Return of Organization Exempt From Income Tax 990 Farm

For Paperwork Reduction Act Notice, see the separate instructions.

2011

OMB No. 1545 C047

			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	pt black lung	2011
N		. T	benefit trust or private foundation)		Open to Public
		ne Treasury o Service	► The organization may have to use a copy of this return to satisfy state report	ina requirements	1 '
			ar year, or tax year beginning , 2011, and endi		. 20
		دشم	C Name of organization TELL EVERY AMAZING LADY ABOUT OVARI	9	D Employor identification no
_	ಪ್ರಕ್ಷಣ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ್ಷಣೆ ಪ್ರಕ		Doing Business As	•	26-4417161
	i e ch ui	· ·		nam/su to	E Teleprono rumber
	ul retur	•	PO BOX 340947		
=	ni ratei		City or town, state or country, and ZIP + 4		259,286
	CHACT!		BROOKLYN, NY 11234		G Gross recests \$
		rending -	F Namo and address of principal officer PAMELA ESPOSITO	·	O 0103310CC\$13 V
ے ہے۔		t trunking	SAME AS C ABOVE	H(a) is this a group affiliates?	p return for
					= =
			### £501(c)(1)	H(b) Are all and ate	ralist (see instructions)
	sbaato.		. TEALWALK . ORG	II(c) Group excript	
			Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ I. Year at termation 200	M S1310 01	YN etermen (cga)
Part		Summar			
	1		be the organization's mission or most significant activities: TELL EVERY AMAZING		
			RGANIZED TO HOLD AND SPONSOR EVENTS TO RAISE AWARENESS OF		 _
, C			CANCER AND PROMOTE EARLY DETECTION. TEAL DOES THIS BY UTI	LIZING A W	ALK, ITS
! •]			AND FORUMS TO SPREAD THE WORD OF EARLY DETECTION.		
, ,			ox $ ightharpoons$ if the organization discontinued its operations or disposed of more than 25% of		•
1 0	3	Number of v	oting members of the governing body (Part VI, line 1a)		3
u n	4	Number of a	dependent voting members of the governing body (Part VI, line 1b) $\dots \dots \dots$	<i></i> _	4
5 C	5	Total number	r of individuals employed in calendar year 2011 (Part V, line 2a)		5
۵ ۵	6	Total number	r of volunteers (estimate if necessary)	<i></i> [6
			ed business revenue from Part VIII, column (C), line 12	-	7a
	ь	Net unrelate	d business taxable income from Form 990-T, line 34		7b
				Pnor Year	Curtori Yosii
R	8	Contribution	s and grants (Part VIII, line 1h)	78,8	
٧	ì		vice revenue (Part VIII, line 2g)	31,	
0	ŀ	_			21
ü			ncome (Part VIII, column (A), lines 3, 4, and 7d)		
0	11		Je (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110	100 050 000
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,1	
	13		similar amounts paid (Part IX, column (A), lines 1-3)	57,5	500 82,000
F	14	Benefits pai	to or for members (Part IX, column (A), line 4)		
1	15	Salaries, oth	ier compensation, employee benefits (Part IX, column (A), lines 5-10)	1,:	138 45,70
U	16a	Professiona	fundraising fees (Part IX, column (A), line 11e)		
n	b	Total fundra	ising expenses (Part IX, column (D), line 25)▶ 2,159		
0	17	Other exper	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,	301 44,95
5	18	Total expen	ses Add lines 13-17 (must equal Part IX potential (A) line 25)	96,	939 172,660
	19	Revenue les	s expenses. Subtract line 18 from line 12 ECEIVED	13,	244 86,620
tici	-			priving of Current Yes	
Assets	20	Total accord		56,	
or Fund	1.		es (Part X, line 26)		
Ua	21		(Fait A, mie 20)	EC.	100 142 02
Gracus	22		titutu dalances. Subtract line 21/1/01/1 tine 20.	56,:	199 142,82
Par		········	re Block are that I have examined as return, including example you exhaustic and examined and the best of my know	leed no found thou all all are	
tren car	LOCT OL	i di pelipiny, i dac id completa Dec	are that I have exeminerable return, includin ts exemple ying activative indicatements and i t the best of my know taration of programment upon officers is based on all information of which properer has any knowledge	seago ana aatar n n	•
			12 / WALL		1/-28/2
۵.			HOWING OFF		11-00-13
Sign	·	Signitu	u of others:		Date
Here	. [LA ESPOSITO, EXEC DIRECTOR		
		Type or	print name and title		
		ProntType pr	Programs engine Dato	Check	d PTIN
Paid		Kathryr	M Keane EA 01-28-2013	se"-employed	P00160904
Prep		<u> </u>		em s EIN	<u> </u>
Use				hane na	
	~···y		Brooklyn NY 11229-4111		718-998-3106
May I	he IR	discuse the	return with the preparer shown above? (see instructions)	 	
andy ti			rictain main the preparet anowar abover (acc instructions),	· · · · <u>· · · · · · · · · · · · · · · </u>	X Yes No

11 GIL

Form 990 (2011)

Form	990 (2011) TELL EVERY AMAZING LADY ABOUT OVARI	26-4417161	Page 2
	t III Statement of Program Service Accomplishments		
<u>,</u>	Check if Schedule O contains a response to any question in this Part III		🗆
1	Briefly describe the organization's mission:		
•	TELL EVERY AMAZING LADY ABOUT OVARIAN CANCER (TEAL) ORGANIZED TO HOLD AN	D SPONSOR EVENTS T	.0
	RAISE AWARENESS OF THE EARLY SYMPTOMS OF OVARIAN CANCER AND PROMOTE EARL		
	DOES THIS BY UTILIZING A WALK, ITS WEBSITE AND FORUMS TO SPREAD THE WORD	OF EARLY DETECTION	n.
		· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the		
•	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□ V (TO MA
	services?	Tes	N MO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services.		
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	the amount of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 80,596 including grants of \$) (R	evenue \$216	,126)
	ANNUAL TEAL WALK HELD 9/10/2011.		
	TELL EVERY AMAZING LADY ABOUT OVARIAN CANCER (TEAL) ORGANISED TO HOLD AN	D SPONSOR EVENTS	07
	RAISE AWARENESS OF THE EARLY SYMPTOMS OF OVARIAN CANCER AND PROMOTE EARLY	LY DETECTION. TEAL	DID
	THIS BY UTILIZING A WALK TO SPREAD THE WORD OF EARLY DETECTION. AT THE V	TALK, ALL PARTICIPA	NTS
		PASSED ON THE EXC	
	OF REVENUE OVER EXPENSES AND 2011 WALK SEED MONEY TO THE OVARIAN CANCER	RESEARCH FOUNDATIO	MC
	AND NOCC.	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
		,	
4b		levenue \$)
	\$75,000 DONATED TO OVARIAN CANCER RESEARCH FUND (13-3806788)		
4c	(Code:) (Expenses \$ 615 including grants of \$) (F	tevenue \$ 2	(676)
46			,,,,,,
	TEAL EVENTS, NON-WALK	AN TIMANUS ===AIT	
	TEAL PARTICIPATES IN MANY STREET FAIRS, HEALTH FAIRS, WOMENS' GROUPS WE	RE INFORMATION ARE	
	GIVEN OUT.		
			
		- <u></u>	
		· · · · · · · · · · · · · · · · · ·	
44	Other program services. (Describe in Schedule O.)		
40	• •	55)	
40			
40	Total program service expenses ▶ 156,266		

Part IV

Checklist of Required Schedules

Form 980 (2011)

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B. Schedule of Contributors? (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 Revenue Procedure 98-197 If "Yes," complete Schedule C, 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 X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21; 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." Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 118 X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.......... X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 114 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Parl X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a X Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outlide the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? 20b

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 22 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 23 X 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, 20027 if "Yes," answer lines 24b 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X 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? 25b X If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 Х Part !.............. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 36b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 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. 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O 38

Lau				7 1
<u> </u>	Check if Schedule O contains a response to any question in this Part V	· · ·	Yos	No.
1a	Enter the number reported in Box 3 of Form 1088. Enter -0- if not applicable	\neg		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	l l	Į	i
	reportable gaming (gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	1		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	48		X
Ь	If "Yes," enter the name of the foreign country:	ı	1	i
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		į	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	6a 5b		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
C C	If "Yes," to line 5e or 5b, did the organization file Form 8888-T?	<u> </u>		
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?	60		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_
b	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			\vdash
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- 1		
•	and services provided to the payor?	7a		_x_
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year,			
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, explanes, or other vehicles, did the organization file a Form 1098-C7	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			İ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	į		
	organization, have excess business holdings at any time during the year?	8		ـــــ
9	Sponsoring organizations maintaining donor advised funds.	_		١
а	Did the organization make any taxable distributions under section 49667	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		X
10	Section 501(c)(7) organizations. Enter:			•
a	tritiation fees and capital contributions included on Part VIII, line 12			
ь	Closs to copy, included and and and any one page 200 and a common and a copy of the copy o			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			1
ь	against amounts due or received from them.)			1
12-		12a	l	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		 	t
13	Section 601(c)(29) qualified nonprofit health insurance issuers.		ŀ	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
•	Note. See the instructions for additional information the organization must report on Schedula O.		 	
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	ł
_	the organization is licensed to issue qualified health plans		ľ	1
c	Enter the amount of reserves on hand			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T

TELL EVERY AMAZING LADY ABOUT OVARI

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Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	Check if Schedule O contains a response to any question in this Part VI			<u>(x)</u>
Sec	tion 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	l		
	If the governing body delegated broad authority to an executive committee or similar	1	ĺ	
	committee, explain in Schedule O.	- 1	- 1	
ь	Enter the number of voting members included in line 1a, above, who are independent		- 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	İ	- 1	
	any other officer, director, trustee, or key employee?	2]	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	$\neg \dashv$	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
-		6		X
6	Did the organization have members or stockholders?	-		_
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		<u> </u>
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	вa	X	
b	Each committee with authority to act on behalf of the governing body?	Вb	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	105		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	X	
12E		12b	X	
			_^	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	v	
	describe in Schedule O how this was done	13	X	├
13	Did the organization have a written whistleblower policy?		X	├
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			ŀ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ا ا		
а		15a	X	
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)	1]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		Į
	with a taxable entity during the year?	168		<u> </u>
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	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
·	available for public inspection. Indicate how you make these available. Check all that apply			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy.			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	omegization: PAMELA ESPOSITO (718) 998-3106 PO BOX 340947 BROOKLYN. NY 11234			

			•
Form	990	(20	11)

TELL EVERY AMAZING LADY ABOUT OVARI

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age 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

W	(B)			(C	7			(0)	(E)	(F)
Namo and Tale	Average hours per			Pos				Reportable compensation	Reportable compensation from	Estimated amount of
	week					an ono		from	retated	other
	(describe hours for	bax, untose porson is both an officer and a director/trustee)						the organization	organizations (W-2/1099-MISC)	compensation from the
	rolated							(W-2/1099-MISC)	(11-27030-1200)	organization
	organizations in Schadule O)	d n r r r r r r r r r	מין	!	Key employee	H comployed at a d	Former			and related organizations
1) GINA DE FILLIPPO		1								
ASSISTANT TREASURER	1.00	<u>L</u> _		X	L		L	<u> </u>		<u></u>
(2) JOHN MCGREGOR										
VP	1.00	<u> </u>	$oxed{oxed}$	<u> </u>	L		L	<u> </u>		
3) LAWRENCE ESPOSITO										
TREASURER	2.00	<u> </u>	_	<u> </u>	ᆫ		L.	C		
4) PAMELA ESPOSITO				l			İ			l
EXEC DIRECTOR	30.00	<u> </u>		X	<u> </u>		<u> </u>	33,040		5,64
(5) PHYLISS BELLOCCHIO		1		١				۱ .	ļ	1
BOARD MEMBER	1.00	₩	<u> </u>	X	<u> </u>	 	<u> </u>	<u> </u>		
(6) RENA ESPOSITO		1		١.	l			١,	j	
SECRETARY	2.00	-		X	<u> </u>					
(7)	ļ.									
(8)										
(9)	-						┢			
(10)				\vdash						
(11)										
[12]			-		\vdash					
(13)										
(14)										

Lai	(A) Name and Title	(B) Average hours por week (doscribe hours for	(C) Poston (do not check more than one box, unless person is both an officer and director/trustee) I t d I t O K H c e F F r r r r f 6 i o m e						(D) Reportable compensation from the organization	(E) Reportable compensation from related ergenzations (W-2/1099-MISC)	other compensation from the organization		
		related organizations in Schedule O)	duect of		2	6 y 0 m p 1 0 y 0 0		0 r m • r	(W-2/1090-MISC)		ه ا	ganizatio nd relator janization	,
(15)	·····							Г			1		
(16)			-					-		<u> </u>			
(17)	to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the									· · · · · · · · · · · · · · · · · · ·	1		
(18)			 	\vdash							-		
(19)													
(20)											1		
(21)													
(22)													
(23)													
(24)													
(25)													
C	Sub-total	n A				• •		>					
<u>d</u>	Total (add lines 1b and 1c)	to those liste	ed abo	· · ·		rec	eived r	nore	33,040 than \$100,000 in		Ш	5,	649
_	reportable compensation from the organization				_)	10	No.
3	Did the organization list any former officer, director of	or trustee, ke	y emp	loye	e, o	r hig	hest c	omp	pensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of repr									• • • • • • • •	3	<u> </u>	X
•	organization and related organizations greater than \$										1		
	individual									• • • • • • • •	4	 	X
5	for services rendered to the organization? If "Yes," co	•		-			_				6		х
	tion B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compenses.												
_	(A) Name and business address								(II) Description of s	services	Com	(C))
											-		
_													
_	Total number of independent contractors (including to	ut not limite	d to the	05A	liste	d at	ove) v	vho					
	received more than \$100,000 of compensation from												

Part \	AMI T	Statement of Revenue						
•					(A) Total revenue	(B) Related or oxempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
	Ь	Membership dues	1b		1	ļ		
Contri- butors.	c	Fundraising events	1c	4,820	1 1			·
Gitta,	4	Related organizations	1d	- 4,020	1			
Grants	٦	Government grants (contributions)	10		1 1			
and Other	;	All other contributions, gifts, grants,	10	-	1			
Sentar	l '	and similar amounts not included above	1f	35,447	1			
Amounts	_	Noncash contributions included in lines 1s			∮			
	9				40 257			
	 "	Total. Add lines 1a-1f	Business Code	40,267				
		m p a r 1.12.19				016 106		
	1	T E A L WALK		900099	216,126	216,126	~	
Program		SHOWS TO PROMOTE EARLY		900099	2,676	2,676	ļ <u> </u>	
Service	C							
Rovanuo	d						 	
	0							
		All other program service revenue						
	9	Total. Add lines 2a-2f	· · ·	<u> ▶</u>	218,802			
	3	Investment income (including dividends, in						
	ł	and other similar amounts)		🏲	217	217		
	4	Income from investment of tax-exempt bor	•					
	5	Royalties		<u> ▶</u>				
	1	(i) Real		(u) Personal				
	6a	Gross rents						
	ь	Less: rental expenses]			
	C	Rental income or (loss)			1			ĺ
	d	Net rental income or (loss)						
		Gross amount from sales of (1) Security		(u) Other				
	1	assets other than inventory			1			}
	Ь	Less: cost or other basis			1			
_	-	and sales expenses			1			
O	C	Gain or (loss)			1			
'n		Net gain or (loss)			l			
0		Gross income from fundraising						
•	l	events (not including \$ 4,82	20					
R		of contributions reported on line 1c).	_					
8	l	See Part IV, line 18	. а		1			ļ
9	ь	Less: direct expenses			1			l
n		Net income or (loss) from fundraising even		•	1			
8		Gross income from gaming activities.			 			·····
		See Part IV, line 19.	a					
	Ь	Less: direct expenses			1			į
		Net income or (loss) from gaming activities	-	L	4			
			• • •	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	102	Gross sales of inventory, less returns and allowances						
	١.				1			
		Less: cost of goods sold		L	-			ŀ
		Net income or (loss) from sales of inventor	<u>y</u>					
	145	Miscollaneous Rovenue		Businoss Codo	- I			
	11a							
	5				ļ			
	٥	All other muorus			 			
		All other revenue					i - 7/	
		Total. Add lines 11a-11d			000 000	010 010		
	12	Total revenue. See instructions		🟲	259,286	219,019		(

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) but are not required to complete columns (B), (C), and (D).

	hedule O contains a response to any quests reported on lines 6b, 7b,	(A) Tatal expensas	(B) Program service	(C) Management and	(D) Fundraising
			expanses	genoral exponses	expenses
	assistance to governments and	60 000	82,000		
•	ne United States. See Part IV, line 21.	82,000	82,000		
	assistance to individuals in				
	See Part IV, line 22				
	assistance to governments,				
•	d individuals outside the				
	e Part IV, lines 15 and 16				
•	r for members				··
		33,040	24,780	7,260	1,000
	employees	33,040	24,780	7,200	1,000
•	t included above, to disqualified				
•	ed under section 4958(f)(1)) and		j		
•	d in section 4958(c)(3)(B)	3,796	1,898	1,898	
	d wages	3,790	1,070	4,030	
•	ruals and contributions (include				
• • •	d 403(b) employer contributions)	5,649	4,237	1,243	169
• •		3,218	2,340	781	97
	for amplement	3,210	2,340	- 704	
	(non-employees):			ļ	
-					
-		350		350	
		330		330	
	relaine consiene Coo Deat IV line 17				
	raising services. See Part IV, line 17.				···, ··
	gement fees				
_		7,497	7,497		
• .	romotion	1,621	833	768	
·		4,750	3,678	544	528
	ology	4,750	3,070		
• •					
	el or entertainment expenses				
	ate, or local public officials			1	
•	eventions, and meetings				
	~			· · · · · · · · · · · · · · · · · · ·	
	miae				
	ates				
•	setion, and amortization	4,413	4,296	117	
	Itemize expenses not covered		4,230		
•	illaneous expenses in line 24e. If				
•	exceeds 10% of line 25, column				
	ne 24e expenses on Schedule O.)				
a NYS DEPT OF	•	35		35	
	DLLECTED AND REMI	39		39	
c TELEPHONE		1,588	1,270	318	
d IBLEFRORE		2,500	2,2,0	340	
	······································	24,664	23,437	862	365
	expenses. Add lines 1 through 24e	172,660	156,266	14,235	2,159
	replete this line only if the	2,2,000		34,555	
organization repo	rted in column (B) joint costs				
from a combined	educational campaign and				
	ation. Check here				

Form 990 (2011)

Part X	Balance Sheet	(A)		(8)
		(A) Beginning of year		End of year
1	Cash - non-interest-bearing	56,199	1	142,825
2	Savings and temporary cash investments	- 30,233	2	242,025
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
"	employees, and highest compensated employees. Complete Part II of		1	
ŀ			5	
6	Schedule L		-	
"				
A	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
8			6	
. 7	employees' beneficiary organizations (see instructions)		7	
	Notes and loans receivable, net		8	
8 8	Inventories for sale or use			
9	Prepaid expenses and deferred charges		-	
10				
	other basis. Complete Part VI of Schedule D 10a		امما	
	Less: accumulated depreciation		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		14	
15	Other assets. See Part IV, fine 11	56 100	15	140 005
16	Total assets. Add lines 1 through 15 (must equal line 34)	56,199	16	142,825
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
L 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
b 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
! 22	Payables to current and former officers, directors, trustees, key			
i	employees, highest compensated employees, and disqualified persons			
1	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
8 24	Unsecured notes and loans payable to unrelated third parties		24	
26	Other liabilities (including federal income tax, payables to related third			
ł	parties, and other liabilities not included on lines 17-24). Complete Part X			
- 1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
	Organizations that follow SFAS 117, check here ▶ 🔀 and complete		1	
F	lines 27 through 29, and lines 33 and 34.			
n 27	Unrestricted net assets	56,199	27	142,825
d 28			28	
В 29			29	
а	Organizations that do not follow SFAS 117, check here ▶ [] and			
	complete lines 30 through 34.		1	
n 30	Capital stock or trust principal, or current funds		30	
C 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	•		32	
33	Total net assets or fund balances	56,199	33	142,825
34	Total liabilities and net assets/fund balances	56,199	34	142,825

om	1990 (2011) TELL EVERY AMAZING LADY ABOUT OVARI 20	<u>-4417</u>	161	P8	ige 1
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	• • • •	••••	• • •	1
1	Total revenue (must equal Part VIII, column (A), line 12).	1	2	259.2	286
2	Total expenses (must equal Part IX, column (A), line 25)	2		72,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	···········	86,6	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56,	_
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	_			
•	column (B))	6	1	142,6	325
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. []
				Yes	Ne
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				Т
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				ł
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	х	ĺ
	Were the organization's financial statements audited by an independent accountant?			X	Γ
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				Γ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in				T
	Schedule O			i	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1		•
_	issued on a separate basis, consolidated basis, or both:		- 1	İ	l
	X Separate basis Consolidated basis Both consolidated and separate basis			<u>l</u>	ł
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
	the Single Audit Act and OMB Circular A-1337		3a		۱ ،
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
	FEA			990	201

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the americation

▶ See separate instructions

TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a [] Type I b Type II e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 110(1) 11g(II) 11g(E) Provide the following information about the supported organization(s). (i) Name of supported (A) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) to the (vii) Amount of organization in col (i) listed in your (described on lines 1-9 the crosnostion in arganization in cal shave or IRC section coverning document? and in of your (ii) organized in the 1187 (soo instructions) Yes Yes No No Yes No (A) (B) (C) (D) (E)

Total

TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or			1	1		
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount	}	1	1	1		
	shown on line 11, column (f)		<u> </u>	<u> </u>	<u> </u>		
6	Public support. Subtract line 5 from In 4						<u> </u>
	tion B. Total Support						
	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	ļ <u> </u>	<u> </u>	ļ		- 	
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 (Exptain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc	•					
13	First five years. If the Form 990 is for the organization, check this box and stop her	B					⊳ [ๅ
_	tion C. Computation of Public Su	pport Percen	ntage			[23]	
14	Public support percentage for 2011 (line 6						<u> </u>
15	Public support percentage from 2010 Sch	Mule A, Part II, III	ne 14	40	22.400	. [10]	
16a	33 1/3% support test - 2011. If the organi						▶[]
	and stop here. The organization qualifies						• • • • • • • • • • • • • • • • • • • •
Ь	33 1/3% support test - 2010. If the organi						▶ (-)
47-	box and stop here. The organization qual						• • • • • • • • • • • • • • • • • • • •
1/a	10%-facts-and-circumstances test - 201						
	more, and if the organization meets the "to						▶ •
	organization meets the "facts-and-circums 10%-facts-and-circumstances test - 201						
þ	more, and if the organization meets the "fe						∀ '
	organization meets the "facts-and-circums						▶i ,
18				•	• • •		N 1

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

(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II. if the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cate	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-		126,979	78,834	40,267	246,080
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 bus. under sec 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	<u></u>		126,979	78,834	40,267	246,080
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						246,080
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			126,979	78,834	40,267	246,080
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					217	217
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b					217	217
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						<u></u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					·	
13	Total support. (Add lines 9, 10c, 11, and 12.)			126,979	78,834	40,484	246,297
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first	, second, third, for	urth, or fifth tax year	as a section 501(c)(3)	> 1 .
_	ction C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2011 (line 8,					15	99.91 %
16						16	100.00 %
_	ction D. Computation of Investment						0.00
17	Investment income percentage for 2011 (lin					17	0.09 %
18 19a	Investment income percentage from 2010 S 33 1/3% support tests - 2011. If the organi	zation did not che	ock the box on line	14, and line 15 is m	ore than 33 1/3%	and line	%
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2010. If the organi	zation did not che	eck a box on line 1	4 or line 19a, and lin	ne 16 is more than	33 1/3%, and	► (X
20	tine 18 is not more than 33 1/3%, check this Private foundation. If the organization did		•	•	• ••	•	. 25
<u> </u>	THE TOURS OF THE ORGANIZATION OF	GIOGN & DOX (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOO, CHOCK HIES DOX	and ove manache		

990 Overflow Statement Page 1 Number(s) as shown on return TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 FORM 990 PART VIII OTHER CONTRIBUTIONS Description Amount 2010 PLEDGED DONATIONS RECEIVED IN 2011 \$ 456

Description		Amount
2010 PLEDGED DONATIONS RECEIVED IN 2011	\$	456
DIRECT DONATIONS FROM PUBLIC		27,459
DONATIONS FROM MATCHING PLANS		3,425
MACYS SHOP FOR A CAUSE		325
NETWORK FOR GOOD		50 366
REFUNDS FROM VENDORS IN LIEU OF DISCOUNTS		366
REIMBURSEMENT OF PREVIOUSLY DEDUCTED ITEMS		3,366
	Total: \$	35,447

FORM 99	90,	PART	IX,	LINE	14	INFORMATION	TECH	(PROGRAM)

WEB SITE FEES		\$ 1.500
WEB SITE MAINTAIN PRORATA		 2,178
	Cotal:	\$ 3,678

FORM 990, PART IX, LINE 23 INSURANCE (PROGRAM)

Description		Amount
INSURANCE FOR 2011 T E A L WALK		\$ 3,464
INSURANCE FOR OTHER EVENT WPLJ		 363
WORKERS COMPENSATION GROSS AMOUNT466.26		466
SDI GROSS AMOUNT		 120
LESS AMOUNT ALLOCATED TO GENERAL/MANAGER TIME		 (117)
	Total:	\$ 4,296

FORM 990, PART IX, LINE 23 INSURANCE (GENERAL/MANAGEMENT)

Description		Amount	
ALLOCATED WORKERS COMP AND DISABILITY		\$ 117	<u>7</u>
	Total:	\$ 117	<u></u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 2011

Open to Public

Department of the Treasury Internal Rovenue Service

▶ Attach to Form 990. ▶ See separate instructions.

inspection

י ניקיף	LL EVERY AMAZING LADY ABOUT OVARI		26-4417161	
	t I Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or A	ccounts Complete if	
	the organization answered "Yes" to Form 990, Part IV, line 6.	0.7		
_	(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year,			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors	ed	· · · · · · · · · · · · · · · · · · ·	
	funds are the organization's property, subject to the organization's exclusive legal control?			-) N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be			
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other			
	purpose conferring impermissible private benefit?		[⁻] Yes (. N
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990	, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or education)	oncally i	important land area	
	Protection of natural habitat Preservation of a certification of a cer	ied histo	oric structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a con	servation	
	easement on the last day of the tax year.			
	•		Held at the End of the Tax	Yea
а	Total number of conservation easements	[29	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure included in (a)		2c	
d	Number of conservation easements included in (c) acquired after 8/17/08 and not on a historic			
	structure listed in the National Register.		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by th		ization during	
	the tax year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		[] Yes	[] N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements d	uring the	e year	
)			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during	the yea	ar	
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section			_
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	• • • •	· · · · · · · · · · · · · · · · · · ·	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expens			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statem	ents tha	at describes	
	the organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other	r Similar Assets.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furn	therance	e of public service,	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.			
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement			
	historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of	public service,	
	provide the following amounts relating to these items:		. .	
	(i) Revenues included in Form 990, Part VIII, line 1			
	(II) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for finance	ıaı gain,	provide the	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
	Revenues included in Form 990, Part VIII, line 1	• • • •		
h	Assets included in Form 990 Part X		> \$	

Part III	(] No
3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a	(] No
collection items (check all that apply): a	
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance	
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as parl of the organization's collection?	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	
Part XIV. 5	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	
assets to be sold to raise funds rather than to be maintained as part of the organization? Part IV	
Part IV	
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 10 Ustributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds, Complete if the organizatio	 !] No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes "Yes," explain the arrangement in Part XIV and complete the following table: Beginning balance	!] No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current your (b) Pror year back (d) Three years back (o) Four years C Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	!] No
b If "Yes," explain the arrangement in Part XIV and complete the following table: C Amount 1c 1c 1d 1d 1d 1d 1d 1d	i] NO
C Beginning balance d Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Dif "Yes," explain the arrangement in Part XIV. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (s) Current your (b) Prior years (c) Two years back (d) Three years back (o) Four years Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
d Additions during the year	
d Additions during the year Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 217 Did the organization include an amount on Form 990, Part X, line 217 Dif "Yes," explain the arrangement in Part XIV. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Phor year (c) Two years back (d) Three years back (o) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years	
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f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current your (b) Prior year (c) Two years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years	
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current your (b) Phor year (c) Two years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years ba	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current your (b) Pror year (c) Two years back (d) Three years back (d) Four years back (d) Three years back (d) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three	No
(a) Current your (b) Prior year back (d) Trive years back (d) Four years back (d) Four years back (d) Four years back (d) Trive years back (d) Four years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years back (d) Trive years ba	
Beginning of year balance b Contributions c Net investment eamings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
b Contributions	back
b Contributions	
c Net investment earnings, gains, and losses d Grants or scholarships	
d Grants or scholarships	
e Other expenditures for facilities and programs f Administrative expenses	
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
f Administrative expenses	
g End of year balance	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
· · · · · · · · · · · · · · · · · · ·	
a Board designated or quasi-endowment / %	
b Permanent endowment • %	
c Temporarily restricted endowment %	
The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by	No
(I) unrelated organizations	
(II) related organizations	↓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	┸
4 Describe in Part XIV the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value)
(orwestment) basis (other) deprocution	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	

Part VII	Investments - Other Securities	. See F		44 1400-4-1	
	(a) Description of security or extegory (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market v	
) Financial d		••			
	eld equity interests	• •			
Other			·		
(A)					···
(B)		_ _			
(C)		_			
(D)			···		
(E)		_			
(F)					
(G)		}			
(H) (I)		—	-,		
	b) must equal Form 990, Part X, col. (8) line 12.)				
art VIII	Investments - Program Relate	d. See F	orm 990. Part X. line 13.	<u> </u>	
410 000	(a) Description of investment type			fet blethed of ustration	
	(u) Description of Engistering type	1	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)			· · · · · · · · · · · · · · · · · · ·		
(2)			,		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
	b) must equal Form 990, Part X, col. (B) line 13)		· · · · · · · · · · · · · · · · · · ·		
Part IX	Other Assets. See Form 990, Part)		·		
443		(a) Doscry	ption		(D) Book value
<u>(1)</u>		.,			· · · · · · · · · · · · · · · · · · ·
(2) (3)					
(3) (4)			······································		
(5)					
(6)					
(7)					
(8)					·····
(9)					
10)					
	nn (b) must equal Form 990, Part X, col. (B)	line 15.)			
Part X	Other Liabilities. See Form 990, Pa	rt X, line 2	95.		
	(a) Description of liability		(b) Book value		
(1) Federal	income taxes				
(2)			·····		
(3)					
(4)					
			····		
(6)				1	
(6) (7)				 	
(6) (7) (8)					
(6) (7) (8) (9)					
(6) (7) (8) (9)					
(5) (6) (7) (8) (9) (10) (11)	(b) must oqual Form 990, Parl X, col (B) line 25)				

Sched	TELL EVERY AMAZING LADY ABOUT OVARI	26-4417161	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1.	Total revenue (Form 990, Part VIII, column (A), line 12)	1	259,286
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	172,660
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4			86,626
5	Net unrealized gains (losses) on investments	4	
6	Donated services and use of facilities	5	
_	Investment expenses	6	· · · · · · · · · · · · · · · · · · ·
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	86,626
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	259,287
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
8	Net unrealized gains on investments) I	
b	Donated services and use of facilities	7	
ε	Recoveries of prior year grants	-1	
d	Other (Describe in Part XIV.)]	
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	259,287
-	• •	 • - - - - - - - - - 	239,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 !	
a	Investment expenses not included on Form 990, Part VIII, line 7b	⊢l ì	
Þ	Other (Describe in Part XIV.)	- 	
C	Add lines 4a and 4b	46	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	259,287
Par	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	172,660
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a	Donated services and use of facilities		
ь	Pnor year adjustments		
c	Other losses		
d	Other (Describe in Part XIV.)	→	
	Add fines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	172,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 	· · · · · · · · · · · · · · · · · · ·
٠,	Investment expenses not included on Form 990, Part VIII, line 7b		
_	Other (Describe in Part XIV.)		
	· · · · · · · · · · · · · · · · · · ·	ᅴᇵᅵ	
	Add lines 4a and 4b	4c	172 660
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	6	172,660
_	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		
and :	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	e	
this p	part to provide any additional information.		

			" the ornanization answered "Yes" to Form 990, Part IV. Ine 21 of 22.	wered "Yes" to For	n 990. Part IV. line 21	2,5		
Department of the Treasury	_			Attach to Form 990.				Open to Public Inspection
teme of the organization	o most acts on	1048					Enployer Identification number 26 - 4417161	numbor 1
Part General In	Part General Information on Grants and Assistance	s and Assistance						
1 Does the organiza	tion maintain records to	substantiate the amou	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, the grantees' eli	gibility for the grants or			
the selection criteria	the selection citieria used to award the grants or assistance? Describe in Derf IV the comenitation's procedures for monitori	ints or assistance?	the selection criteria used to award the grants or assistance?	_		:		3
	d Other Assistance	to Governments	and Organizations in	the United States	. Complete if the or	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	Yes*	
to Form 99	to Form 990, Part IV, lins 21, for any recipient that rec Part II can be diminated if additional soace is needed	or any recipient tha Itional soace is nee	it received more than	\$5,000. Check mis	dioay ii uo ou ii koo :	received more than \$5,000. Check this box if no one recipient received thore than \$5,000.	III @3,000.	□ • · · · · ·
1 (a) Name and address of organization or coorganization	s of organization ment	(8) EIN	R	(d) Amount of cosh grem	(a) Amount of non- cash essistance	(f) Memod of valuation (book, FMV, sepralsal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or ossistance
(1) OVARIAN CANCER REBRARCH FUN	R RESEARCH FOND							
14 PERNSYLVAN	14 PERMSYLVANIA PLAZ 10122	13-3806788	501 C 3	75,000				REBEARCH
(2)NATIONAL OVARIAN CA 2501 OAK LANN 75219	(2) INTIONAL OVARIAN CANCER COALIT	IT 65-0628064	501 C 3	2,000				RESEARCH
(3) POUNDATION FOR WOMENS CANCEL	R WOMENS CANCER			2				PROMOTE AWAR
230 W MONROE 60606	90909	36-3/9//0/	5 7 706	2007				
(\$)								
(9)								
(4)								
(9)								
(6)								
(10)								
(11)								
(12)								
	r of section 501(c)(3) and	d government organiz	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	table				
3 Enter total number	3 Enter total number of other organizations listed in the line 1 table	isted in the line 1 tabi						Scharbtle (Form \$50) (701)

THERE IS ALSO MANY VOLUNTEER MEETINGS THAT OVERSEE EXPENDITURES AND Page 2 Schedule 1 (Form 980) (2011) (i) Description of non-cash assistance 26-4417161 960 (2011) TELL EVERY AMAZING LADY ABOUT OVARI Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valution (book, FMV, appratal, other) non-cash assistance (d) Amount of EEA TEAL HAS A BOARD WHICH REVIEWS THE ACTIVITIES OF THE ORGANIZATION. (c) Amount of cash grown (b) Number of respents Part III can be duplicated if additional space is needed. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Schedule I (Form 990) (2011)
Part III Grants PLANNING S ~

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 01. Form 990 governing body review (Part VI, line 11) A COPY OF THE 990 WAS PROVIDED TO ALL OFFICERS PRIOR TO MAILING TO IRS 02. Conflict of interest policy compliance (Fart 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. 03. CEO, executive director, top management comp (Part VI, line 15a) THE PRESIDENT IS NOT COMPENSATED IN ANY MANNER 04. Other officer or key employee compensation (Part VI, line 15b ONLY PAMELA AMERY IS A COMPENSATED EMPLOYED. BEGINNING IN DECEMBER 2010, HER ANTICIPATED ANNUAL INCOME FOR FUTURE YEARS WILL BE \$29,000 05. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTS, INCLUDING FOLICIES AND FINANCIAL RECORDS, INCLUDING 990, ARE 990 WILL BE POSTED ON GUIDESTAR AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

	Statement of Program Service Accomplishments	2011 01
Name(s) as shown on return		Your Social Security Number
TELL EVERY	AMAZING LADY ABOUT OVARI	26-4417161

FORM 990, PART III(D)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$55

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$55

EXPLANATION

\$ 5,000 DONATED TO NOCC (NATIONAL OVARIAN CANCER COALITION) EIN 65-0628064 \$ 5,000 DONATED TO FOUNDATION FOR WOMEN'S CANCER (EIN 36-3797707) TOWARDS OVARIAN CANCER AWARENESS PROGRAMS ACS ZUMBA EVENT

990 **2011**Page 2 Overflow Statement Name(s) as shown on return FEIN TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 FORM 990, PART IX, LINE 24F - OTHER EXPENSES FOR TEAL WALK Description Amount 2,076 2010 WALK EXPENSES ACS ZUMBA FEE 55 202 BANK FEES 125 EVENT ENTRY FEES OTHER NON WALK EVENT 557 EVENT PRINTING WALK DAY MISC SUPPLIES PAPER GOODS OFFICE SUPPLIES ETC 465 WALK MATERIALS FOR PUBLIC 156 WALK PERMITS FOR 2011 T E A L WALK 1,575 940 WALK PORT A POTTIES FOR WALK WALK PRINTING 4,409 753 WALK PROMOTIONAL ITEMS WALK SOUND PERMITS FOR 2011 T E A L WALK 45 1,114 WALK STAGE FEE FOR 2011 T E A L WALK 4,077 WALK SUPPLIES AND GIVEAWAYS FOR RUNNERS 3,825 WALK T SHIRS FOR RUNNERS 2.871 WALK TENT TABLES WALK TRANSPORTATION EXPENSES 30 WALK U HAUL RENTAL 162 23,437 Total: \$ FORM 990, PART IX, LINE 24F OTHER EXPENSES GENERAL Amount Description 175 LIONS CLUB DUES 50 BANK FEES POST OFFICE BOX RENTAL 94 ADMIN SUPPLIES 543 862 Total: FORM 990, PART IX, LINE 24F OTHER EXPENSES FUND RAISING

Amount

Total:

365

365

Description PRINTING T.E.A.L. FOUNDATION (A Not-for-Profit Organization)

FINANCIAL STATEMENTS

Year Ended December 31, 2011

AND INDEPENDENT AUDITORS' REPORT

T.E.A.L. FOUNDATION (A Not-for-Profit Organization)

CONTENTS

December 31, 2011

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Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6-9



ROSEN SEYMOUR SHAPSS MARTIN & COMPANY LLP

Certified Public Accountants & Profitability Consultants



INDEPENDENT AUDITORS' REPORT

To the Board of Directors T.E.A.L. Foundation:

We have audited the accompanying statement of financial position of T.E.A.L. Foundation (a nonprofit organization) as of December 31, 2011 and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of T.E.A.L. Foundation as of December 31, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Rosen Segmon Shaps Martin + Company LLP

CERTIFIED PUBLIC ACCOUNTANTS

New York, New York November 5, 2012



STATEMENT OF FINANCIAL POSITION

December 31, 2011

<u>Assets</u>

Current assets:	
Cash and cash equivalents	\$ 142,826
Prepaid expenses	2,225
Total current assets	145,051
Property and equipment – net	2,500
Total assets	<u>\$ 147,551</u>
Liabilities and Net Assets	
Accrued expenses	\$ 16,041
Net assets – unrestricted	131,510
Total liabilities and net assets	\$ 147,551

The accompanying notes are an integral part of these financial statements.

T.E.A.L. FOUNDATION (A Not-for-Profit Organization)

STATEMENT OF ACTIMITIES

Year Ended December 31, 2011

Revenues and public support:	
Public contributions	\$ 34,857
Special events revenue	223,851
Donated materials and services	74,700
Interest and dividend income	217
Total revenues and public support	333,625
Expenses:	
Program services:	
Research	82,000
Public information	127,160
Total program services	209,160
Supporting services:	
Management and general	49,154
Total supporting services	49,154
Total expenses	258,314
Increase in net assets	75,311
Net assets – beginning of year	56,199
Net assets – end of year	<u>\$_131,510</u>

The accompanying notes are an integral part of these financial statements

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2011

	I	Program Service	es		
		Public		Management	
	Research	Information	Total	and General	Total
Compensation and related expenses:					
Salaries and wages	\$ -	\$ 16,140	\$ 16,140	\$ 12,140	\$ 28,280
Payroll taxes	-	6,113	6,113	4,685	10,798
Employee benefits		3,768	3,768	2,833	6,601
Total compensation and		,			
related expenses	-	26,021	26,021	19,658	45,679
Research grants:					
Grants awarded	82,000	-	82,000	-	82,000
Occupancy					-
Property and casualty insurance	_	5,526	5,526	-	5,526
Telephone	-	-	-	1,542	1,542
Licenses and fees	_	2,684	2,684	25	2,709
Professional fees					
Consulting and computer support	-	-	-	6,910	6,910
Legal and accounting	-	_	-	8,823	8,823
Administration					
Mailing, printing, and postage	_	9,215	9,215	-	9,215
Office and miscellaneous	-	8,386	8,386	1,446	9,832
Equipment rental	-	4,003	4,003	-	4,003
Bank charges	-	-	-	50	50
Advertising and public relations		7,325	7,325	_	7,325
Total expenses before donated					
materials and services	82,000	63,160	145,160	38,454	183,614
Donated materials and services		64,000	64,000	10,700	74,700
Total expenses	\$ 82,000	\$ 127,160	\$ 209,160	<u>\$ 49,154</u>	\$ 258,314

The accompanying notes are an integral part of these financial statements.

T.E.A.L. FOUNDATION (A Not-for-Profit Organization)

STATEMENT OF CASH FLOWS

Year Ended December 31, 2011

Cash flows from operating activities:		
Increase in net assets	\$	75,311
Adjustments to reconcile increase in net assets to		
net cash provided by operating activities:		
Changes in assets and liabilities:		
Increase in prepaid expenses		(2,225)
Increase in accrued expenses		16,041
Net cash provided by operating activities		89,127
Cash flows from investing activities:		
Purchases of property and equipment		(2,500)
Net cash used in investing activities		(2,500)
Net change in cash and cash equivalents		86,627
Cash and cash equivalents – beginning		56,199
Cash and cash equivalents – ending	<u>\$</u>	142,826

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATIENCENTS

December 31, 2011

1. Purpose of Organization and Summary of Significant Accounting Policies

Nature of Activities

T.E.A.L. Foundation (the "Foundation") is a not-for-profit entity, organized in the state of New York in April 2009, to hold and sponsor events to raise awareness of the early symptoms of ovarian cancer and promote early detection.

Basis of Accounting and Financial Presentation

The financial statements of the Foundation have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities. The Foundation reports information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted. As of December 31, 2011, all of the assets of the Foundation are unrestricted.

Use of Estimates

The preparation of financial statements in conformity with the accrual basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Property and Equipment

Property and equipment are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Maintenance and repairs are charged to expense as incurred.

Donated Assets

Donated materials, including event supplies and other noncash donations are recorded as contributions at their fair values at the date of donation. For the year ended December 31, 2011, the Foundation received \$64,000 in donated materials.

Donated Services

The Foundation generally pays for services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Foundation with specific assistance programs, and various committee assignments. In accordance with ASC 958-605-25-16, Contributed Services, the Foundation recognizes contributions of services only if the services received (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. Donated professional services as part of a general and administrative expense are recorded as in-kind contributions in the accompanying financial statements at their fair value on date of use or receipt to the extent that such amounts can be reasonably estimated.

NOTES TO PINANCIAISTA TEMENTS (Continued)

December 31, 2011

In 2011, the value of such services was computed for the hourly rates of lawyers and accountants that performed pro bono work. For the year ended December 31, 2011, the Foundation received \$10,700 in supporting management and general services.

Functional Allocation of Expenses

Directly identifiable expenses are charged to programs and supporting services. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Foundation.

Contributions

T.E.A.L. Foundation reports contributions of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Foundation has not received any contributions with donor-imposed restrictions that would result in temporarily or permanently restricted net assets

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Foundation considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Income Taxes

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, did not conduct any unrelated business activities, and is classified by the Internal Revenue Service as other than a private foundation.

Generally accepted accounting principles in the United States of America ("GAAP") clarify the accounting for uncertainty in income taxes recognized in a company's financial statements by prescribing a minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. The Foundation has determined that it has no uncertain tax positions that require either recognition or disclosure in the financial statements.

The Foundation's information returns for 2009 through 2011 are subject to federal, state and local tax examinations by tax authorities.

Credit Risk

The Foundation maintains cash balances at a financial institution located in New York. The bank balances, at times, may exceed federally insured limits. However, the Foundation has not experienced any losses to date on such accounts and management believes that the risk of loss is negligible.

MOTTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2011

2. Property and Equipment

Property and equipment at December 31, 2011, consists of the following:

	Estimated Useful Life	
Software Less accumulated depreciation	3 Years	\$ 2,500
		\$ 2,500

3. Description of Program and Supporting Services

The following program and supporting services are included in the accompanying financial statements:

Research

The Foundation awards grants to research foundations in the U.S. Proposals are brought to the Foundation's Board of Directors for approval.

Grants are made by the Foundation based on the evaluations of the Board and the amount of funding available to support the grant proposals. The Foundation has always had more proposals worthy of funding than funds available.

Although it is not the intention of the Foundation to award grants that will extend over multiple years, each multi-year grant is subject to an annual review and re-approval by the Board of Directors. Accordingly, only the amount of grants awarded or approved in the

current year is reported as an expense in the accompanying financial statements. The Foundation awarded such a grant in 2012.

Public Information

The Foundation publishes information that encourages an understanding of all aspects of early detection of ovarian cancer, its treatments and the research that is ongoing in the U.S. and across the globe to stem the spread and devastation of the disease.

Management and General

Includes the functions necessary to maintain an equitable employment program, ensure an adequate working environment, provide coordination and articulation of the Foundation's program strategy, secure proper administrative functioning of the Board of Directors, maintain competent legal services for the program administration of the Foundation, and manage the financial and budgetary responsibilities of the Foundation.

Management and general expenses accounted for 19% of total expenses for the year ended December 31, 2011.

4. Advertising

The Foundation uses advertising and public relations services to promote its programs among the audiences it serves. The costs of advertising are expensed as incurred. During 2011, advertising and public relations costs totaled \$7,325, or 3% of total expenses.

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2011

5. Subsequent Events

The Foundation has evaluated its subsequent events through November 5, 2012 the date that the accompanying financial statements were available to be issued. Other than what is disclosed in Note 3, the Foundation had no material subsequent events requiring disclosure.