990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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				ax year begin			, 2018, and er	naing		-	20	
В	Check if a	pplicable:	C Name of org	anization TELL	EVERY AMAZII	NG LADY ABOUT	OVARI			1 ' '	yer identifica	ation no.
	Address cl	hange	Doing busine	ess as				1		26-44	17161	
Ц	Name cha	nge	Number and	street (or P.O. box	x if mail is not delivered to	street address)		Room/suite		E Telepho	one number	
	Initial retur	rn	533 16	TH ST								
	Final retur	n/terminated	City or town,	state or province,	country, and ZIP or foreig	gn postal code				G Gross r	eceipts	
	Amended	return	BROOKI	YN, NY 11	L215					\$	655,4	448
	Application	n pending	F Name and a	ddress of principal	officer:			H(a) Is this	a group retu	rn for subordinate	s? Yes	X No
								H(b) Are a	all subordin	ates included?	Yes	No
	Tax-exem	pt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527		f "No," atta	ch a list. (see ir	nstructions)	
J	Website:	► www	.TELLEVE	RYAMAZING	LADY.ORG			H(c) Gro	up exempt	ion number	•	
K	Form of or	ganization: X	_	1	ociation Other		L Year of formation: 2			egal domicile:	NY	
	rt I	Summar								-9		
			•	nization's missi	on or most significa	nt activities: TET.	L EVERY AMAZI	ING TADV	A BOII	T OVART	ΔN	
		-	_		=	LIC AWARENESS						
çe						PROVIDING SU						
Governance	1						PORT TO SURV	/IVURS &	RAIS	ING FUN.	JS FUR	
/eri		-			FOR OVARIAN		of many them 000/ a	£:44				
39				J	•	erations or disposed			1	.		_
ૐ			Ü	ū	rning body (Part VI,	,			· · · -	3		7
ies			'	9	0 0	ody (Part VI, line 1b)				4		7
ΞΞ	5	Total numbe	r of individual	ls employed in	calendar year 2018	3 (Part V, line 2a)			· • • :	5		13
Activities &	6	Total numbe	r of volunteer	s (estimate if r	necessary)				🗀	6		200
-	7a	Total unrelat	ted business	revenue from	Part VIII, column (C), line 12			2	7a		0
	b	Net unrelate	d business ta	axable income	from Form 990-T, li	ne 38			7	7b		0
								Prior `	Year	C	Surrent Year	
	8	Contributions	s and grants ((Part VIII, line	1h)				345,5	557	41!	5,399
ne	9	Program ser	vice revenue	(Part VIII, line	e 2g)				284,5	02	23	7,767
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							3	315		413
Re	11	Other revenu	ue (Part VIII. o	column (A). lin	es 5. 6d. 8c. 9c. 10d	c, and 11e)			(17,8	341)	(:	1,416
			,	. , ,		, column (A), line 12)	-		612,5			2,163
				`		` '			70,0			1,885
									,,,,			0
	15	•		`	. ,,	olumn (A), lines 5-10			270,8	223	26	3,888
es		•	•		•)	′ <u>–</u>		270,0	25		0
Expense			•	•	umn (D), line 25)		48,555					
Ϋ́			• .	•	nes 11a-11d, 11f-24	-	40,333		301,9	116	220	0 645
		•		` '	•	,						9,645
					equal Part IX, colun				642,7			5,418
		Revenue les	s expenses.	Subtract line	18 HOM line 12				(30,2			6,745
Net Assets or		.	(D +) (!!	10)				Beginning of (End of Year	
sset	20		(Part X, line	,					466,2			6,398
E A	21			,			-		15,7			8 , 787
_				ces. Subtract	line 21 from line 20				450,5	518	46	7,611
	rt II		re Block									
						ig schedules and statement nation of which preparer has		nowledge and	belief, it is			
						· · · · · · · · · · · · · · · · · · ·	<u> </u>					
٠.		P Am										
Sig	ın	Signatur	re of officer						[Date		
He	re		ery, CEO									
		Type or	print name and ti	tle								
		Print/Type pre	eparer's name		Preparer's signature		Date	Chec	k 🗌 if	PTIN		
Pai	d	Kathryn	n M Keane	EA			11-12-2019	self-e	employed	P001	60904	
Pre	parer	Firm's name	•	Macanta	Business Ser	vices		Firm's EIN	>			
	e Only		is ►		ecrest Ave			Phone no.				
	,				NY 11229				718	-998-31	06	
May	the IDS	discuss this	rotum with th		own above? (see in	etructions)		1	0			No

495,891

Total program service expenses ▶

Part IV

26-4417161

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 Χ assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

Part IV

TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_X_
27	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			3.7
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Part V

26-4417161

Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Χ Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans C Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year Χ If "Yes," see instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) TELL EVERY AMAZING LADY ABOUT OVARI Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI				. <u>X</u>
Sec	tion A. Governing Body and Management		1		
1.	Total the number of voting members of the governing heady at the and of the toy year	a 7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a /			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,			
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct		-		21
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
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 Coc	le.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	7.7	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	he form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	COMMICIS?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		120	v	
12	Did the organization have a written whistleblower policy?		12c 13	X	
13 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		-17	21	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Statement #17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sec	tion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and			
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	S: ►			

Pamela Amery (718)998-3106, 533 16TH ST, BROOKLYN, NY 11215

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	her	(W-2/1099-MISC)		organization and related organizations
(1) Pamela Amery	65.00	Х				Х		62.401		10.000
CEO (2) Flora Poleshchuk	3.00	Λ				Λ		63,491	0	10,008
BOARD MEMBER		Х						O	0	0
(3) Kathleen Marcario	2.00							-		
Board Member	F	Х						O	0	0
(4) Gina Pappalardo	6.00									
Treasurer				Χ				0	0	0
(5) Annette Abolt	7.00									
President				Χ				0	0	0
(6) John Cucarese	7.00							_	_	_
Secretary	10.00			Χ				0	0	0
(7) Patricia_Gentile	10.00			Х				O	0	0
				Λ					0	0
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										

Form 990 (2018)

(15)

(16)

<u>(17)</u>______

<u>(18)</u>

(19)

(20)

(21)

(22)_____

(23)

(24)

(25)

2

3

1b Sub-total

Part VII

rt VII Section A. Officers, Directors, Trustee					t Com	non	sated Employee	26-441716		Page
rt VII Section A. Officers, Directors, Trustee (A) Name and title	(B) Average	(do no		(C) sition more th	an one	ipen	(D) Reportable	(E) Reportable	(F) Estimate	
	hours per week (list any hours for related organizations below dotted line)	office Individual trustee or director	and Institutional trustee	Key employee Officer		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensat from the organizati and relate organizatio	tion e ion ed
o Sub-total	on A					▶ ▶	63,491	. 0	10,	,00
Total number of individuals (including but not limite reportable compensation from the organization		ed abo	ve) wh	o rec	eived r	nore				
Did the organization list any former officer, direct		kev en	nplove	e. or l	niahes	t cor	mpensated		Yes	N
employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re organization and related organizations greater the	e <i>J for such in</i> portable comp	<i>dividua</i> ensatio	al on and	 other	compe	· · ·	tion from the		3	Σ
individual									4	2
for services rendered to the organization? If "Yes			-		_				5	2

	employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the		
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	Χ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Х

Section B. Ind

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	*	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2018) TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt function excluded from tax business under sections 512-514 revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) . . 1e 149,215 f All other contributions, gifts, grants, and similar amounts not included above 1f 266,184 g Noncash contributions included in lines 1a-1f: \$ 143,425 Total. Add lines 1a-1f 415,399 **Business Code** Revenue 2a Special Events 900099 237,767 237,767 b Service Program **f** All other program service revenue 237,767 3 Investment income (including dividends, interest, and other similar amounts) ▶ 413 413 Income from investment of tax-exempt bond proceeds . . . ▶ (i) Real 6a Gross rents **b** Less: rental expenses c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses **c** Gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. **b** Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a 1,869 **b** Less: cost of goods sold b 3,285

EEA Form 990 (2018)

Business Code

(1,416)

652,163

(1,416)

236,764

c Net income or (loss) from sales of inventory ▶

Miscellaneous Revenue

11a b С

26-4417161

Part IX **Statement of Functional Expenses**

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

	Check if Schedule O contains a response or note to	any line in this Part IX		<u> </u>	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	41,885	41,885		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	63,491	54,627	5,073	3,791
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	167,961	143,992	13,716	10,253
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,776	13,148	1,520	1,108
10	Payroll taxes	16,660	13,918	1,569	1,173
11	Fees for services (non-employees):				
а	Management				
b	Legal	32,826		32,826	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	13,294	2,390	8,281	2,623
12	Advertising and promotion	38,724	37,507	130	1,087
13	Office expenses	126,449	113,887	5,655	6,907
14	Information technology				
15	Royalties				
16	Occupancy	47,305	36,321	8,125	2,859
17	Travel	996	902	4	90
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,614		5,614	
23	Insurance	9,025	7,338	1,223	464
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TELEPHONE	2,568	2,055	385	128
b	LICENSES FEES PERMITS	37,377	14,867	6,343	16,167
С	MAILINGS PRINTING POST	10,439	8,359	425	1,655
d					
е	All other expenses	5,028	4,695	83	250
25	Total functional expenses. Add lines 1 through 24e .	635,418	495,891	90,972	48,555
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> X</u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	368,024	1	321,779
	2	Savings and temporary cash investments	300,024	2	321,773
	3	Pledges and grants receivable, net	54,296	3	100,025
	4	Accounts receivable, net	31,230	4	100,025
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	10,195	8	9,046
Ass	9	Prepaid expenses and deferred charges	24,912	9	27,033
	10a	Land, buildings, and equipment: cost or			=:,,;;;
		other basis. Complete Part VI of Schedule D 10a 33,047			
	b	Less: accumulated depreciation 10b 20,204	8,845	10c	12,843
	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	5,672
	15	Other assets. See Part IV, line 11		15	•
	16	Total assets. Add lines 1 through 15 (must equal line 34)	466,272	16	476,398
	17	Accounts payable and accrued expenses	15,754	17	8,787
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
-jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,754	26	8,787
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	440,518	27	467,611
Bal	28	Temporarily restricted net assets	10,000	28	
힏	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
SO		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	,	32	
	33	Total net assets or fund balances	450,518	33	467,611
	34	Total liabilities and net assets/fund balances	466,272	34	476,398

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. 🗌 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	52,1	L63
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	35,4	1 18
3	Revenue less expenses. Subtract line 2 from line 1	3			16,7	745
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	50,5	518
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4	67,2	263
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		. .			. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		з	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	3b		
EA			Fo	orm	990 (2	2018)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

OMB No. 1545-0172

FORM 990 - 1 26-4417161 TELL EVERY AMAZING LADY ABOUT OV **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property С 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - D	epreciation a	and Other I	nforma	ıtion (C	Caution	: See tl	ne insti	ructions f	or limits	s for pa	assenge	er autor	nobiles.))
24a	Do you have eviden	ce to support the b	ousiness/inves	tment use	claimed	?	Yes	☐ No	24b If "	Yes," is	the evi	dence w	ritten?	Yes	No 🗌 No
Ty	(a) ype of property (list	(b) Date placed	(c) Business/ investment use	Cost or	(d) other basis		(e) sis for depre siness/inve		(f) Recovery	Met		Depre		(i Elected se	ction 179
	vehicles first)	in service	percentage			,	use on	ly)	period	Conv	ention	dedu	ction	COS	st
	Special depreciation														
	the tax year and us					e. See ir	struction	ns .			25				
26	Property used mor	e than 50% in a	r'		e:				1						
			%												
			%												
	D		%												
21	Property used 50%	or less in a qua							1	S/L-		1			
			%							S/L-					
			%							S/L-				_	
20	Add amounts in col	ump (h) linos 2			oro and	on line 3	21 page	1		-	28			_	
	Add amounts in col		_										29		
29	Add amounts in col	umm (i), ime 20.							vehicles	• • •			23		
Con	nplete this section fo	or vehicles used	_							related	nerson	If you n	rovided	vehicles	
	our employees, first		-											VCITICICS	
io y	our employees, mot	anower the que	340113 111 000		a)		(b)		(c)	g (1110 00 (d			e)	(f)
30	Total business/inve	estment miles dr	iven durina	Vehic		Vehic			icle 3	Vehic		Vehic		Vehic	
	the year (don't inc		_												
	Total commuting m	-	•												
	Total other persona														
33	Total miles driven of														
	lines 30 through 32	• •													
34	Was the vehicle av			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?													
35	Was the vehicle us	ed primarily by	a more												
	than 5% owner or r	elated person?													
36	Is another vehicle a	available for per	sonal use?												
	;	Section C - Q	uestions f	or Emp	loyers	Who P	rovide	Vehic	les for U	se by	Their E	mploy	ees		
Ans	swer these questi	ons to determ	ine if you n	neet an	except	ion to c	ompleti	ing Sed	ction B fo	r vehic	les use	d by er	nploye	es who a	ıren't
mo	re than 5% owne	rs or related p	ersons. Se	e instru	ctions.										
37	Do you maintain a	written policy sta	atement that p	orohibits	all pers	onal use	of vehic	les, incl	uding com	muting,	by			Yes	No
	your employees?														
38	Do you maintain a	written policy sta	atement that p	orohibits	persona	al use of	vehicles	, ехсер	t commutir	ng, by yo	our				
	employees? See th	e instructions for	r vehicles us	ed by co	rporate	officers,	directors	s, or 1%	or more	wners					
	Do you treat all use	-													
40	Do you provide mo	re than five vehi	cles to your	employee	es, obtaiı	n informa	ation fror	n your e	mployees	about th	e				
	use of the vehicles	•													
	Do you meet the re														
	Note: If your answ		, 40, or 41 is	"Yes," d	on't con	nplete S	ection B	for the	covered v	ehicles.					
Pa	art VI Amort	ization								1		ı			
	(a) Description of	costs	Date amo) Amortizabl	c) e amount		(d) Code sec	tion	(e) Amortiza period percent	ation or	Amortiza	(f) tion for this y	year
42	Amortization of cos	sts that begins d	uring your 20	18 tax ye	ear (see	instruction	ons):								
	ntangible		04-12				8,90	0 7	TMA			3		2,	225
		·													
43	Amortization of cos	sts that began be	efore your 20	18 tax ye	ar							43			389
44	Total. Add amount	s in column (f).	See the inst	ructions	for wher	re to rep	ort					44		5,	614
EEA													F	orm 4562	(2018)

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

TEL	L E	VERY AMAZING LADY ABOUT	OVARI				26-44171	61		
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	 See instruction 	ns.		
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)				
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)				
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	A)(iii).				
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a c	overnmen	tal unit described in			
		section 170(b)(1)(A)(iv). (Complete	_	,	, ,	,				
6	П	A federal, state, or local government	•	nit described in section	170(b)(1)	(A)(v).				
7		An organization that normally receive	J				m the general public			
•	ш	described in section 170(b)(1)(A)(vi	•		OTTILITION	arm or mo	in the general public			
8	П	A community trust described in secti		•						
9		An agricultural research organization			rated in co	niunction	with a land-grant coll	lene		
·	ш	or university or a non-land-grant colle				•	-	logo		
		university:	go or agriculture (c	occinistrations). Enter the	o marrio, or	ty, and old	e of the conege of			
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons memb	ershin fees, and aros	:s		
	23	receipts from activities related to its e	` '	• • •				,,		
		support from gross investment income	•		•	•				
		acquired by the organization after Ju		,		,	10111 00311103303			
11	П	An organization organized and opera			•	,				
12	П		•					-00		
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).									
		Check the box in lines 12a through 12	-				•			
	а	Type I. A supporting organization						•		
	а	the supported organization(s) the		•		•		virig		
		supporting organization. You mu			ity of the c	ill ectors or	trustees of the			
	b	Type II. A supporting organization	•		ith ito ounr	orted orac	nization(a) by bayin			
	D		•			•	. ,	•		
		control or management of the sup		•	ISOIIS IIIAL I	CONTROL OF 1	nanage the supporte	u		
		organization(s). You must comp				. نا استان				
	С	Type III functionally integrated		·				willi,		
	لہ	its supported organization(s) (see	•	•				tion(a)		
	d	Type III non-functionally integr						. ,		
		that is not functionally integrated.		•			it and an attentivenes	S		
		requirement (see instructions). Y					Time II Time III			
	е	Check this box if the organization				sa Type I,	rype II, rype III			
		functionally integrated, or Type III		ntegrated supporting orga	anization.					
	f	Enter the number of supported organ								
	g	Provide the following information about		, ,	<i>a</i>					
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amou		
				above (see instructions))	docum	0 0	instructions)	instruct		
					Vaa	NI-				
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	l									

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						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4 lion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(-, -	(11)	(2)	(1)	(1)	()
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□
Sec	tion C. Computation of Public Su	• •				T	
14	Public support percentage for 2018 (line 6, c		•				%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organiz			•	•		. \Box
	box and stop here. The organization qualifi						▶ ⊔
b	33 1/3% support test - 2017. If the organization of						, \Box
17a	this box and stop here . The organization q 10%-facts-and-circumstances test - 2018						
174	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "fact						
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2017						
~	15 is 10% or more, and if the organization r	_					
	Explain in Part VI how the organization mee					icly	
	supported organization			=		-	▶ □
18	Private foundation. If the organization did						_
	instructions	<u> </u>	<u> </u>			<u>.</u>	▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			· •	•		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	413,093	581,669	676,415	630,059	653,579	2,954,815
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	110,000	301,003	3737123	330,033	000,013	2,751,615
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	413,093	581,669	676,415	630,059	653,579	2,954,815
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,954,815
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	413,093	581,669	676,415	630,059	653,579	2,954,815
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources	217	1,140	140	315	413	2,225
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	217	1,140	140	315	413	2,225
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	413,310	582,809	676,555	630,374	653,992	2,957,040
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co))		15	99.92 %
16	Public support percentage from 2017 Schedu					16	99.93 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line					17	0.00 %
18	Investment income percentage from 2017 S	chedule A, Part III,	line 1.7			18	0.00 %
19a	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r		-				

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	115		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	11c		
000	non B. Type I dapporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-110
_	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
4	Did the agreement on manyide to each of its assumented agreementions, by the last day of the fifth recents of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in election the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruct	tions)	1_
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	′ (see in		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
.	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	ile A (Form 990 or 990-EZ) 2018 TELL EVERY AMAZING LADY ABOUT OVARI		26-441	.7161	Page
Par					
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	,	
	instructions. All other Type III non-functionally integrated supporting organized	zations	must complete Sectio		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Curre	nt Year
	ion A Adjusted Net income		(71) THOI TOU	(optio	nal)
1	Net short-term capital gain	1			
_2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
col	lection of gross income or for management, conservation, or				
ma	intenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	tructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current '	Year
1	Adjusted net income for prior year (from Section A. line 8. Column A)	1			

instructions).

2

3

4

5

6

EEA

5

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			

EEA

8 Breakdown of line 7:
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3j

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization
TELL EVERY AMAZING LADY ABOUT OVARI

Employer identification number

26-4417161

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of New York 450 W 33rd St 4th Flr New York, NY 10001	\$149,215 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	Morgan Stanley MAry Haas Foundation PO Box 43247 Jacksonville, FL 32231	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	La Rena Management Corp 1859 East 35th St Brooklyn, NY 11234	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Myriad Genetics 320 Wakara Way Salt Lake City, UT 84108	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	The QBE Foundation 88 Pine ST New York, NY 10005	\$9,470	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 41,885 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Pai	t III Organizations Maintaining Col	lections of A	rt, Histo	rical Tre	easures, d	or Othe	er Similar As	sets (cor	ntinue	ed)
3	Using the organization's acquisition, accession, and	other records, cl	neck any of	the follow	ing that are a	a significa	ant use of its			
	collection items (check all that apply):									
а	Public exhibition	d Loa	n or exchar	nge progra	ıms					
b	Scholarly research	e 🗌 Oth	er							
С	Preservation for future generations									
4	Provide a description of the organization's collection	ns and explain ho	w they furtl	her the org	anization's e	exempt pu	urpose in Part			
	XIII.									
5	During the year, did the organization solicit or receive	ve donations of a	rt, historical	treasures	or other sim	nilar				
	assets to be sold to raise funds rather than to be m	aintained as part	of the orga	nization's	collection?			🗌 Y	es [No
Pai	t IV Escrow and Custodial Arranger	ments.								
	Complete if the organization answ	vered "Yes" o	n Form 9	90, Part	IV, line 9,	, or rep	orted an amo	unt on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or of	ther intermediary	for contribu	itions or ot	her assets n	ot			_	
	•							📙 Ү	es [No
b	If "Yes," explain the arrangement in Part XIII and co	emplete the follow	ring table:							
							Aı	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance									
2 a	Did the organization include an amount on Form 99	0, Part X, line 21,	for escrow	or custodi	al account li	ability?		🗌 Y	'es	No
b_	If "Yes," explain the arrangement in Part XIII. Check	k here if the expla	nation has	been prov	ided on Part	XIII .			<u> [</u>	
Pai	t V Endowment Funds.									
	Complete if the organization answ	vered "Yes" o	n Form 9	90, Part	IV, line 10	0.				
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Four	r years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	ar end balance (li	ne 1g, colur	mn (a)) hel	d as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should equ	al 100%.								
3a	Are there endowment funds not in the possession of	of the organizatio	n that are h	eld and ad	ministered fo	or the				
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	listed as required	on Schedu	ıle R?				. 3b		
4	Describe in Part XIII the intended uses of the organ		nent funds.							
Pai	t VI Land, Buildings, and Equipmen		_							
	Complete if the organization answ	/ered "Yes" o	n ⊦orm 9			1a. See	e ⊢orm 990, F	art X, line	<u> </u>	
	Description of property	(a) Cost or oth			other basis	١,,	Accumulated	(d) Boo	k value	
		(investme	ent)	(0	ther)	de	epreciation			
1a	Land	•								
b	Buildings	•								
С	Leasehold improvements				7,685		6,257		1,4	428
d	Equipment	•								

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

25,362

13,947

11,415

12,843

e OtherSTMD1E..

		ING LADY ABOUT OVAR	RI 26-4417161	Page
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, li	ine 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial d	lerivatives			
(2) Closely-hel	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, li	ine 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) I	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, li	ine 15.
	(a) D	escription	(b) Boo	ok value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)		
Part X		d "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Pa	art X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(0)				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6)				

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	652,163
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	652,163
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4-	
C	Add lines 4a and 4b	4c	CEO 163
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 or Potur	652,163
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei Ketui	11.
1	Total expenses and losses per audited financial statements	1	635,070
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	633,070
a	Donated services and use of facilities		
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	635,070
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		033,070
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	635,070
	rt XIII Supplemental Information.		0337070
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	rt X line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
_,	······································		

EEA Schedule D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 01. Officer, directors, etc. family relationship (Part VI, line 2) WHILE NONE OF THE OFFICERS OF THE BOARD ARE DIRECTLY RELATED, THE CEO IS RELATED TO VARIOUS ADVISORY BOARD MEMBERS WHO DO NOT VOTE. TEAL WAS STARTED BY A FAMILY IN RESPONSE TO THEIR LATE PRESIDENT'S DIAGNOSIS WITH OVARIAN CANCER. THE CEO IS THE SISTER OF THE LATE PRESIDENT AND THE CEO'S BROTHER-IN-LAW AND PARENTS ARE ADVISORY BOARD MEMBERS WITHOUT VOTING POWERS 02. Form 990 governing body review (Part VI, line 11) A COPY OF THE 990 WAS PROVIDED TO ALL OFFICERS PRIOR TO MAILING TO IRS 03. Conflict of interest policy compliance (Part VI, line 12c) ALL OFFICERS ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST AT THE MOMENT THE POTENTIAL FOR CONFLICT BECOMES KNOWN. EVERY EFFORT IS MADE TO OBTAIN MULTIPLE BID FOR VENDORS AND OTHER SOURCES. 04. CEO, executive director, top management comp (Part VI, line 15a) ANY ADJUSTMENT TO THE CEO'S SALARY IS SUBJECT TO APPROVAL BY BOARD REVIEW 05. Other officer or key employee compensation (Part VI, line 15b ONLY PAMELA AMERY IS A COMPENSATED OFFICER AT \$ 66777.22 for TY 2018 06. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTS, INCLUDING POLICIES AND FINANCIAL RECORDS, INCLUDING 990, ARE AVAILABLE ON GUIDESTAR AND ON THE ORGANIZATIONS WEBSITE. FORM 1023 IS AVAILABLE ON REQUEST.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 07. List of other expenses (Part IX, line 24e) SEE STATEMENT 08. Balance Sheet (Part X) A ROUNDING ADJUSTMENT OF \$1 IS MADE TO ACCOUNT FOR THE DIFFERENCE BETWEEN THE SOFTWARES DEPRECIATION AND THAT OF THE BOOKKEEPING

SCHEDULE I (Form 990)

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

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

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TELL EVERY AMAZING LADY ABOUT OVARI 26-4417161 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (b) EIN (h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1)OVARIAN CANCER RESEARCH FUN 14 PENNSYLVANIA PLAZA MEDICAL NEW YORK, NY 10122 13-3806788 501 C 3 5,000 RESEARCH (2)Ovarian Cancer Institute 960 Johnson Ferry Rd Ste 130 Medical Atlanta, GA 30342 58-2445245 501c3 25,000 Research (3) Survey Research Institute 391 Pine St Rm 117 MEDICAL Ithaca, NY 14850 15-0532082 501 C 3 9,350 RESEARCH (4)SHARE Survivor 1501 BROADWAY EDUCATION NEW YORK, NY 10036 13-3131914 501 C 3 2,500 PROGRAMS (5) (6) (7) (8) (9) (10)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

FORM 990 PART VIII Line 1F OTHER CONTRIBUTIONS FORM 990, Part VIII, Line 10b Cost of Good	<u>Amount</u> \$ 122,759								
escription UBLIC CONTRIBUTIONS Total	<u>Amount</u> \$ 122,759								
	ds Sold								
escription	Amount								
Cost of Merchandise Sold Total	\$ 3,285 \$ 3,285								
Form 990, Part IX, Line 1 Grants									
Description	Amount								
Research Grants	\$ 39,385								
Survition Crant									
Total FORM 990, PART IX, LINE 24F - OTHER EXPENSES FO									
	1: \$ 41,885 OR TEAL WALK Amount \$ 4,695								
Total FORM 990, PART IX, LINE 24F - OTHER EXPENSES FOR Description Equipment Rental	1: \$ 41,885 OR TEAL WALK Amount \$ 4,695 1: \$ 4,695 S GENERAL Amount \$ 33 50								

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General For your records only

2018

PAGE 1

Name(s) as shown on return

Social security number/EIN

7	ELL EVERY AMAZING LADY	ABOUT OV	ARI	T	,		ı					26	26-4417161		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	SOFTWARE	01012012	2,500		100.00			2,500	3	AMT-	0	2,500		2,500	
2	SOFTWARE	05012014	7,261		100.00			7,261	3	AMT-	0	7,261		7,261	
3	Leasehold Improvement	05012015	4,185		100.00			4,185	4	AMT-AMT	25	3,138	1,046	4,184	1,046
4	Software	01022017	4,405		100.00			4,405	3	AMT-AMT	33.3333	1,468	1,468	2,936	1,468
5	Leasehold Improvement	01022017	3,500		100.00			3,500	4	AMT-AMT	25	875	875	1,750	875
6	Intangible Assets	04122018	8,900		100.00			8,900	3	AMT-AMT	25		2,225	2,225	2,225
	Totals		30,751					30,751				15,242	5,614	20,856	5,614

5,614

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

26-4417161

Department of the Treasury Internal Revenue Service Name of the organization

Part I

TELL EVERY AMAZING LADY ABOUT OVARI

Types of Property

Collectibles

Food inventory

Drugs and medical supplies . . .

Taxidermy

Historical artifacts

Scientific specimens

Archeological artifacts

Other ►(Donated Service)

► Attach to Form 990.

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

(c)

67,592

(d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed applicable noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 75,995 FMV on Date recd 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded. . . . Securities - Closely held stock . . 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17

27 Other ►(Other ►(28 Number of Forms 8283 received by the organization during the tax year for contributions for

which the organization completed Form 8283, Part IV, Donee Acknowledgement

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any nonstandard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

FMV on Date recd

18

19

20

21

22

23

24

25

26

Other ►(

Federal Supporting Statements	2018 PG01
Name(s) as shown on return	Tax ID Number
TELL EVERY AMAZING LADY ABOUT OVARI	26-4417161

Form 990, Part VI, Section C, line 17 Statement #017

States where a copy of this Form 990 is required to be filed:

> California Connecticut Georgia North Carolina New Jersey New York Ohio Pennsylvania South Carolina

FOR YOUR RECORDS ONLY

PG01

Form 990 - Schedule D - Part VI - Line 1e Statement #Dle Investments - Other

Description of Investment software	Cost/basis (Investment)	Cost/basis (Other) 25,362	Depr 13,947	Book Value 11,415
Total	0	25,362	13,947	11,415