAM STAFF PROVIDES CLINICAL SERVICES TO VICTIMS
OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND/OR HUMAN TRAFFICKING. TESSA'S

SCHEDULE O (Form 990 or 990-EZ)

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

2021

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Employer identification number

TESSA 84-0746803

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 FY2022, TESSA PROVIDED INDIVIDUAL COUNSELING SERVICES TO 485 VICTIMS AND A TOTAL OF 3,564 THERAPY SESSIONS. ANOTHER 99 INDIVIDUALS ATTENDED GROUP COUNSELING FOR A TOTAL OF 757 GROUP SESSIONS.

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. IN FY2022,

THEIR LONG-TERM HOUSING NEEDS BY PROVIDING RENTAL ASSISTANCE, MOVING ASSISTANCE, EMERGENCY HOUSING, AND/OR UTILITY ASSISTANCE. IN FY2022, TESSA HELPED 84 VICTIMS' HOUSEHOLDS WITH RENTAL 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

SCHEDULE 0 (Form 990 or 990-EZ)

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 Open to Public Inspection

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Department of the Treasury Internal Revenue Service Name of the organization

TESSA

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CENTER TO BUILD CONTACTS AND RECRUIT ATTORNEYS. IN FY2022, TESSA CONTRACT ATTORNEYS PROVIDED LEGAL REPRESENTATION FOR 191 INDIVIDUALS IN A PERMANENT PROTECTION ORDER HEARING.

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 INTERPERSONAL VIOLENCE PREVENTION AND TEEN DATING VIOLENCE. IN LOCAL SCHOOLS IN 2022, TESSA REACHED 1758 STUDENTS THROUGH EDUCATION ON HEALTHY RELATIONSHIPS, BOUNDARIES AND CONSENT.

FORM 990, PART VI, SECTION B, LINE 11

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

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.

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. THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE BOARD VOTES ON ANY CHANGES TO SALARY AND IMPLEMENTS THEM ACCORDINGLY.

SCHEDULE O (Form 990 or 990-EZ)

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.

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Employer identification number 84-0746803

Name of the organization TESSA

ORGANIZATION HAS NO OTHER PAID OFFICERS OR EMPLOYEES MEETING THE IRS

FORM 990, PART VI, SECTION C, LINE 19

DEFINITION OF A KEY EMPLOYEE.

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.

FORM 990, PART VIII, LINE 2A

PRE-PLEA INVESTIGATION REPORT REVENUE: 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. THIS 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
COUNSELING PROGRAM			277,849.	77,964.
RURAL PROGRAM			204,432.	
LIFT PROGRAM			760,068.	
OJP - HT			129,094.	
CRISIS LINE			400,966.	
	TOTALS		1,772,409.	77,964.
	==	========	=========	=========