Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury		the Treasury	Do not enter social security numbers on this form as it may be made pu	Open to Public					
Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the latest informati	Inspection					
A F	For the	2023 calend	, 20						
B	Check if a	applicable:	c Name of organization Tell Every Amazing Lady About Ovarian Cance	r [D Employ	ver identification number			
<i>i</i>	ddress c	change	Doing business as			26-4417161			
<u> </u>	lame cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	E Telepho	one number			
L I	nitial retu	ırn	533 16th Street			(917)310-4835			
L F	inal retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross r	receipts			
∐ ≉	mended	return	Brooklyn, NY 11215		\$	822,287			
L 4	pplicatio	on pending	F Name and address of principal officer:	(a) Is this a gro	oup return for	subordinates? Yes X No			
				(b) Are all su	lbordinates	included? Yes No			
<u> </u>	ax-exem	npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," a	ttach a list.	See instructions			
<u>1 /</u>	Vebsite:	_		(c) Group ex	emption nu	umber			
		<u> </u>	Corporation Trust Association Other L Year of formation: 2009	M St	ate of legal	domicile: NY			
Pa	rtl	Summar							
	1	-	be the organization's mission or most significant activities: Our mission is to o						
đ			ellness services, including public awareness and education						
Governance			tors of ovarian cancer, provide support to those impacted	by the	dise	ase and raise			
srne			r research in order to find a screening test and cure						
Š	2		ox 🗌 if the organization discontinued its operations or disposed of more than 25% of its ne						
ۍ م	3		oting members of the governing body (Part VI, line 1a)		3 4	10			
ŝ	4	Number of ir	10						
Activities &	5	Total numbe	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5						
Acti	6			· · · · · · · · · · · · · · · · · · ·					
			ed business revenue from Part VIII, column (C), line 12		7a 7b	0			
	b	Net unrelate	0						
				Prior Year		Current Year			
	8		and grants (Part VIII, line 1h)	345,	,146	575,576			
Jue	9	-	vice revenue (Part VIII, line 2g)	93,	,266	179,626			
Revenue	10		acome (Part VIII, column (A), lines 3, 4, and 7d)		145	185			
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,967	62,939			
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,524	818,326			
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	12,	,000	12,200			
	14		I to or for members (Part IX, column (A), line 4)			0			
s	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	278	,034	305,922			
nse			fundraising fees (Part IX, column (A), line 11e)			0			
Expenses			sing expenses (Part IX, column (D), line 25) 64,269						
ш			ses (Part IX, column (A), lines 11a-11d, 11f-24e)		,488	311,227			
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		,522	629,349			
	19	Revenue les	s expenses. Subtract line 18 from line 12		,998)	188,977			
OL		T ()		ng of Currer		End of Year			
sets	20		(Part X, line 16)	471,349		721,218			
Net Assets or Fund Balances	21		es (Part X, line 26)		,306	91,198			
Ž. Pa		Net assets o	r fund balances. Subtract line 21 from line 20	441,	,043	630,020			

Part II Signature Block

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

		•	,	 , 0			
	P Amery						
Sign	Signature of officer					Da	te
Here	P Amery, CEO						
-	Type or print name and title						
	Print/Type preparer's name		Preparer's signature	 Date		Check if	PTIN
Paid	Kathryn M Keane	EA		07-17-2024		self-employed	XXXXX0904
Preparer	Firm's name	Macanta	Business Services		Firm's	EIN	
Use Only	Firm's address	2109 Hom	ecrest Ave		Phone	no.	
		NY 11229			718-	998-3106	
May the IRS	discuss this return with th	e preparer sh	own above? See instructions	 			🛛 Yes 🗌 No

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Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Our mission is to offer women's health/wellness services, including public aw	areness and	l
	education of the signs, symptoms, and risk factors of ovarian cancer, provide	support to	those
	impacted by the disease and raise funds for research in order to find a scree	ning test a	nd cure
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$472,094 including grants of \$) (Revenue	\$)
	Offering women's health and wellness services, including public awareness and	education	of the
	signs, symptoms and risk factors of ovarian cancer, providing support to thos	e impacted	by the
	disease and raising funds for research in order to find a screening test and	a cure	
4b	(Code:) (Expenses \$11,200 including grants of \$) (Revenue	\$)
	DONATIONS TO RESEARCH PROGRAMS LISTED ON SCHEDULE I and small grants		
4c		\$)
	Funds to Organizations providing services to Survivors of Ovarian Cancer		
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 484,294		o 000 (2022)
		Earr	n uun ///////

Form 990 (2023)

Pa	Int IV Checklist of Required Schedules			1
			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	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
a				
	complete Schedule D, Part VI	11a	x	
k	5 1			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	5 1 1 5 7 7			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
C	5			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e		11e	x	
f	, , , , , , , , , , , , , , , , , , ,	4.45		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a	x	
b		106		
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional \ldots	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		x
b	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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		х
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		х
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV.	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		х
"		17		v
19	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 8a2 /f "Yes," complete Schedule C. Part II	10		v
10	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?	10		v
20-	If "Yes," complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or demostic again and the second secon	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2023)

Form	Form 990 (2023) Tell Every Amazing Lady About Ovarian Cancer 26-4417								
Pa	Part IV Checklist of Required Schedules (continued)								
		[Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the								
	organization's current and former officers, directors, trustees, key employees, and highest compensated								
	employees? If "Yes," complete Schedule J	23		х					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than								
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b								
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year								
	to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	054							
	If "Yes," complete Schedule L, Part I	25b		х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26							
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		x					
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		x					
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule	21		~					
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>								
u	"Yes," complete Schedule L, Part IV	28a		x					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x					
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		л					
Ŭ	"Yes," complete Schedule L, Part IV	28c		x					
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified								
	conservation contributions? If "Yes," complete Schedule M.	30		x					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		x					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
	complete Schedule N, Part II	32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,								
	or IV, and Part V, line 1	34		x					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a								
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable								
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and								
	19? Note: All Form 990 filers are required to complete Schedule O	38	x						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and								
	reportable gaming (gambling) winnings to prize winners?	1c	х						

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ũ	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
g b		7g 7h		x
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	///		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	ora"l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ii	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in 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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion 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		х
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	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Statement #17			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Macanta (718)998-3106, 2109 Homecrest Ave, Brooklyn, NY 11229			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a									
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII		🗌						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete t	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the								
organization's t	ax year.								
	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.								

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

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

\$100,000 of reportable compensation from the organization and any related organizations.

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

See 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.

	lieu organizai		препа			ny cun	en		1103166.	
					C)					
(A)	(B)	(1			sition	nan one		(D)	(E)	(F)
Name and title						s both ar	ı	Reportable	Reportable	Estimated amount
	hours	office	er and a	a dir	ector/	/trustee)		compensation from the	compensation from related	of other
	per week (list any							organization (W-2/	organizations (W-2/	compensation from the
	hours for	Indiv or di	Insti	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	recto	tutio	ĕr	emp	loye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		œ	bens				
	dolled line)		õ			ated				
(1)Pamela Amery	48.00									
CEO		х		_		х		93,461	0	0
(2)Gina Pappalardo	2.00									
Vice President				х				5,845	0	0
(3)Flora Poleshchuk	2.00									
Board Member		х						0	0	0
(4)Nancy Irizarry	2.00									
Board Member		х						0	0	0
(5)Max Arnov	1.00									
Board Member		х						0	0	0
(6)Annette Abolt	4.00									
Board member		х						0	0	0
(7)Patricia_Gentile	2.00									
Board Member		х						0	0	0
(8)Sheila Ghofrany	1.00									
President				x				0	0	0
(9)Kathleen Marcario	1.00									
Treasurer				x				0	0	0
(10)John Cucarese	2.00									
Secretary				x				0	0	0
(11)										
(12)	·									
(13)										
<u>(14)</u>										
										Form 000 (2022)

	990 (2023) Tell Every Amazin										6-4417			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	hd F	lighest Comp	ensated	Empl	oyees	(cont	inued
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unles er and	Pos eck m ss per d a dir	son is rector,	han one s both ar /trustee) Highest compensated	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compens from rela organization 1099-MI 1099-NE	able ation ated ns (W-2/ ISC/	cor f orga	(F) nated am of other npensati rom the nization d organiz	on and
<u>(15)</u>							d							
(16)														
(17)														
(18)														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal			•••	•••	•••		•						
C	Total from continuation sheets to Part VII, Sect			•••	•••	•••	•••	•						
a	Total (add lines 1b and 1c) Total number of individuals (including but not straight including but no	ot limited to	••••	••• • lie	•••	 aho	· · ·	/h0	99,306	an \$100	000 of			0
2	reportable compensation from the organiza		5 1105	6 113	ieu	abu	, ve) w	/10	received more in	ian y i oo	000 01			c
													Yes	No
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	yee,	or h	ighest	cor	npensated					
	employee on line 1a? If "Yes," complete Schedu	le J for such	indivic	dual .		•••						3		х
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th													
5	individual											4		x
5	for services rendered to the organization? If "Yes			-			-					5		x
Secti	on B. Independent Contractors	,					1. 2. 0							
1	Complete this table for your five highest con	mpensated	indep	end	lent	cor	ntracto	ors	that received mo	re than \$	100,000	0 of		
	compensation from the organization. Repor	rt compens	ation f	for tl	he c	ale	ndar	yea	r ending with or v	within the	organiz	zation's	tax y	ear.
	(A)								(B)			(C)		
	Name and business addres	SS							Description of servic	es	<u> </u>	Compens	ation	
2	Total number of independent contractors (ir	ncluding bu	it not l	imite	ed to	o th	ose li	stee	d above) who					

received more than \$100,000 of compensation from the organization

Form 9	90 (20	23) Tell	Eve	ry Amaz:	ing 1	Lady About Ov	varian Cance	r	26-44171	.61 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule C) cor	ntains a res	spons	e or note to any l	line in this Part V	/111		X
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b									
	c]			
มียี	d	Related organizations .			1d					
3ifts ar A	е	Government grants (cont	ributi	ons)	1e	174,469	_			
s, s jinii	f	All other contributions, gifts, grants,								
Ltior er S			and similar amounts not included above 1f			401,107				
oth Oth	g									
Con					1g					
	h	Total. Add lines 1a-1f	••	• • • • • •	• • •		575,576			
	0-					Business Code	170.000	100 000		
8						900099	179,626	179,626		
Program Service Revenue	b									
Jram Serv Revenue	c d									
Jran Rev	e									
rog		All other program service	rever	אוור						
ш.		Total. Add lines 2a-2f .					179,626			
							1/5/020			
	3	Investment income (includ other similar amounts) .					185	185		
	4	Income from investment of								-
	5	Royalties		•	•					
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b]			
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7a	Gross amount from		(i) Securit	ies	(ii) Other	_			
		sales of assets								
		other than inventory	7a				-			
	b	Less: cost or other basis								
anu		and sales expenses								
sver		Gain or (loss)								
r, R		Net gain or (loss)			•••	••••				
Other Revenue	oa	Gross income from fundra events (not including \$	ising							
0		of contributions reported c	n lin	2	-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .					-			
		Net income or (loss) from								
		Gross income from gamin		Ū						
		activities. See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from	gami	ng activities	<u>.</u>					
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10a		_			
	b	Less: cost of goods sold	•••		10b	3,961				
	c	Net income or (loss) from	sales	of inventor	у		(3,009)	(3,009)		
						Business Code				
ŝ	11a									
Miscellanous Revenue		Donated Services/	/Goc	ods		900099	65,948	65,948		
Cell	C									
Mis R		All other revenue					6 6 6 6			
	- 1	Total. Add lines 11a-11d					65,948	040 850	0	
	12	Total revenue. See instru	JULION	···· 6			818,326	242,750	0	0

d е

25

26

EEA

All other expenses

enses	
ials	

trustees, and key employees		
Compensation not included above to disqualified		
persons (as defined under section 4958(f)(1)) and		
persons described in section 4958(c)(3)(B)		
Other salaries and wages	280,426	
Pension plan accruals and contributions (include		
section 401(k) and 403(b) employer contributions)		

	persons described in section $4958(c)(3)(B)$
7	Other salaries and wages $\ldots \ldots \ldots \ldots \ldots$
8	Pension plan accruals and contributions (include
	section 401(k) and 403(b) employer contributions)
9	Other employee benefits $\ldots \ldots \ldots \ldots \ldots \ldots$
10	Payroll taxes
11	Fees for services (nonemployees):
а	Management
b	Legal
С	Accounting
d	Lobbying
е	Professional fundraising services. See Part IV, line 17
f	Investment management fees $\ldots \ldots \ldots \ldots$
g	Other. (If line 11g amount exceeds 10% of line 25, column
	(A), amount, list line 11g expenses on Schedule O.) $$.
12	Advertising and promotion $\ldots \ldots \ldots \ldots \ldots$
13	Office expenses
14	Information technology
15	Royalties
16	Occupancy
17	Travel
18	Payments of travel or entertainment expenses
	for any federal, state, or local public officials \ldots
19	Conferences, conventions, and meetings \ldots .
20	Interest
21	Payments to affiliates
22	Depreciation, depletion, and amortization
23	Insurance
24	Other expenses. Itemize expenses not covered
	above (List miscellaneous expenses on line 24e. If
	line 24e amount exceeds 10% of line 25, column
	(A), amount, list line 24e expenses on Schedule O.)
а	Telephone
b	Licenses & Fees
С	Mailing Printing Postage

Total functional expenses. Add lines 1 through 24e. .

if

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2023) Tell Every Amazing Lady About Ovarian Cancer

. . .

and domestic governments. See Part IV, line 21

foreign individuals. See Part IV, lines 15 and 16

Grants and other assistance to domestic individuals. See Part IV. line 22 . . .

Grants and other assistance to foreign organizations, foreign governments, and

Benefits paid to or for members

Compensation of current officers, directors, trustees, and key employees . . .

1

2

3

4

5

6

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 (A) Total expenses (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, 7b, Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations

12,200

х

502

3,522

1,783

2,742

32

164

64,269

80,786

221,583 14,433 44,410 <u>2,</u>506 3,171 163 22,325 17,575 1,228 24,161 2,151 22,010 n 30,346 8,714 19,849 4,480 4,644 55,800 7,896 45,162 917 885

12,200

8,055 16,110 635 7,420 162 162 3,232 2,908 17,652 15,224 (928 3,356 12,121 <u>11,0</u>25 349 747 146,244 132,461 7,569 6,214

484,294

629,349

	990 (20	,	Abou	t Ovarian Cancer	20	5-441	L7161 Page 11
Par	tΧ	Balance Sheet					_
		Check if Schedule O contains a response or note	to an	y line in this Part X	••••	•••	
					(A)		(B)
		2			Beginning of year		End of year
	1	Cash - non-interest-bearing		E Contraction of the second	318,697	1	521,325
	2	Savings and temporary cash investments		E Contraction of the second		2	
	3	Pledges and grants receivable, net		F	87,818	3	89,235
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former or	-				
		trustee, key employee, creator or founder, substantial con controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified person		-		5	
	U	under section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		- · · · · · ·		7	
ets	8	Inventories for sale or use		-	3,962	8	
Assets	9	Prepaid expenses and deferred charges		F	25,633	9	28,454
•	10a	Land, buildings, and equipment: cost or other			207000	-	207101
			10a	29,857			
	b	Less: accumulated depreciation		29,857		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11		-		12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			16,001	14	16,000
	15	Other assets. See Part IV, line 11			19,238	15	66,204
	16	Total assets. Add lines 1 through 15 (must equal line 33	3)		471,349	16	721,218
	17	Accounts payable and accrued expenses			10,700	17	23,418
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		F		20	
	21	Escrow or custodial account liability. Complete Part IV of	Scheo	dule D		21	
es	22	Loans and other payables to any current or former officer					
Liabilities		trustee, key employee, creator or founder, substantial con		r, or 35%			
lab		controlled entity or family member of any of these person		•••••		22	
-	23	Secured mortgages and notes payable to unrelated third		F		23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).			10 505	05	CE E00
	26	of Schedule D			19,606	25 26	67,780
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		• • • • • • • • • • •	30,306	20	91,198
		and complete lines 27, 28, 32, and 33.	Δ				
sec	27	-			439,543	27	626,020
lanc	28				1,500	28	4,000
Ba		Organizations that do not follow FASB ASC 958, chec			1,500		1,000
pun		and complete lines 29 through 33.					
гF	29					29	
its c	30	Paid-in or capital surplus, or land, building, or equipment				30	
SSG	31	Retained earnings, endowment, accumulated income, or		unds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	441,043	32	630,020
Ź	33	Total liabilities and net assets/fund balances		F	471,349	33	721,218
					• •		Eorm 990 (2023

EEA

Form 990 (2023)

Form	990 (2023) Tell Every Amazing Lady About Ovarian Cancer	26-441716	1	Pa	age 12
Par	t XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		818,	326
2	Total expenses (must equal Part IX, column (A), line 25)	2		629,	349
3	Revenue less expenses. Subtract line 2 from line 1	3		188,	977
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		441,	043
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		630,	020
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis X Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	n 990	(2023)

SCHEDUL	E A
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

1

2 3

4

e

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.

Open to Public Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Tell Every Amazing Lady About Ovarian Cancer 26-4417161 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

	hospital's name, city, and state:
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)

6		A federal, state,	or local government of	or governmental un	nit described in section	170(b)(1)(A)(v).
---	--	-------------------	------------------------	--------------------	--------------------------	------------------

7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public
	described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8

9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or
	university:

X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

;	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated v	vith,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type II, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported org	anizations					
g	Provide the following information a	bout the supported	organization(s).				
	(i) Name of supported organization	of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (described on lines 1-10 listed in your governir document?		ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							
For Pa	nerwork Reduction Act Notice se	a the Instructions	for Form 990 or 990-EZ			Sch	edule A (Form 990) 20

OMB No. 1545-0047

Schedu	e A (Form 990) 2023 Tell Every	Amazing La	dy About O	varian Cano	er	26-441716	1 Page 2
Part	art II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)						
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to						
Secti	on A. Public Support				•	,	
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						()
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						-
Ū	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	•						
	supported organization) included on line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						
-	on B. Total Support	(-) 0040	(1-) 0000	(-) 0004	(-1) 0000	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	,			12	
13	First 5 years. If the Form 990 is for the or	•			•	•	, , ,
	organization, check this box and stop her						
	on C. Computation of Public Support						
14	Public support percentage for 2023 (line 6		-			14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua		• • • •	•			
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	The organization	on qualifies as	a publicly supp	orted
	organization						🗌
b	10%-facts-and-circumstances test - 202	22. If the orgar	nization did not	check a box c	on line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	meets the fac	sts-and-circums	stances test, cl	heck this box a	nd stop here.	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	as a publicly su	pported
	organization			-	-		🗌
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and	see
_	instructions						
_							

 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	801,320	542,042	475,371	516,188	815,641	3,150,562
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		-			-	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	801,320	542,042	475,371	516,188	815,641	3,150,562
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
U							3,150,562
Secti	on B. Total Support						3,150,562
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	801,320	542,042	475,371	516,188	815,641	3,150,562
10a	Gross income from interest, dividends,	801,320	542,042	4/5,5/1	510,100	815,641	3,130,302
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .	969	682	284	145	105	2.265
b	Unrelated business taxable income (less	909	082	284	145	185	2,265
D	section 511 taxes) from businesses						
	,						
_	acquired after June 30, 1975					107	
C	Add lines 10a and 10b	969	682	284	145	185	2,265
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	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.)	802,289	542,724	475,655	516,333	815,826	3,152,827
14	First 5 years. If the Form 990 is for the or	•			•		
	organization, check this box and stop her						
	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8					15	99.93 %
16	Public support percentage from 2022 Sch					16	99.92 %
	on D. Computation of Investment Inc				(4))		
17	Investment income percentage for 2023 (I			-		17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be	-	-	-			
b	33 1/3% support tests - 2022. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	d not check a l	box on line 14.	19a. or 19b. c	heck this box a	and see instruc	tions 🗌

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Tell Every Amazing Lady About Ovarian Cancer Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified 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. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 disgualified 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. С 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.

- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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.)

Schedu	Ile A (Form 990) 2023 Tell Every Amazing Lady About Ovarian Cancer 26-441716	1	F	age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- 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.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes
- 2 Activities Test. Answer lines 2a and 2b below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2a

2b

3a

3b

1

2

1

Yes No

No

Schedule A (Form 990) 2023	Tell	Every	Amazing	Lady	About	Ovarian	Cancer
Part V Type III Non-Fu	unctio	nally In	tegrated	509(a)	(3) Sup	oporting C	Organizations

Page **6**

1 🗌 Check here if the orga	anization satisfied the Integ	gral Part Test as a q	ualifying trust on Nov.	20, 1970 <i>(explain in Part VI).</i> See
instructions. All othe	r Type III non-functionally i	integrated supportin	g organizations must	complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the surrent year is the organization's first as a new functions	-		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

Schedule A (Form 990) 2023

	e A (Form 990) 2023 Tell Every Amazing Lady A			4417	1 61 Page 7			
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	ed)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish ex	· · · ·		1				
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
C	From 2020							
-	From 2021							
-	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from							
	Section D, line 7: \$							
-	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result							
6	greater than zero, <i>explain in Part VI</i> . See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024 . Add lines 3j and 4c.							
0	Breakdown of line 7:							
8	Evenes from 2010							
a	Evenes from 2020							
b	Evene from 2024							
<u> </u>	Evenes from 2022							
d	Evenes from 2022							
<u>e</u>	Excess from 2023							

EEA

Schedule A (Form 990) 2023

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

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

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

2023

Name of the organization	Employer identification number				
Tell Every Amazing Lady About Ovarian Cancer	26-4417161				
Organization type (check one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private 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.

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. EEA

Part I	Contributors (see instructions). Use duplicate copies of		eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of New York 450 W 33rd St 4th Flr New York NY 10001	\$174,469	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Langman Family Fund 1133 Fifth Ave New York NY 10128	\$100,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Fred Mundie 14570 Regatta Lane Naples FL 34114-8785	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Raymond Williams 2150 N Highway AlA Apt 411 Indialantic FL 32903	\$52,500	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	TD Bank PO Box 9540 Portland ME 04112-9540	\$6,601	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	doTERRA Healing Hands Foundation389 S 1300 WPleasant Grove UT 84062	\$ <u>23,830</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Tell Every Amazing Lady About Ovarian Cancer

EEA

Employer identification number 26-4417161

New York NY 10021 IComplete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contribution. B Maimonidies Medical Center \$		413 E 69th St 13th Floor	\$5,000	Payroll Noncash
No. Name, address, and ZIP + 4 Total contributions Type of contribution 8 Mainonidies Medical Center \$		New York NY 10021		
4802 10th Ave \$				
No. Name, address, and ZIP + 4 Total contributions Type of contribution	8	4802 10th Ave	\$5,000	Payroll Noncash (Complete Part II for
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution (a) (b) (c) (d) Type of contributions. (a) Name, address, and ZIP + 4 Total contributions Person Payroll (a) No Name, address, and ZIP + 4 S Person Payroll (a) (b) (c) (d) Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Person Payroll (a) Name, address, and ZIP + 4 Total contributions Person Payroll (a) Name, address, and ZIP + 4 Total contributions Person Payroll (a) Name, address, and ZIP + 4 Total contributions (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Person Payroll (a) Name, address, and ZIP + 4 Total contributions (Complete Part II for noncash contributions.) Person Person (a) Name, address, and ZIP + 4 Total contributions Total				
No. Name, address, and ZIP + 4 Total contributions Type of contribution			\$	Payroll Noncash (Complete Part II for
Image: second			(c) Total contributions	
No. Name, address, and ZIP + 4 Total contributions Type of contribution			\$	Payroll Noncash (Complete Part II for
Image: Second			(c) Total contributions	
No. Name, address, and ZIP + 4 Total contributions Type of contribution			\$	Payroll Noncash (Complete Part II for
\$ Payroll \$ Noncash (Complete Part II for noncash contributions.)			(c) Total contributions	(d) Type of contribution
EEA Schedule B (Form 990) (202			\$	Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I (a)

No.

7

Tell Every Amazing Lady About Ovarian Cancer

The Sandra and Edward Meyer Cancer

(b)

Name, address, and ZIP + 4

Page **2**

Employer identification number 26-4417161

Person

(d)

Type of contribution

х

(c)

Total contributions

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.

OMB No. 1545-0047 2022

ZUZJ
Open to Public
Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Tell	Every Amazing Lady About Ovarian Cance	r	26-4417161
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor a		
•	only for charitable purposes and not for the benefit of the do	• •	
	conferring impermissible private benefit?		
Par		<u> </u>	
	Complete if the organization answered "Yes" of	on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied concentration contribution in the form of a	conservation
2	easement on the last day of the tax year.		
-	Total number of conservation easements		Held at the End of the Tax Year
a L	Total acreage restricted by conservation easements		
b			
C L	Number of conservation easements on a certified historic str		
d	Number of conservation easements included on line 2c, acq on a historic structure listed in the National Register		2d
•			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the d	
4	tax year	ecoment is leasted	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements i		
6			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing conconvation	a accoments during the year
'	Amount of expenses incurred in monitoring, inspecting, nanc	and enorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2d abov	a satisfy the requirements of section 170(b)	4)(B)(i)
Ū	•		
٥	In Part XIII, describe how the organization reports conserva		
3	sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements	e organizations intancial statements that des	
Part		of Art Historical Treasures or (ther Similar Assets
Iai	Complete if the organization answered "Yes" of		Aller Sillina Assets
1a	If the organization elected, as permitted under FASB ASC 9		halanca short works
Ia	of art, historical treasures, or other similar assets held for pu	•	
h	service, provide in Part XIII the text of the footnote to its fina		lance chect works of
b	If the organization elected, as permitted under FASB ASC 9	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		~
	(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 art, historical tre	-	gain, provide the
	following amounts required to be reported under FASB ASC	-	
а	Revenue included on Form 990, Part VIII, line 1		\$

\$

Schedu	e D (Form 990) 2023 Tell Every Ama:					26-4417			Page 2
Part	t III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Oth	her Similar As	sets (c	ontini	ued)
3									
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Loan	or exchange pr	ogram				
b	Scholarly research		e 🗌 Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in how they further t	he organization	's exem	pt purpose in Part			
	XIII.		, ,	5					
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other	similar				
Ū	assets to be sold to raise funds rather than						∏ Ye	s 🗆	No
Part			part of the organiza						
	Complete if the organization	-	" on Form 990	Part IV line	9 or re	eported an amo	ount on	Form	n
	990, Part X, line 21.				0, 01 1	oportou an ann		1 0111	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liany for contribution	s or other asset	e not				
Ia	included on Form 990, Part X?						. 🗌 Ye	• 🗆	No
h					• • • •		. 🗌 ie	5 <u> </u>	NO
b	If "Yes," explain the arrangement in Part XII	in and complete the in	ollowing table.			A			
							ount		
с	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				· · · · · · · · · · · · · · · · · · ·				1
2a	Did the organization include an amount on F					•			No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	explanation has beer	n provided on P	Part XIII			•	
Par									
	Complete if the organization	answered "Yes	" on Form 990, I	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Fou	r years b	ack
1a	Beginning of year balance			_					
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss		zation that are held a	and administere	d for the				
•••	organization by:	eeelen er une ergann						Yes	No
	(i) Unrelated organizations?						. 3a(i)		
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organiz								
				·····			30		<u> </u>
4	Describe in Part XIII the intended uses of the		dowment runds.						
Part			" on Form 000	Dort IV/ line	110 0	aa Farm 000	Dort V	lina 1	0
	Complete if the organization								0.
	Description of property	(a) Cost or oth		or other basis	• •	Accumulated	(d) Boo	k value	
		(investm		(other)	de	preciation			
1a	Land	••							
b	Buildings	••							
С	Leasehold improvements	••		29,857		29,857			
d	Equipment	••							
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	rt X, line 10c, colum	nn (B)					

Schedule D (Form 990) 2023

Part VII Investments - Other Securities		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII Investments - Program Related		

Tell Every Amazing Lady About Ovarian Cancer

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)perating Right of Use asset	66,204
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	66,204

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2pperating right of use liab	oility 67,780
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line	e 25 col. (B)) 67,780

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. . . .

26-4417161

Page 3

Schedul	le D (Form 990) 2023 Tell Every Amazing Lady About Ovarian Cancer	26-4417161	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	818,326
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	818,326
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	818,326
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	629,349
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	629,349
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	629,349
Part	XIII Supplemental Information		

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

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States					-	OMB No. 1545-0047	
(Form 990)		Comple	ete if the organization a	inswered "Yes" on For	m 990, Part IV, line 21	or 22.	<u> </u>		
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. gov/Form990 for the la	test information			pen to Public Inspection	
Name of the organization			G0 t0 www.ns.				Employer identificat		
6	an Iada Abaut	Orrenden de							
Tell Every Amazin Part I General	Information on (istance				26-4417161		
			ount of the grants or ass	istance the grantees' eli	aibility for the grants or	assistance and			
-	a used to award the gr		-	-		· · · · · · · · · · · · · · · · · · ·		. 🛛 Yes 🗌 No	
2 Describe in Part IV	•								
					ts Complete if the c	rganization answered	"Yes" on Form 99	<u></u>	
			more than \$5,000. Pa					σ,	
1 (a) Name and addres		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant	
or govern	•		(if applicable)	grant	noncash assistance	(book, FMV, appraisal,	noncash assistance	or assistance	
(1)Board of Trust			()]]			other)			
506 S Wright St 2								Medical	
Urbana IL 61801-3		37-6000511	501c3	10,000				Research	
(2)SHARE		57 0000522		20,000				Survivor	
(2)511111 1501 Broadway								Education	
New York NY 1003	5	13-3131914	501c3	1,000				Programs	
(3)Ovarian Cancer		13-3131914	50105	1,000					
14 Pennsylvania								Medical	
New York NY 10122		13-3806788	501c3	1,200				Research	
	2	13-3806788	50105	1,200				Research	
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
2 Enter total number	of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table					

3 Enter total number of other organizations listed in the line 1 table

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

. . . .

Schedule I (Form 990) 2023 Tell Every Amazing Lady About Ovarian Cancer 26-4417161 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	

Page **2**

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Tell Every Amazing Lady About Ovarian Cancer

Employer identification number 26-4417161

01. Officer, directors, etc. family relationship (Part VI, line 2)

WHILE NONE OF THE OFFICERS OF THE BOARD ARE DIRECTLY RELATED, THE CEO IS RELATED TO

VARIOUS ADVISORY BOARD MEMBERS WHO DO NOT VOTE. TEAL WAS STARTED BY A FAMILY IN RESPONSE

TO THEIR LATE PRESIDENT'S DIAGNOSIS WITH OVARIAN CANCER. THE CEO IS THE SISTER OF THE LATE

PRESIDENT AND THE CEO'S BROTHER-IN-LAW AND PARENTS ARE ADVISORY BOARD MEMBERS WITHOUT

VOTING POWERS.

02. Form 990 governing body review (Part VI, line 11)

A COPY OF THE 990 WAS PROVIDED TO ALL OFFICERS PRIOR TO FILING TO IRS

03. Conflict of interest policy compliance (Part VI, line 12c)

ALL OFFICERS ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST AT THE MOMENT THE

POTENTIAL FOR CONFLICT BECOMES KNOWN. EVERY EFFORT IS MADE TO OBTAIN MULTIPLE BID FOR

VENDORS AND OTHER SOURCES.

04. CEO, executive director, top management comp (Part VI, line 15a)

ANY ADJUSTMENT TO THE CEO'S SALARY IS SUBJECT TO APPROVAL BY BOARD REVIEW

05. Other officer or key employee compensation (Part VI, line 15b

Pamela Amery is a Compensated Officer at \$ 93461 and Gina Pappalardo is a compensated

officer at \$5845 for TY 2023

06. Governing documents, etc, available to public (Part VI, line 19)

ALL GOVERNING DOCUMENTS, INCLUDING POLICIES AND FINANCIAL RECORDS, INCLUDING 990, ARE

AVAILABLE ON GUIDESTAR AND ON THE ORGANIZATIONS WEBSITE. FORM 1023 IS AVAILABLE ON

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Tell Every Amazing Lady About Ovarian Cancer	26-4417161

REQUEST.

07. List of other expenses (Part IX, line 24e)

See Statement

08. Part VIII, response or note to any line in Part VIII

For internal bookkeeping, SUTA is listed as an insurance expense. On the 990, it is

recorded as part of the Payroll Tax because of the way NYS treats SUTA.

Form 8879-TE

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization ity

OMB No. 1545-0047

TOL	а	Tax	Exem	ρτ	Enti

For calendar year 2023, or fiscal year beginning

, 2023, and ending

2023

____ ____ ____ _

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

1

EIN or SSN 26-4417161

, 20

Tell	Every	Amazing	Lady	About	Ovarian	Cancer
Name a	nd title of o	officer or perso	n subject	t to tax		

P Amery, CEO

Type of Return and Return Information Part I

I UIL			
8038-C 3a, 4a, 3b, 4b,	the box for the retum for which you are using this Form 8879-TE and enter the applicable amount, if any, from the retum. For P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on 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 leav 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then en ble line below. Do not complete more than one line in Part I.	line 1a e line 1	b, 2b,
1a	Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	818,326
2a	Form 990-EZ check here D b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a			
4a		4b	
5a	Form 8868 check here b Balance due (Form 8868, line 3c). .	5b	
6a			
7a			
8a			
9a	Form 5330 check here D b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
Part	II Declaration and Signature Authorization of Officer or Person Subject to Tax		
Under p	penalties of perjury, I declare that 🛛 I am an officer of the above entity or 🔄 I am a person subject to tax with re	spect to	o (name
of entity	/), (EIN) and that I have exami	ined a c	copy of the
complet interme acknow the date (direct of return, a 1-888-3 process the pay	ectronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, co te. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to all adiate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from vledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or r e of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia 853-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions invol sing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues i ment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the on- nic funds withdrawal.	ow my the IRS refund, withdra d on this al Agent lved in related	6 (a) an and (c) awal t at the to

PIN: check one box only

I authorize	to enter my PIN	as my signature
ERO firm name		Enter five numbers, but do not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this re agency(ies) regulating charities as part of the IRS Fed/State program, I also return's disclosure consent screen.		
As an officer or person subject to tax with respect to the entity, I will enter my filed return. If I have indicated within this return that a copy of the return is bein of the IRS Fed/State program, I will enter my PIN on the return's disclosure compared to the transmission of transmission of the transmission of transmissio	ng filed with a state agen	
12345		
Signature of officer or person subject to tax		Date 07-17-2024
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.	115061 60904	
	Do not ente	r all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2023 eram submitting this return in accordance with the requirements of Pub. 4163 , Mode Providers for Business Returns.	2	
ERO's signature	Date	07-17-2024
ERO Must Retain This Form Do Not Submit This Form to the IRS L		Γο Do So

ame(s) as shown on return	Federal Supporting Statements	2023 PG01
	azing Lady About Ovarian Cancer	26-441716
	Form 990, Part VI, Section C, line 17	Statement #01
	a copy of this Form 990	
s required t	co be filed:	
California		
Connecticut		
Georgia North Carol	ing the second se	
New Jersey		
New York		
Ohio		
Pennsylvani	1	
South Carol		

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023	age 1
Name(s) as shown on return		FEIN	age I
Tell Every	Amazing Lady About Ovarian Cancer	26-	4417161
	FORM 990 PART VIII Line 1F OTHER CONTRIBUT		
Description		Am	ount
Public Cont	ributions Total	<u> </u>	401,107
	IOCAL	• • <u></u>	401,107
	Form 990, Part VIII, Line 10b Cost of Goods	s Sold	
Description		Am	ount
Cost of Mer	chandise Sold adjusted by auditors`	<u>\$</u>	3,961
	Total	:\$	3,961
	Form 990, Part IX, Line 1 Grants		
	FORM 990, Part IX, Line I Grants		
Description		Am	ount
<u>Description</u> Research Gr		A m	ount 11,200
<u>Research Gr</u>	antsant	<u>\$</u>	<u>11,200</u> 1,000
<u>Research Gr</u> <u>Survivor Gr</u>	ants ant Total From 990, Part IX, Line 9 Payroll Taxes Pro	<u>\$</u> ; ;; \$ ogram	<u>11,200</u> <u>1,000</u> 12,200
<u>Research Gr</u> <u>Survivor Gr</u>	ants ant Total From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare	<u>\$</u> ; ;; \$ ogram	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u>
<u>Research Gr</u> <u>Survivor Gr</u> <u>Description</u> <u>Social Secu</u>	ants ant From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ad	<u>\$</u> ; \$ ogram <u>\$</u> ; \$ dmin	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u> <u>12,575</u> <u>17,575</u>
Research Gr Survivor Gr Description Social Secu Description	ants ant From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ad	<u>\$</u> ; \$ ogram <u>\$</u> ; \$ dmin Am	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u> <u>17,575</u> <u>17,575</u>
Research Gr Survivor Gr Description Social Secu Description	ants ant Total From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ad rity/Medicare	<u>\$</u> cgram <u>\$</u> : \$ dmin <u>\$</u>	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u> <u>17,575</u> <u>17,575</u> <u>17,575</u> <u>17,575</u>
Research Gr Survivor Gr Description Social Secu Description	ants ant Total From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ad rity/Medicare	<u>\$</u> ; \$ ogram <u>\$</u> ; \$ dmin Am	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u> <u>17,575</u> <u>17,575</u> <u>17,575</u> <u>17,575</u>
Research Gr Survivor Gr Description Social Secu Description Social Secu F	ant Total From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ac rity/Medicare Total rom 990, Part IX, Line 9 Payroll Taxes Fund	<u>\$</u> cgram <u>\$</u> : \$ dmin <u>\$</u> : \$ Raising	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u> <u>17,575</u> <u>17,575</u> <u>17,575</u> <u>17,228</u> <u>1,228</u>
Research Gr Survivor Gr Description Social Secu Description F Description	ants ant Total From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ac rity/Medicare Total rom 990, Part IX, Line 9 Payroll Taxes Fund	<u>\$</u> cogram <u>\$</u> : \$ dmin <u>\$</u> : \$ Raising Am	<u>11,200</u> 1,000 12,200 Nount 17,575 17,575 17,575 17,228 1,228
Research Gr Survivor Gr Description Social Secu Description F Description	ants ant Total From 990, Part IX, Line 9 Payroll Taxes Pro rity/Medicare Total From 990, Part IX, Line 9 Payroll Taxes Ac rity/Medicare Total rom 990, Part IX, Line 9 Payroll Taxes Fund rity/Medicare	<u>\$</u> cogram <u>\$</u> : \$ dmin <u>\$</u> : \$ Raising Am	<u>11,200</u> <u>1,000</u> <u>12,200</u> <u>12,200</u> <u>12,200</u> <u>17,575</u> <u>17,575</u> <u>17,575</u> <u>1,228</u> <u>1,228</u> <u>1,228</u> <u>1,228</u>

990	Overflow Statement	2023	
	(This page is not filed with the return. It is for your records only.)	Page	2
Name(s) as shown on return		FEIN	
Tell Every	Amazing Lady About Ovarian Cancer	26-441	7161
न	ORM 990, PART IX, LINE 24F - OTHER EXPENSES	Program	
-		1 1 0 9 1 0	
Description		Amoun	t
Office			7,460
<u>Equipment R</u>	ental		<u>5,001</u>
	Total:	\$ <u>13</u>	2,461
न	ORM 990, PART IX, LINE 24F - OTHER EXPENSES	GENERAL	
-		021121212	
Description		Amoun	t
Bank Charge	S	\$	506
Office			<u>7,063</u>
	Total:	\$	7,569
FOR	M 990, PART IX, LINE 24F - OTHER EXPENSES Fu	ndraising	
Description		Amoun	t
Office			<u>5,763</u>
<u>Equipment R</u>			451
	Total:	\$	6,214
1			

L