

Return of Organization Exempt From Income Tax

Form 990

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

2023

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

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: X Address change; C Name of organization: THE OVARIAN CANCER RESEARCH FUND, INC.; D Employer identification number: 13-3806788; E Telephone number: 212-268-1002; G Gross receipts \$: 37,798,701.; H(a) Is this a group return for subordinates? Yes X No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.OCRAHOPE.ORG; K Form of organization: X Corporation; L Year of formation: 1994; M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission Statement; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer AUDRA L. MORAN, PRESIDENT & CEO; Date; Paid: Preparer's name PETER METZ, Preparer's signature, Date, Check if self-employed, PTIN P01491688; Preparer Use Only: Firm's name WEAVER AND TIDWELL, LLP, Firm's EIN 75-0786316, Firm's address 1 PENN PLAZA, SUITE 3200 NEW YORK, NY 10119, Phone no. 212-486-5500

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OVARIAN CANCER RESEARCH ALLIANCE (OCRA) IS COMMITTED TO PREVENTING, DEVELOPING BETTER TREATMENTS FOR AND ULTIMATELY CURING OVARIAN AND RELATED GYNECOLOGIC CANCERS THROUGH INNOVATIVE RESEARCH, RAISING AWARENESS AND ENSURING THE BEST CARE POSSIBLE THROUGH ADVOCACY AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 8,675,579. including grants of \$ 8,117,910. ) (Revenue \$ ) OVARIAN CANCER RESEARCH ALLIANCE WAS FOUNDED IN 1994 (AS THE OVARIAN CANCER RESEARCH FUND, INC.) AND IS A FULL-SPECTRUM ORGANIZATION FUNDING MEDICAL RESEARCH, ADVOCATING ON BEHALF OF PATIENTS AND PROVIDING SUPPORT AND RESOURCES TO PATIENTS AND THEIR FAMILIES.

OVARIAN CANCER IS THE DEADLIEST OF ALL GYNECOLOGIC CANCERS AND RANKS FIFTH AS THE CAUSE OF CANCER DEATH IN WOMEN. EACH YEAR THERE WILL BE OVER 19,000 NEW CASES OF OVARIAN CANCER IN THE UNITED STATES, AND APPROXIMATELY 14,000 WOMEN WILL DIE OF THE DISEASE. THE ACCOMPLISHMENTS OF OCRA'S PROGRAMS REFLECT OUR COMMITMENT TO THE OVARIAN AND GYNECOLOGIC CANCER COMMUNITIES.

4b (Code: ) (Expenses \$ 586,412. including grants of \$ ) (Revenue \$ 438,937. ) EACH YEAR, OCRA BRINGS TOGETHER OVARIAN CANCER PATIENTS, SURVIVORS AND CAREGIVERS AT THE OVARIAN CANCER NATIONAL CONFERENCE, A THREE DAY-LONG EVENT FILLED WITH INFORMATIONAL SESSIONS FEATURING EXPERT SPEAKERS, FUN AND COMMUNITY. MORE THAN 605 PEOPLE FROM ALL AROUND THE WORLD COME TOGETHER VIRTUALLY FOR THIS EVENT. THE SPIRIT OF UNITY AND HOPE IS ALWAYS STRONG AND ATTENDEES CAN LEARN MORE ABOUT THEIR DIAGNOSIS, TREATMENT, AND SURVIVORSHIP. SESSIONS FEATURE TOP OVARIAN CANCER EXPERTS WHO GENEROUSLY GIVE OF THEIR TIME, PRESENTING THE LATEST IN TREATMENTS, RESEARCH, MANAGING RECURRENCE, GENETICS, NUTRITION, CARETAKER AND SUPPORTER CARE, SUPPORT FOR YOUNG WOMEN, ADVOCACY, AND SO MUCH MORE.

4c (Code: ) (Expenses \$ 1,854,450. including grants of \$ ) (Revenue \$ ) BEYOND OUR CONFERENCE, OCRA HAS ADDITIONAL PATIENT EDUCATION AND SUPPORT PROGRAMS AND ENGAGES IN ADVOCACY ON BEHALF OF WOMEN WITH GYNECOLOGIC CANCERS. OUR WEBSITE IS A COMPREHENSIVE SOURCE OF EDUCATIONAL INFORMATION, AND THROUGHOUT THE COURSE OF THE YEAR WE HOLD A SERIES OF FREE, EDUCATIONAL WEBINARS ON A RANGE OF TOPICS RELATED TO THE LATEST RESEARCH, TREATMENT, AND SURVIVORSHIP.

OCRA'S PATIENT-SUPPORT LINE IS STAFFED BY OUR SOCIAL WORK TEAM DURING BUSINESS HOURS MONDAY THROUGH FRIDAY AND IS AVAILABLE TO ANYONE SEEKING INFORMATION, SUPPORT, PATIENT NAVIGATION, OR RESOURCE REFERRALS (MEDICAL ADVICE IS NOT PROVIDED).

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,116,441.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
AUDRA MORAN - 212-268-1002
45 ROCKEFELLER PLAZA, 20TH FLOOR, NEW YORK, NY 10111-3193

**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) JOHN ORRICO<br>CHAIR                   | 3.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (2) MATTHEW NEAL MILLER<br>VICE PRESIDENT  | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (3) MARK TESSAR<br>TREASURER               | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) ROBIN S. COHEN<br>SECRETARY            | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) JEANNETTE CHANG<br>DIRECTOR            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (6) DR. CARMEL J. COHEN<br>DIRECTOR        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) MEI-LI DA SILVA VINT, ESQ.<br>DIRECTOR | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) ANDREW FEUERSTEIN<br>DIRECTOR          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) CAROL J. HAMILTON<br>DIRECTOR          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) JOHN W. HANSBURY, ESQ.<br>DIRECTOR    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) CAROLINE HIRSCH<br>DIRECTOR           | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) VERONICA JORDAN<br>DIRECTOR           | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) THOMAS C. LIEBMAN<br>DIRECTOR         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) DANA L. MARK, ESQ.<br>DIRECTOR        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) YLAIN G. MAYER<br>DIRECTOR            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) CHRIS NEWCOMB<br>DIRECTOR             | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) LISA SCHREIBER<br>DIRECTOR            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |   |  |   |
| (18) ELLE SIMONE SCOTT<br>DIRECTOR                             | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (19) CHRISTOPHER TILBERIS<br>DIRECTOR                          | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (20) AUDRA L. MORAN<br>PRESIDENT & CEO                         | 40.00   |   |                       | X       |              |                              | 312,816.   | 0.  | 32,894.  |   |
| (21) BIBI ALI<br>CHIEF FINANCIAL OFFICER                       | 40.00   |   |                       | X       |              |                              | 202,842.   | 0.  | 27,511.  |   |
| (22) JONATHAN ZEIDMAN<br>CHIEF DEVELOPMENT OFFICER             | 40.00   |   |                       |         | X            |                              | 204,750.   | 0.  | 28,594.  |   |
| (23) SARAH DEFEO<br>CHIEF PROGRAM OFFICER                      | 40.00   |   |                       |         | X            |                              | 183,750.   | 0.  | 36,476.  |   |
| (24) TRACY MOORE<br>VP - SUPPORT & EDUCATION                   | 40.00   |   |                       |         | X            |                              | 152,500.   | 0.  | 25,979.  |   |
| (25) NICOLE WARGO<br>VP - PHILANTHROPIC PARTNER                | 40.00   |   |                       |         | X            |                              | 128,823.   | 0.  | 25,316.  |   |
| (26) CHAD RAMSEY<br>VP - POLICY                                | 40.00   |   |                       |         | X            |                              | 119,107.   | 0.  | 24,535.  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 1,304,588. | 0.  | 201,305.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 1,304,588. | 0.  | 201,305.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 0



**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 exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events .....   | <b>1c</b>            | 1,160,499.     |                                    |                            |  |  |
|  | <b>d</b>  | Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|  | <b>e</b>  | Government grants (contributions) .....  | <b>1e</b>            |                |                                    |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 10,395,812.    |                                    |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 2,797,584.  |                                    |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f .....  |                      | 11,556,311.    |                                    |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>  | CONFERENCE   | <b>Business Code</b> |                |                                    |                            |  |  |
|  |   |  | 900099               | 438,937.       | 438,937.                           |                            |  |  |
|  | <b>b</b>  |  |                      |                |                                    |                            |  |  |
|  | <b>c</b>  |  |                      |                |                                    |                            |  |  |
|  | <b>d</b>  |  |                      |                |                                    |                            |  |  |
|  | <b>e</b>  |  |                      |                |                                    |                            |  |  |
|  | <b>f</b>  | All other program service revenue .....  |                      |                |                                    |                            |  |  |
| <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....   |  | 438,937.             |                |                                    |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) ..... |                      | 1,095,100.     |                                    |                            | 1,095,100.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|  | <b>5</b>  | Royalties .....  |                      |                |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|  |   |  |                      | (ii) Personal  |                                    |                            |  |  |
|  |   |  |                      |                |                                    |                            |  |  |
|  | <b>b</b>  | Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|  | <b>c</b>  | Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory .....                       | <b>7a</b>            | (i) Securities |                                    |                            |  |  |
|  |   |  |                      | (ii) Other     |                                    |                            |  |  |
|  |   |  |                      |                | 24,562,455.                        |                            |  |  |
|  | <b>b</b>  | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 24,210,288.    |                                    |                            |  |  |
|  | <b>c</b>  | Gain or (loss) .....   | <b>7c</b>            | 352,167.       |                                    |                            |  |  |
|  | <b>d</b>  | Net gain or (loss) .....   |                      | 352,167.       |                                    |                            | 352,167.   |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 1,160,499. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                      | 145,898.       |                                    |                            |  |  |
|  |   |  |                      | 145,898.       |                                    |                            |  |  |
|  |   |  |                      |                |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....   | <b>8b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....  |  | 0.                   |                |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>  |                      |                |                                    |                            |  |  |
|  |   |  |                      |                |                                    |                            |  |  |
|  |   |  |                      |                |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....   | <b>9b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....   |  |                      |                |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....   | <b>10a</b>   |                      |                |                                    |                            |  |  |
|  |   |  |                      |                |                                    |                            |  |  |
|  |   |  |                      |                |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....  | <b>10b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....  |  |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>   |  | <b>Business Code</b> |                |                                    |                            |  |  |
|  | <b>b</b>  |  |                      |                |                                    |                            |  |  |
|  | <b>c</b>  |  |                      |                |                                    |                            |  |  |
|  | <b>d</b>  | All other revenue .....  |                      |                |                                    |                            |  |  |
|  | <b>e</b>  | <b>Total.</b> Add lines 11a-11d .....  |                      |                |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....  |  |                      | 13,442,515.    | 438,937.                           | 0.                         | 1,447,267.   |  |

**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 7,397,910.            | 7,397,910.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  | 720,000.              | 720,000.                        |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 576,063.              | 247,748.                        | 241,887.                               | 86,428.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 1,887,757.            | 983,575.                        | 246,307.                               | 657,875.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 57,486.               | 30,017.                         | 6,823.                                 | 20,646.                     |
| <b>9</b> Other employee benefits .....   | 358,801.              | 185,282.                        | 56,396.                                | 117,123.                    |
| <b>10</b> Payroll taxes .....  | 184,609.              | 92,726.                         | 35,344.                                | 56,539.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   | 40,512.               |                                 | 40,512.                                |                             |
| <b>c</b> Accounting .....  | 83,213.               |                                 | 83,213.                                |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  | 78,481.               |                                 | 78,481.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 637,844.              | 423,783.                        | 214,061.                               |                             |
| <b>12</b> Advertising and promotion .....  | 103,007.              | 51,503.                         | 19,572.                                | 31,932.                     |
| <b>13</b> Office expenses .....  | 303,836.              | 79,546.                         | 41,034.                                | 183,256.                    |
| <b>14</b> Information technology .....   | 277,972.              | 139,621.                        | 53,218.                                | 85,133.                     |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 156,400.              | 78,558.                         | 29,942.                                | 47,900.                     |
| <b>17</b> Travel .....   | 56,824.               | 46,336.                         | 10,488.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 287,193.              | 287,193.                        |  |                             |
| <b>20</b> Interest .....   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  |                       |                                 |  |                             |
| <b>23</b> Insurance .....  | 18,366.               | 9,225.                          | 3,516.                                 | 5,625.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> GENETIC TESTING   | 285,602.              | 285,602.                        |  |                             |
| <b>b</b> MISCELLANEOUS   | 103,750.              | 52,112.                         | 19,863.                                | 31,775.                     |
| <b>c</b> CREDIT CARD CHARGES   | 87,992.               |                                 |  | 87,992.                     |
| <b>d</b> BANK FEES   | 19,480.               |                                 | 19,480.                                |                             |
| <b>e</b> All other expenses  | 29,662.               | 5,704.                          | 20,480.                                | 3,478.                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 13,752,760.           | 11,116,441.                     | 1,220,617.                             | 1,415,702.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>    |                    |
|   | <b>2</b> Savings and temporary cash investments .....  | 7,221,319.               | <b>2</b>    | 3,782,283.         |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net .....  | 6,857,210.               | <b>4</b>    | 669,631.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 72,866.                  | <b>9</b>    | 112,347.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 223,290.      |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 220,915.      | 14,449.     | <b>10c</b> 2,375.  |
|   | <b>11</b> Investments - publicly traded securities .....   | 22,022,779.              | <b>11</b>   | 34,459,485.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,470,465.               | <b>15</b>   | 177,236.           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 37,659,088.  | <b>16</b>                | 39,203,357. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 196,109.                 | <b>17</b>   | 247,245.           |
|   | <b>18</b> Grants payable .....   | 13,020,131.              | <b>18</b>   | 14,388,180.        |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> 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 .....  | 1,612,582.               | <b>25</b>   | 84,868.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 14,828,822.              | <b>26</b>   | 14,720,293.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 20,616,851.              | <b>27</b>   | 13,689,736.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 2,213,415.               | <b>28</b>   | 10,793,328.        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 22,830,266.              | <b>32</b>   | 24,483,064.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 37,659,088.              | <b>33</b>   | 39,203,357.        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 13,442,515. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 13,752,760. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -310,245.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 22,830,266. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,963,043.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 24,483,064. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____   |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form **990** (2023)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019   | (b) 2020   | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total   |
|---|------------|------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 7,042,129. | 6,224,819. | 11,263,534. | 15,386,443. | 11,556,311. | 51,473,236. |
| <b>2</b> 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 | 1,600,050. | 508,436.   | 395,086.    | 496,688.    | 584,835.    | 3,585,095.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |            |            |             |             |             |             |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |            |            |             |             |             |             |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |            |            |             |             |             |             |
| <b>6 Total.</b> Add lines 1 through 5   | 8,642,179. | 6,733,255. | 11,658,620. | 15,883,131. | 12,141,146. | 55,058,331. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 1,034,275. | 987,693.   | 1,498,020.  | 876,315.    | 578,139.    | 4,974,442.  |
| <b>b</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           | 703,824.   | 462,162.   | 2,628,087.  | 6,915,041.  | 4,139,569.  | 14,848,683. |
| <b>c</b> Add lines 7a and 7b  | 1,738,099. | 1,449,855. | 4,126,107.  | 7,791,356.  | 4,717,708.  | 19,823,125. |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |            |            |             |             |             | 35,235,206. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019   | (b) 2020   | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total   |
|--|------------|------------|-------------|-------------|-------------|-------------|
| <b>9</b> Amounts from line 6   | 8,642,179. | 6,733,255. | 11,658,620. | 15,883,131. | 12,141,146. | 55,058,331. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 674,622.   | 611,749.   | 542,131.    | 710,226.    | 1,095,100.  | 3,633,828.  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |            |            |             |             |             |             |
| <b>c</b> Add lines 10a and 10b   | 674,622.   | 611,749.   | 542,131.    | 710,226.    | 1,095,100.  | 3,633,828.  |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |            |            |             |             |             |             |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |            |            |             |             |             |             |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 9,316,801. | 7,345,004. | 12,200,751. | 16,593,357. | 13,236,246. | 58,692,159. |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 60.03 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15                       | <b>16</b> | 64.18 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | 6.19 % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17                         | <b>18</b> | 5.63 % |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |  |   |
| a   | From 2018   |  |   |
| b   | From 2019   |  |   |
| c   | From 2020   |  |   |
| d   | From 2021   |  |   |
| e   | From 2022   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2023 distributable amount  |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2023 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

Schedule A (Form 990) 2023



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

THE OVARIAN CANCER RESEARCH FUND, INC.

Employer identification number

13-3806788

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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><p style="text-align: center;">THE OVARIAN CANCER RESEARCH FUND, INC.</p> | Employer identification number<br><p style="text-align: center;">13-3806788</p> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

Schedule C (Form 990) 2023

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                     |                               |  |  |  |  |   |   |                    |              |  |  |
|--|--|--|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   | 0.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   | 13,752,760.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   | 13,752,760.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 837,638.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is:                       | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| not over \$500,000,  | 20% of the amount on line 1e.                      |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$500,000 but not over \$1,000,000,   | \$100,000 plus 15% of the excess over \$500,000.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,000,000 but not over \$1,500,000,   | \$175,000 plus 10% of the excess over \$1,000,000. |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,500,000 but not over \$17,000,000,  | \$225,000 plus 5% of the excess over \$1,500,000.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$17,000,000,   | \$1,000,000.                                       |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   | 209,410.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                               |  |  |  |  |   |   |                    |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 567,882. | 704,647. | 723,133. | 837,638. | 2,833,300. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 4,249,950. |
| <b>c</b> Total lobbying expenditures                                | 973.     |          |          |          | 973.       |
| <b>d</b> Grassroots nontaxable amount                               | 141,971. | 176,162. | 180,783. | 209,410. | 708,326.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 1,062,489. |
| <b>f</b> Grassroots lobbying expenditures                           | 973.     |          |          |          | 973.       |

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization THE OVARIAN CANCER RESEARCH FUND, INC. Employer identification number 13-3806788

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | 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 Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      |                                 |                              |                |
| e Other   |                                      | 223,290.                        | 220,915.                     | 2,375.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 2,375.         |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OPERATING LEASE OBLIGATION  | 84,868.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 84,868.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information

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

PART X, LINE 2:

OCRA APPLIES THE PROVISIONS PERTAINING TO UNCERTAIN TAX POSITIONS OF FASB

ASC TOPIC 740, INCOME TAXES, AND HAS DETERMINED THAT THERE ARE NO MATERIAL

UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS. OCRA IS SUBJECT TO ROUTINE AUDITS BY TAXING

JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS

IN PROGRESS. OCRA BELEIVES IT IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS FOR TAX PERIODS PRIOR TO 2020.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region    | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | NORTH AMERICA | RESEARCH GRANT       | 450,000.                 |                                 | 0.                               |                                       |   |
|                               |  | NORTH AMERICA | RESEARCH GRANT       | 270,000.                 |                                 | 0.                               |                                       |   |
|                               |  |               |                      |                          |                                 |                                  |                                       |   |
|                               |  |               |                      |                          |                                 |                                  |                                       |   |
|                               |  |               |                      |                          |                                 |                                  |                                       |   |
|                               |  |               |                      |                          |                                 |                                  |                                       |   |
|                               |  |               |                      |                          |                                 |                                  |                                       |   |
|                               |  |               |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

3 Enter total number of other organizations or entities .....



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

YEARLY FINANCIAL AND NARRATIVE PROGRESS REPORTS ARE REQUIRED

Multiple horizontal lines for supplemental information input.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events    | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|--|---|--------------|---------------------|---|
|                 |  | OVARIAN CYCLE<br>(event type)                               | (event type) | 2<br>(total number) |   |
| Revenue         | 1  | Gross receipts  | 178,798.     | 1,127,599.          | 1,306,397.  |
|                 | 2  | Less: Contributions   | 159,380.     | 1,001,119.          | 1,160,499.  |
|                 | 3  | Gross income (line 1 minus line 2)                          | 19,418.      | 126,480.            | 145,898.  |
| Direct Expenses | 4  | Cash prizes   |              |                     |   |
|                 | 5  | Noncash prizes  |              |                     |   |
|                 | 6  | Rent/facility costs   |              |                     |   |
|                 | 7  | Food and beverages  |              |                     |   |
|                 | 8  | Entertainment   |              |                     |   |
|                 | 9  | Other direct expenses                                       |              |                     |   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                     |   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              |                     | 145,898.  |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **THE OVARIAN CANCER RESEARCH FUND, INC.** Employer identification number **13-3806788**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 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.

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| MD ANDERSON CANCER CENTER<br>PO BOX 301429<br>HOUSTON, TX 77230   | 74-6001118     | 501(C)(3)                              | 1,350,000.                      | 0.                                      |  |  | RESEARCH GRANT                            |
| DANA-FARBER CANCER INSTITUTE, INC.<br>450 BROOKLINE AVENUE<br>BOSTON, MA 02215                              | 04-2263040     | 501(C)(3)                              | 75,000.                         | 0.                                      |  |  | RESEARCH GRANT                            |
| CEDARS-SINAI MEDICAL CENTER<br>8700 BEVERLY BOULEVARD, 65-WIL, SUI<br>LOS ANGELES, CA 90095                 | 95-1644600     | 501(C)(3)                              | 74,954.                         | 0.                                      |  |  | RESEARCH GRANT                            |
| UNIVERSITY OF COLORADO, DENVER<br>13001 E. 17TH PLACE, RM W1124<br>AURORA, CO 80045                         | 84-6000555     | 501(C)(3)                              | 426,870.                        | 0.                                      |  |  | RESEARCH GRANT                            |
| UNIVERSITY OF PENNSYLVANIA<br>3451 WALNUT STREET FRANKLIN<br>BUILDING 5TH FLOOR - PHILADELPHIA,<br>PA 19104 | 23-1352685     | 501(C)(3)                              | 650,000.                        | 0.                                      |  |  | RESEARCH GRANT                            |
| THE MEDICAL COLLEGE OF WISCONSIN<br>8701 W WATERTOWN PLANK RD<br>MILWAUKEE, WI 53226                        | 39-0806261     | 501(C)(3)                              | 75,000.                         | 0.                                      |  |  | RESEARCH GRANT                            |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **18.**
- 3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WASHINGTON UNIVERSITY IN ST. LOUIS<br>1 BROOKINGS DRIVE CAMPUS BOX 1054<br>SAINT LOUIS, MO 63130                   | 43-0653611 | 501(C)(3)                     | 75,000.                  | 0.                               |   |  | RESEARCH GRANT                     |
| COLUMBIA UNIVERSITY IN THE CITY OF<br>NEW YORK - WEST 168TH STREET - NEW<br>YORK, NY 10032                         | 13-5598093 | 501(C)(3)                     | 900,000.                 | 0.                               |   |  | RESEARCH GRANT                     |
| UNIVERSITY OF OKLAHOMA HEALTH<br>SCIENCES CENTER - 865 RESEARCH<br>PARKWAY, SUITE 530 - OKLAHOMA<br>CITY, OK 73104 | 73-1563627 | 501(C)(3)                     | 888,314.                 | 0.                               |   |  | RESEARCH GRANT                     |
| GLOBAL COALITION FOR ADAPTIVE<br>RESEARCH - 700 LARKSPUR LANDING<br>CIRCLE 199 - LARKSPUR, CA 94939                | 82-1199380 | 501(C)(3)                     | 500,000.                 | 0.                               |   |  | RESEARCH GRANT                     |
| NATIONAL FOUNDATION FOR CANCER<br>RESEARCH - 5515 SECURITY LANE,<br>SUITE 1105 - ROCKVILLE, MD 20852               | 04-2531031 | 501(C)(3)                     | 500,000.                 | 0.                               |   |  | RESEARCH GRANT                     |
| WOMEN & INFANTS HOSPITAL OF RHODE<br>ISLAND - 101 DUDLEY STREET -<br>PROVIDENCE, RI 02905                          | 05-0258937 | 501(C)(3)                     | 450,000.                 | 0.                               |   |  | RESEARCH GRANT                     |
| OHIO STATE UNIVERSITY<br>1960 KENNY ROAD<br>COLUMBUS, OH 43210   | 31-6025986 | 501(C)(3)                     | 1,333,314.               | 0.                               |   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CHICAGO<br>6054 S. DREXEL AVENUE - SUITE 300<br>CHICAGO, IL 60637                                    | 36-2177139 | 501(C)(3)                     | 450,000.                 | 0.                               |   |  | RESEARCH GRANT                     |
| JOHNS HOPKINS UNIVERSITY SCHOOL OF<br>MEDICINE - SOM733 NORTH BROADWAY,<br>SUITE 117 - BALTIMORE, MD 21205         | 52-0595110 | 501(C)(3)                     | 450,000.                 | 0.                               |   |  | RESEARCH GRANT                     |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WEST MICHIGAN CANCER CENTER<br>200 N PARK STREET<br>KALAMAZOO, MI 49007                             | 38-3061574 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143  | 94-6036493 | 501(C)(3)                     | 199,638.                 | 0.                               |   |  | RESEARCH GRANT                     |
| UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, SUITE 700 - LOS ANGELES, CA 90095 | 95-6006143 | 501(C)(3)                     | 75,000.                  | 0.                               |   |  | RESEARCH GRANT                     |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

YEARLY FINANCIAL AND NARRATIVE PROGRESS REPORTS ARE REQUIRED

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE OVARIAN CANCER RESEARCH FUND, INC.

Employer identification number

13-3806788

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
|           |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
|           |     |    |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
|           |     |    |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
|           |     |    |
| <b>7</b>  |     | X  |
|           |     |    |
| <b>8</b>  |     | X  |
|           |     |    |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                                |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) AUDRA L. MORAN<br>PRESIDENT & CEO             | (i)  | 312,816.   | 0.                                  | 0.                                  | 12,862.  | 20,032.                 | 345,710.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) BIBI ALI<br>CHIEF FINANCIAL OFFICER           | (i)  | 202,842.   | 0.                                  | 0.                                  | 7,566.   | 19,945.                 | 230,353.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JONATHAN ZEIDMAN<br>CHIEF DEVELOPMENT OFFICER | (i)  | 204,750.   | 0.                                  | 0.                                  | 0.   | 28,594.                 | 233,344.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) SARAH DEFEO<br>CHIEF PROGRAM OFFICER          | (i)  | 183,750.   | 0.                                  | 0.                                  | 7,350.   | 29,126.                 | 220,226.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) TRACY MOORE<br>VP - SUPPORT & EDUCATION       | (i)  | 152,500.   | 0.                                  | 0.                                  | 6,100.   | 19,879.                 | 178,479.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) NICOLE WARGO<br>VP - PHILANTHROPIC PARTNER    | (i)  | 128,823.   | 0.                                  | 0.                                  | 5,153.   | 20,163.                 | 154,139.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE OVARIAN CANCER RESEARCH FUND, INC.**  
Employer identification number: **13-3806788**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 17  | 2,794,584.   | FAIR MARKET VALUE   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

|   | 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS RECEIVED DURING THE YEAR

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE OVARIAN CANCER RESEARCH FUND, INC.

Employer identification number

13-3806788

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OVARIAN CANCER RESEARCH ALLIANCE IS COMMITTED TO PREVENTING, DEVELOPING  
BETTER TREATMENTS FOR AND ULTIMATELY CURING OVARIAN AND RELATED  
GYNECOLOGIC CANCERS THROUGH INNOVATIVE RESEARCH, RAISING AWARENESS AND  
ENSURING THE BEST CARE POSSIBLE THROUGH ADVOCACY AND SUPPORT FOR  
PATIENTS AND FAMILIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT FOR PATIENTS AND FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SINCE 1998, OCRA HAS AWARDED 418 GRANTS FOR OVARIAN AND RELATED CANCER  
RESEARCH TO PHYSICIANS AND SCIENTISTS AT 98 LEADING MEDICAL CENTERS,  
WHICH IS AN INVESTMENT TOTALING OVER \$122 MILLION. THANKS TO THE  
GENEROSITY OF OUR DONORS, OUR INVESTIGATORS ARE WORKING ON MANY FRONTS  
TO DEFEAT OVARIAN CANCER. BY DEVELOPING INNOVATIVE STRATEGIES FOR  
EARLY DETECTION AND EXPLORING THE GENETICS THAT INCREASE RISK FOR  
OVARIAN CANCER, WE HOPE TO SAVE WOMEN'S LIVES BY FINDING THE CANCER  
EARLY OR STOPPING IT BEFORE IT EVEN STARTS. RESEARCHERS ARE GAINING  
INSIGHTS INTO THE MANY TYPES OF OVARIAN AND RELATED CANCERS TO  
DETERMINE THE ORIGINS, WHICH MAY LEAD TO MORE EFFECTIVE TESTING AND  
EFFECTIVE IMMUNOTHERAPY TREATMENT OPTIONS. FURTHERMORE, THEY ARE  
IDENTIFYING NEW AND BETTER TREATMENTS TO IMPROVE OVERALL SURVIVAL,  
PREVENT DRUG RESISTANCE, MINIMIZE SIDE EFFECTS, PREVENTING RECURRENCE  
AND METASTASIS, AND ENHANCE PATIENTS' QUALITY OF LIFE. FINALLY, OCRA

LAUNCHED A NEW GRANT - HEALTH EQUITY RESEARCH GRANT AND AWARDED 3 IN

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|  |  |
|--|--|
| Name of the organization<br>THE OVARIAN CANCER RESEARCH FUND, INC. | Employer identification number<br>13-3806788 |
|--|--|

ITS FIRST YEAR. THESE GRANTS WILL FOCUS ON IMPROVING HEALTH EQUITY IN  
THE GYNECOLOGIC CANCER SPACE.

ACCOMPLISHMENTS ACHIEVED AS A RESULT OF OCRA GRANTS INCLUDE:

SHOWN THAT RUCAPARIB EXTENDS PROGRESSION FREE SURVIVAL IN OVARIAN  
CANCER; HELPED EXPLAIN RESISTANCE TO CHEMOTHERAPY; DISCOVERED THAT 18%  
OF OVARIAN CANCER CASES INVOLVE INHERITED MUTATIONS; EXPLORED THE ROLE  
OF ESTROGEN IN ANTI-TUMOR IMMUNITY; PINPOINTED TWO GENES THAT TRIGGER  
OVARIAN CANCER; IDENTIFIED A NEW THERAPEUTIC STRATEGY FOR CLEAR CELL  
OVARIAN CANCER; SHOWN HOW A PARP/IMMUNE THERAPY COMBO SHOWS PROMISE;  
DEMONSTRATED HOW GENE THERAPY MAY HELP PATIENTS WITH RECURRENT DISEASE;  
CONFIRMED GENERIC HEART MEDICATION CAN PROLONG SURVIVAL IN OVARIAN  
CANCER PATIENTS; SHED LIGHT ON HOW OVARIAN CANCER GROWS; DISCOVERED  
THAT ANALYZING DATA FROM PAP SMEARS COULD HELP DETECT ENDOMETRIAL AND  
OVARIAN CANCER; ESTABLISHED THERE IS NO LINK BETWEEN OBESITY AND RISK  
FOR THE MOST COMMON TYPE OF OVARIAN CANCER; SHOWN THAT FGFR4 IS A  
PROGNOSTIC MARKER AND THERAPEUTIC TARGET FOR OVARIAN CANCER; FOUND THAT  
A SUBSET OF IMMUNE CELLS PROMOTE TUMOR GROWTH; CLARIFIED WHICH CELL  
LINES ARE THE BEST FIT FOR USE IN OVARIAN CANCER RESEARCH; DEFINED  
SIMILARITIES BETWEEN SOME ENDOMETRIAL, BREAST AND OVARIAN CANCERS;  
EXPLAINED HOW AN EXPERIMENTAL DRUG MAY BE HELPFUL IN FIGHTING  
PLATINUM-RESISTANT OVARIAN CANCER; IDENTIFIED AREAS OF THE HUMAN GENOME  
THAT ARE LINKED TO INCREASED RISK FOR OVARIAN CANCER; EVALUATED NEW  
EXPERIMENTAL MODELS TO ADVANCE OVARIAN CANCER RESEARCH; REVEALED HOW  
COMBINING TARGETED AGENTS IS EFFECTIVE; IDENTIFIED BIOMARKERS THAT CAN  
BE USED TO MONITOR THE DEVELOPMENT OF PLATINUM RESISTANCE THERAPIES;  
STUDIED MACROPHAGES TO IMPROVE TREATMENT; IDENTIFIED NOVEL BIOMARKERS



|  |  |
|--|--|
| Name of the organization<br>THE OVARIAN CANCER RESEARCH FUND, INC. | Employer identification number<br>13-3806788 |
|--|--|

OF HGSOC AND SPECIFIC DRUG TARGETS; TARGETED MDM2 DEGRADATION AS A  
 NOVEL TREATMENT FOR OVARIAN CANCER; USED MACHINE LEARNING TO BRIDGE THE  
 GAP BETWEEN DISPARATE DATA SETS SPECIFICALLY IN PATIENTS WITH HGSOC;  
 DOSED THE FIRST PATIENTS IN THE CLINICAL TRIAL "IMMUNOTHERAPY PLATFORM  
 STUDY IN PLATINUM RESISTANT HIGH GRADE SEROUS OVARIAN CANCER (IPROC)"  
 (NCT04918186); FOUND KEY PROTEINS IN HGSOC CANCER CELLS WHICH RESULTED  
 IN COMBINED TREATMENT OPTIONS WHICH RESULTED IN SMALLER TUMORS AND  
 LONGER SURVIVAL; AND SHOWED HOW SURGICAL REMOVAL OF FALLOPIAN TUBES MAY  
 REDUCE OVARIAN CANCER RISK.

IN 2023 ALONE, OCRA RESEARCHERS: IDENTIFIED A MOLECULE THAT COULD BE A  
 KEY TO IMPROVING IMMUNE RESPONSE AGAINST OVARIAN CANCER; IDENTIFIED  
 RNA-BINDING PROTEIN GENES AS ANOTHER POTENTIAL SOURCE OF HEREDITARY  
 CANCERS, IN ADDITION TO MORE WELL-KNOWN GENES LIKE BRCA 1/2; SET OUT TO  
 UNDERSTAND HOW CANCER SPREADS AND HOW CANCER CELLS RELY ON/DEPLOY  
 ENERGY SOURCES LIKE SUGAR AND FAT TO SURVIVE TO FIND BETTER TREATMENTS;  
 HIGHLIGHTED THE NEED FOR INDIVIDUAL ASSESSMENT OF COMPLEX VARIANTS TO  
 CORRECTLY IDENTIFY INDIVIDUALS AT RISK; SOUGHT TO UNDERSTAND WHY  
 CERTAIN OVARIAN CANCER CELLS RESIST OLAPARIB TREATMENT, AND DISCOVERED  
 THAT INTRODUCING A SECOND DRUG (MIFEPRISTONE) WHILE TARGETING CERTAIN  
 CELLS (POLYPOID GIANT CANCER CELLS) MAY OFFER A SOLUTION; DISCOVERED A  
 NEW APPROACH TO IMMUNOTHERAPY THAT OVERCOMES SOME OF THE CHALLENGES OF  
 TREATING OVARIAN CANCER; IDENTIFIED A PREVIOUSLY UNKNOWN CHEMORESISTANT  
 PATHWAY IN HGSC WHICH LED TO WORKING ON A NEW THERAPY TO OVERCOME THIS;  
 PROVIDED AN OVERVIEW OF POTENTIAL THERAPEUTIC STRATEGIES THAT OBSTRUCT  
 PLATELETS' PROTUMOR EFFECTS BY REPROGRAMMING THE TUMOR  
 MICROENVIRONMENT; FOUND THAT MESOTHELIAL CELLS ARE IMPORTANT TO THE  
 INITIAL STAGES OF OVARIAN CANCER GROWTH IN THE ABDOMINAL CAVITY;

|  |  |
|--|--|
| Name of the organization<br>THE OVARIAN CANCER RESEARCH FUND, INC. | Employer identification number<br>13-3806788 |
|--|--|

PROVIDED A NEW THERAPEUTIC STRATEGY TO OVERCOME TME-MEDIATED RESISTANCE

TO PARPI ; SHED NEW LIGHT ON HOW THE MOST COMMON SUBTYPE OF OVARIAN

CANCER DEVELOPS AND METASTASIZES, BY IDENTIFYING A KEY MOLECULE THAT

ALLOWS MALIGNANCIES IN THE FALLOPIAN TUBE TO MIGRATE TO THE OVARIES AND

CONTINUE TO GROW; AND UNCOVERED SEVERAL MECHANISMS OF IMMUNE ESCAPE

THAT CAN HELP EXPLAIN WHY OVARIAN CANCERS HAVE BEEN RESISTANT TO

IMMUNOTHERAPY TO DATE.

EVERY DOLLAR DONATED BRINGS US CLOSER TO A CURE FOR THIS DEVASTATING

DISEASE. FOR MORE INFORMATION OR TO JOIN US IN OUR FIGHT, PLEASE VISIT

OCRA'S WEBSITE AT WWW.OCRAHOPE.ORG.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR WOMAN TO WOMAN PROGRAM IS A PEER-TO-PEER SUPPORT PROGRAM FOR WOMEN

WITH GYNECOLOGIC CANCER. OCRA OFFERS BOTH A NATIONAL WOMAN TO WOMAN

PROGRAM AND PROVIDES FINANCIAL SUPPORT TO HELP HOSPITALS AND OTHER

ORGANIZATIONS START LOCAL WOMAN TO WOMAN PROGRAMS, WHICH ARE NOW AT

MORE THAN 24 SITES ACROSS THE COUNTRY. OUR STAYING CONNECTED SUPPORT

SERIES, WHICH LAUNCHED IN 2020, NOW OFFERS FOUR WEEKLY WORKSHOPS AND

THREE MONTHLY WORKSHOPS WHICH ENABLES ALL IMPACTED BY OVARIAN OR

RELATED GYNECOLOGIC CANCERS A WAY TO LEARN, SHARE, AND CONNECT. OUR

ARTS PROGRAM, EXPRESS YOURSELF, OFFERS A COMBINATION OF THERAPEUTIC

ARTS, POETRY, AND COMMUNITY BUILDING ACTIVITIES. OCRA PARTNERS WITH

INSPIRE.COM TO OFFER AN ONLINE SUPPORT COMMUNITY THAT HAS OVER 80,000

MEMBERS WORLD-WIDE.

OCRA IS COMMITTED TO ENCOURAGING THE NEXT GENERATION OF HEALTHCARE

PROFESSIONALS TO FOCUS ON THE CRITICAL NEEDS OF THOSE DIAGNOSED WITH

|  |  |
|--|--|
| Name of the organization<br>THE OVARIAN CANCER RESEARCH FUND, INC. | Employer identification number<br>13-3806788 |
|--|--|

GYNECOLOGIC CANCER, WHETHER AT BENCH OR BEDSIDE.

THROUGH OCRA'S ONCOLOGY SOCIAL WORK FIELD PLACEMENT, WE ACCEPT TOP MASTER OF SOCIAL WORK CANDIDATES TO TRAIN WITH OUR LICENSED CLINICAL SOCIAL WORKERS TO ADDRESS THE SPECIFIC NEEDS OF OUR COMMUNITY.

OCRA'S SURVIVORS TEACHING STUDENTS (STS) PROGRAM TRAINS OVARIAN CANCER SURVIVORS AND CAREGIVERS TO CONDUCT PRESENTATIONS IN MEDICAL EDUCATION PROGRAMS TO EDUCATE FUTURE HEALTHCARE PROVIDERS ABOUT OVARIAN CANCER. SURVIVORS SHARE THEIR STORIES OF DIAGNOSIS, TREATMENT AND BEYOND, ALONG WITH FACTS ABOUT THE DISEASE. EACH YEAR, MORE THAN 1,000 SURVIVOR VOLUNTEERS DELIVERED PRESENTATIONS AT 405+ SCHOOLS IN 41 STATES (AS WELL AS UK, CANADA AND AUSTRALIA), AND REACH OVER 10,000 MEDICAL, NURSING, AND PHYSICIAN'S ASSISTANT STUDENTS. THESE PRESENTATIONS ENSURE THE NEXT GENERATION OF HEALTH CARE PROVIDERS UNDERSTAND BASIC FACTS ABOUT THE DISEASE, ARE AWARE OF RISK FACTORS, AND CAN IDENTIFY THE SIGNS AND SYMPTOMS OF OVARIAN CANCER, HELPING ENSURE A TIMELY DIAGNOSIS.

OVARIAN CANCER RESEARCH ALLIANCE IS A POWERFUL VOICE ON CAPITOL HILL, IN STATEHOUSES AROUND THE COUNTRY AND WITH FEDERAL AGENCIES FOR EVERYONE TOUCHED BY GYNECOLOGIC CANCER . EACH YEAR OCRA PLAYS A CRITICAL ROLE IN HELPING TO SECURE MORE THAN \$200 MILLION IN FEDERAL FUNDING FOR OVARIAN CANCER RESEARCH AND EDUCATION. IN ADDITION, OUR GROWING ADVOCATE LEADER PROGRAM TRAINS MEMBERS OF THE GYNECOLOGIC CANCER COMMUNITY TO RAISE AWARENESS THROUGH NEWS ARTICLES AND OUTREACH, DEVELOP RELATIONSHIPS WITH THEIR ELECTED OFFICIALS, AND FIGHT FOR INCREASED FUNDING FOR GYNECOLOGIC CANCER RESEARCH THROUGHOUT THE

|  |  |
|--|--|
| Name of the organization<br>THE OVARIAN CANCER RESEARCH FUND, INC. | Employer identification number<br>13-3806788 |
|--|--|

COUNTRY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS, AUDIT COMMITTEE,  
 TREASURER, CFO AND THE CEO, AND IS REVIEWED WITH THE EXTERNAL CPA PRIOR TO  
 ITS FILING WITH THE IRS.

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

TO BE SIGNED BY ALL BOARD MEMBERS ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15:

OCRA HAS A COMPENSATION COMMITTEE WHICH MEETS ANNUALLY TO REVIEW THE CEO,  
 AND DETERMINE COMPENSATION, UTILIZING DATA FROM COMPARABLY-SIZED  
 ORGANIZATIONS (OBTAINED FROM 990 FILINGS). SALARY INCREASES FOR KEY  
 EMPLOYEES ARE RECOMMENDED BY THE CEO TO THE COMPENSATION COMMITTEE AFTER AN  
 EVALUATION IS COMPLETED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN  
 VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE ON OCRA'S WEBSITE AND ALL OTHER  
 DOCUMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **THE OVARIAN CANCER RESEARCH FUND, INC.** Employer identification number **13-3806788**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity      | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|--|--|----|
|  |                         |   |                               |   |  | Yes  | No |
| OVARIAN CANCER NATIONAL ALLIANCE -<br>31-1581756, 1101 14TH STREET NW, WASHINGTON,<br>DC 20005 | EDUCATION & ADVOCACY    | DISTRICT OF COLUMBIA                                | 501(C)(3)                     | LINE 10   | OVARIAN CANCER<br>RESEARCH FUND,<br>INC. | X  |    |
|  |                         |   |                               |   |  |  |    |
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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|   |  |  |
|---|--|--|
| <b>Type or Print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions.<br><br>THE OVARIAN CANCER RESEARCH FUND, INC. | Taxpayer identification number (TIN)<br><br>13-3806788 |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br>45 ROCKEFELLER PLAZA, 20TH FLOOR             |  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NEW YORK, NY 10111-3193    |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of AUDRA MORAN  
45 ROCKEFELLER PLAZA, 20TH FLOOR - NEW YORK, NY 10111-3193  
 Telephone No. 212-268-1002 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ | 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**