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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**MINNESOTA OVARIAN CANCER ALLIANCE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

4604 CHICAGO AVENUE SOUTH

City or town, state or country, and ZIP + 4

MINNEAPOLIS, MN 55407**F Name and address of principal officer KATHLEEN GAVIN****D Employer identification number****41-1960449****E Telephone number****(612) 822-0500****G Gross receipts \$****859,539.****H(a) Is this a group return for affiliates?**☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

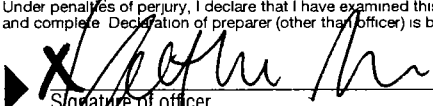
If "No," attach a list (see instructions)

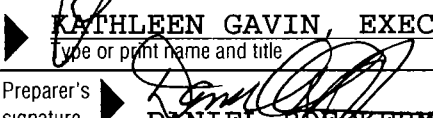
H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website: ▶ HTTP://WWW.MNOVARIAN.ORG/****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1999 M State of legal domicile: MN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO CREATE AN AWARENESS REGARDING EARLY WARNING SIGNS THAT MAY BE INDICATIVE OF OVARIAN CANCER. TO	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 21	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	876,619.	810,988.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,887.	18,351.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11a)	<92,994.>	<70,041.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	816,512.	759,298.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	375,000.	286,054.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	248,467.	250,356.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 44,749.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	303,107.	205,939.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	926,574.	742,349.
19	Revenue less expenses - Subtract line 18 from line 12	<110,062.>	16,949.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,370,905.	1,361,443.
	22	Net assets or fund balances - Subtract line 21 from line 20	470,270.	414,483.
			900,635.	946,960.

Part II Signature Block

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

Sign Here ▶  **Signature of officer** **KATHLEEN GAVIN, EXECUTIVE DIRECTOR** **Date** **6/21/10**

Paid Preparer's Use Only ▶  **Preparer's signature** **DANIEL BOECKERMANN** **Date** **06/17/10** **Check if self-employed** ☐ **Preparer's identifying number (see instructions)** **P00100782**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **BOECKERMANN GRAFSTROM & MAYER, LLC** **EIN** ▶ **20-0475826**

▶ **7900 XERXES AVENUE S., SUITE 1200** **Phone no.** ▶ **952-844-2500**

▶ **BLOOMINGTON, MN 55431-1139**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G16

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
TO CREATE AN AWARENESS REGARDING EARLY WARNING SIGNS THAT MAY BE
INDICATIVE OF OVARIAN CANCER. TO CREATE AND PROMOTE RESOURCES FOR
SUPPORT, NETWORKING, AND EDUCATION FOR WOMEN DIAGNOSED WITH OVARIAN
CANCER AND THEIR FAMILIES. TO UNITE AND EDUCATE INDIVIDUALS, THE

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 107,372. including grants of \$) (Revenue \$)
SUPPORT & INFORMATION:

MOCA PROVIDES SUPPORT AND INFORMATION TO WOMEN AFFECTED BY OVARIAN
CANCER AND THEIR FAMILY AND FRIENDS

OUTREACH TO NEWLY DIAGNOSED: MOCA MAKES CALLS TO NEWLY DIAGNOSED WOMEN
TO PROVIDE SUPPORT AND HOPE.

MOCA MAINTAINS A WEBSITE DEVOTED TO PROVIDING INFORMATION ABOUT OVARIAN
CANCER AND RAISING THE PROFILE OF THE DISEASE ON THE INTERNET.

MEMBERSHIP MEETINGS: MOCA CONDUCTS QUARTERLY MEMBERSHIP MEETINGS

4b (Code) (Expenses \$ 214,939. including grants of \$) (Revenue \$)
OUTREACH & AWARENESS:

MOCA RAISES AWARENESS ABOUT OVARIAN CANCER AMONG THE GENERAL PUBLIC AND
THE MEDICAL COMMUNITY

MOCA REACHES OUT TO THE MEDIA TO PROVIDE ACCURATE AND HELPFUL
INFORMATION ABOUT OVARIAN CANCER TO THE GENERAL PUBLIC.

MOCA PROVIDES INFORMATIONAL SPEAKERS ON OVARIAN CANCER TO A VARIETY OF
GROUPS THROUGHOUT THE YEAR.

4c (Code) (Expenses \$ 286,054. including grants of \$ 286,054.) (Revenue \$)
RESEARCH GRANTS FUNDED:

\$72,368 - LAVAKUMAR KARYAMPUDI, PH.D. - MAYO CLINIC "BLOCKADE OF PD-1
DURING VACCINATION AGAINST OVARIAN CANCER"

\$63,000 - CAROL A. LANGE, PH.D. - UNIVERSITY OF MINNESOTA "DEFINING THE
NUCLEAR PROGESTERONE RECEPTOR AS AN ANTI-PROLIFERATIVE, PRO-APOPTOTIC
TUMOR SUPPRESSOR OF OVARIAN CANCER ALLIANCE"

\$89,916 - PETER ARGENTA, M.D. - UNIVERSITY OF MINNESOTA "CHARACTERIZING
THE EFFECTS OF SULFATASE INHIBITION ON OVARIAN CANCER IN VITRO AND IN
VIVO"

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

4e Total program service expenses ► \$ 608,365.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	8	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	14	
b Enter the number of voting members that are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **▶ MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
KATHLEEN GAVIN - (612) 822-0500
4604 CHICAGO AVENUE SOUTH, MINNEAPOLIS, MN 55407

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANICE BORN DIRECTOR	1.00							0.	0.	0.
JOE CADE DIRECTOR	1.00							0.	0.	0.
ELLEN KLEINBAUM TREASURER	1.00							0.	0.	0.
SUSAN KUSHNER DIRECTOR	1.00							0.	0.	0.
DONA MAKI DIRECTOR	1.00							0.	0.	0.
SUSAN MCINTYRE DIRECTOR	1.00							0.	0.	0.
LISA MCLAUGHLIN PRESIDENT	10.00							0.	0.	0.
SARAH NOONAN VICE PRESIDENT	10.00							0.	0.	0.
R.S. TRIPP SNYDER ASSISTANT SECRETARY	10.00							0.	0.	0.
JOY WETZEL DIRECTOR	1.00							0.	0.	0.
CHRIS WICK DIRECTOR	1.00							0.	0.	0.
KATHLEEN GAVIN EXECUTIVE DIRECTOR	30.00							70,811.	0.	0.
CAROL LUUKKONEN DIRECTOR	1.00							0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								70,811.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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. **NONE**

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

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	614,811.			
	b	Membership dues	1b				
	c	Fundraising events	1c	196,177.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		46,390.			
	h	Total. Add lines 1a-1f		810,988.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		18,351.			18,351.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 196,177. of contributions reported on line 1c) See Part IV, line 18	a	30,200.			
	b	Less direct expenses	b	100,241.			
	c	Net income or (loss) from fundraising events		<70,041.>	<70,041.>		
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			759,298.	<70,041.>	0.	18,351.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	286,054.	286,054.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,811.	35,405.	17,703.	17,703.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	152,584.	101,789.	39,611.	11,184.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6,979.	4,441.	1,363.	1,175.
10 Payroll taxes	19,982.	12,410.	4,460.	3,112.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,942.		7,942.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	9,450.	6,299.	2,457.	694.
17 Travel	1,418.	1,078.	82.	258.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,648.	6,545.	2,732.	1,371.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,874.	15,867.	4,223.	2,784.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	37,537.	37,049.	488.	0.
b MISCELLANEOUS	36,691.	33,106.	3,585.	0.
c PRINTING AND PUBLICATION	20,165.	16,435.	194.	3,536.
d POSTAGE & SHIPPING	16,555.	13,040.	1,686.	1,829.
e LICENSES & FEES	10,455.	9,246.	1,209.	0.
f All other expenses	32,204.	29,601.	1,500.	1,103.
25 Total functional expenses Add lines 1 through 24f	742,349.	608,365.	89,235.	44,749.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,081.	1	7,083.
	2 Savings and temporary cash investments	848,592.	2	829,164.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,252.	9	6,605.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 444,347.		
	b Less: accumulated depreciation	10b 103,253.		
		362,343.	10c	341,094.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	144,206.	12	175,536.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,431.	15	1,961.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,370,905.	16	1,361,443.
Liabilities	17 Accounts payable and accrued expenses	5,500.	17	12,099.
	18 Grants payable	298,500.	18	239,412.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	166,270.	23	162,972.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	470,270.	26	414,483.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	762,610.	27	779,703.
	28 Temporarily restricted net assets	35,095.	28	38,001.
	29 Permanently restricted net assets	102,930.	29	129,256.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	900,635.	33	946,960.
	34 Total liabilities and net assets/fund balances	1,370,905.	34	1,361,443.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
---------------	---

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Total									
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.									Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	634,438.	999,366.	1,089,043.	876,619.	810,998.	4,410,464.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	634,438.	999,366.	1,089,043.	876,619.	810,998.	4,410,464.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,410,464.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	634,438.	999,366.	1,089,043.	876,619.	810,998.	4,410,464.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,662.	30,670.	42,809.	32,887.	18,346.	139,374.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						4,549,838.
12 Gross receipts from related activities, etc. (see instructions)					12	<166,730.>

13 **First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.94 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.80 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	3	
2 Aggregate contributions to (during year)	1,133.	
3 Aggregate grants from (during year)	0.	
4 Aggregate value at end of year	170,904.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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 are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	141,166.	194,944.			
b Contributions	1,683.	11,772.			
c Net investment earnings, gains, and losses	31,233.	<52,174.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	3,178.	13,376.			
f Administrative expenses					
g End of year balance	170,904.	141,166.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,404.		37,404.
b Buildings		304,009.	23,954.	280,055.
c Leasehold improvements				
d Equipment		58,684.	35,049.	23,635.
e Other		44,250.	44,250.	0.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				341,094.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	759,298.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	742,349.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	16,949.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	29,376.
9	Total adjustments (net). Add lines 4 through 8	9	29,376.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	46,325.

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

1	Total revenue, gains, and other support per audited financial statements	1	908,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	29,378.
b	Donated services and use of facilities	2b	20,074.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	100,241.
e	Add lines 2a through 2d	2e	149,693.
3	Subtract line 2e from line 1	3	759,298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	759,298.

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

1	Total expenses and losses per audited financial statements	1	862,664.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,074.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	100,241.
e	Add lines 2a through 2d	2e	120,315.
3	Subtract line 2e from line 1	3	742,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	742,349.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 NUMBER COMPRISES OF UNREALIZED LOSS ON SECURITIES.

PART XII, LINE 2D NUMBER COMPRISES OF DIRECT SPECIAL EVENT EXPENSES.

PART XIII, LINE 2D NUMBERS COMPRISES OF DIRECT SPECIAL EVENT EXPENSES.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number
41-1960449

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		10 ANNIVERSARY (event type)	GOLF OUTING (event type)	2 (total number)	
Revenue	1 Gross receipts	123,849.	80,133.	22,395.	226,377.
	2 Less Charitable contributions	115,299.	58,483.	22,395.	196,177.
	3 Gross income (line 1 minus line 2)	8,550.	21,650.		30,200.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	57,356.	40,041.	2,844.	100,241.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(100,241)
	11 Net income summary. Combine line 3, column (d), and line 10				<70,041.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LAVAKUMAR KARYAMPUDI, PH.D. MAYO CLINIC ROCHESTER, MN 55905	1	72,368.	0.		
CAROL LANGE, PH.D. UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455	1	63,000.	0.		
PETER ARGENTA, M.D. UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455	1	89,916.	0.		
PATRICIA L. JUDSON, M.D. UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455	1	60,770.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
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 ► (<u>AUDIT SERVICE</u>)	X	1	14,074.	FMV
26 Other ► (<u>DESIGN SERVIC</u>)	X	1	5,000.	FMV
27 Other ► (<u>PHOTOGRAPHY</u>)	X	1	3,000.	FMV
28 Other ► (<u>DESIGN SERVIC</u>)	X	1	1,500.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

TENT RENTAL & SERVICES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

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

CREATE AND PROMOTE RESOURCES FOR SUPPORT, NETWORKING, AND EDUCATION FOR
WOMEN DIAGNOSED WITH OVARIAN CANCER AND THEIR FAMILIES. TO UNITE AND
EDUCATE INDIVIDUALS, THE MEDICAL COMMUNITY AND ORGANIZATIONS TO ACHIEVE
EARLIER DIAGNOSIS, BETTER TREATMENT, AND A CURE FOR OVARIAN CANCER. TO
ADVANCE OVARIAN CANCER RESEARCH TOWARD EARLIER DIAGNOSIS, BETTER
TREATMENT, AND A CURE.

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

MEDICAL COMMUNITY AND ORGANIZATIONS TO ACHIEVE EARLIER DIAGNOSIS,
BETTER TREATMENT, AND A CURE FOR OVARIAN CANCER. TO ADVANCE OVARIAN
CANCER RESEARCH TOWARD EARLIER DIAGNOSIS, BETTER TREATMENT, AND A CURE.

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

THROUGHOUT THE METRO AREA. MEETINGS ARE FREE AND OPEN TO THE PUBLIC.
SPEAKERS INCLUDE DOCTORS, COUNSELORS, AND OTHERS WHO PROVIDE SUPPORT
AND INFORMATION REGARDING OVARIAN CANCER.

THE MOCA MESSENGER, A FREE QUARTERLY NEWSLETTER IS MAILED TO OVER 3,000
HOUSEHOLDS 4 TIMES A YEAR.

SUPPORT GROUPS: MOCA MAINTAINS AND FACILITATES THE FOLLOWING SUPPORT
GROUPS:

MINNEAPOLIS, TWICE A MONTH FOR SURVIVORS

ST. PAUL, TWICE A MONTH FOR SURVIVORS

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

MONTICELLO, TWICE A MONTH FOR SURVIVORS

YOUNG SURVIVORS, ONCE A MONTH

DAUGHTERS WHO LOST THEIR MOTHERS TO OVARIAN CANCER, QUARTERLY

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL.

THROUGH THE GRAND ROUNDS PROGRAM, MOCA PROVIDES MEDICAL SPEAKERS TO
HOSPITALS AND MEDICAL CONFERENCES, TO PROVIDE EDUCATIONAL SEMINARS ON
OVARIAN CANCER. THIS PROGRAM PAIRS AN OVARIAN CANCER SURVIVOR WITH A
GYNECOLOGIC ONCOLOGIST TO PROMOTE EARLY DETECTION OF OVARIAN CANCER.

THE SILENT NO MORE RUN FOR OVARIAN CANCER SERVES AS MOCA'S LARGEST
PUBLIC OUTREACH EVENT. WE DISTRIBUTE 35,000 BROCHURES THAT HIGHLIGHT
THE SYMPTOMS OF OVARIAN CANCER AND RAISE AWARENESS OF THE DISEASE AND
OF OUR ORGANIZATION. WE USE THE EVENT TO ATTRACT MEDIA ATTENTION TO
OVARIAN CANCER, TO EDUCATE THE PUBLIC AND TO DEVELOP NEW MEMBERS AND
SUPPORTERS.

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

\$60,770 - PATRICIA L. JUDSON, M.D. - UNIVERSITY OF MINNESOTA "PILOT
STUDY OF HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY UTILIZING
CARBOPLATIN IN FIRST RECURRENCE OVARIAN CANCER"

FORM 990, PART VI, SECTION B, LINE 11: MOCA'S GOVERNING BODY REVIEWS THE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number
41-1960449

TAX RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD AND EMPLOYEES READ, FILL
OUT AND SIGN THE CONFLICT OF INTEREST & GIFT POLICY ANNUALLY. THESE ARE
REVIEWED BY THE FINANCE MANAGER TO DETERMINE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15: MOCA USES THE MN COUNCIL OF
NONPROFITS ANNUAL SALARY AND BENEFITS SURVEY AS A GUIDE FOR SETTING SALARY
LEVELS AND ANNUAL INCREASES. THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE
BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR RECOMMENDS SALARY LEVELS AND
CHANGES FOR THE STAFF MEMBERS. EACH EMPLOYEES' PERFORMANCE IS REVIEWED
ANNUALLY. A COPY OF THE EVALUATION FORM IS AVAILABLE.

FORM 990, PART VI, SECTION C, LINE 19: THE BOARD AND EMPLOYEES READ, FILL
OUT AND SIGN THE CONFLICT OF INTEREST & GIFT POLICY ANNUALLY. THESE ARE
REVIEWED BY THE FINANCE MANAGER TO DETERMINE COMPLIANCE.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization MINNESOTA OVARIAN CANCER ALLIANCE, INC.	Employer identification number 41-1960449
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 4604 CHICAGO AVENUE SOUTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MINNEAPOLIS, MN 55407	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

KATHLEEN GAVIN

- The books are in the care of ▶
- 4604 CHICAGO AVENUE SOUTH - MINNEAPOLIS, MN 55407**

Telephone No ▶ **(612) 822-0500**

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 EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

**MINNESOTA OVARIAN
CANCER ALLIANCE**

FINANCIAL STATEMENTS

For the Year Ended
December 31, 2009



MINNESOTA OVARIAN CANCER ALLIANCE

Minnesota Ovarian Cancer Alliance
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For the Year Ended December 31, 2009

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BOECKERMANN GRAFSTROM & MAYER, LLC
C E R T I F I E D P U B L I C A C C O U N T A N T S

Independent Auditor's Report

To The Board of Directors
Minnesota Ovarian Cancer Alliance
Minneapolis, Minnesota

We have audited the accompanying statement of financial position of Minnesota Ovarian Cancer Alliance (a nonprofit corporation), as of December 31, 2009 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Minnesota Ovarian Cancer Alliance as of December 31, 2009, and the results of its activities and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

These financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2008, from which the summarized information was derived.

Boeckermann Grafstrom & Mayer, LLC

BOECKERMANN GRAFSTROM & MAYER, LLC
Certified Public Accountants

Minneapolis, Minnesota
June 10, 2010

Minnesota Ovarian Cancer Alliance
Statement of Financial Position
December 31, 2009 (with Comparative Totals for 2008)

<u>ASSETS</u>	<u>2009</u>	<u>2008</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 314,655	\$ 330,228
Certificate of Deposits	521,593	525,445
Investments	175,536	144,206
Prepaid Expenses	6,605	1,252
Interest Receivable	1,961	7,431
Total Current Assets	<u>\$ 1,020,350</u>	<u>\$ 1,008,562</u>
PROPERTY AND EQUIPMENT		
Building and Improvements	\$ 304,009	\$ 304,009
Land	37,404	37,404
Office Equipment	58,684	57,059
Web Design Costs	44,250	44,250
Total Property and Equipment	<u>\$ 444,347</u>	<u>\$ 442,722</u>
Accumulated Depreciation	<u>(103,253)</u>	<u>(80,379)</u>
Net Property and Equipment	<u>\$ 341,094</u>	<u>\$ 362,343</u>
TOTAL ASSETS	<u>\$ 1,361,444</u>	<u>\$ 1,370,905</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Current Portion of Long-Term Debt	\$ 3,673	\$ 3,446
Grants Payable	239,412	298,500
Accrued Expenses	12,099	5,500
Total Current Liabilities	<u>\$ 255,184</u>	<u>\$ 307,446</u>
LONG-TERM LIABILITIES		
Long-Term Debt, Less Current Portion	<u>159,299</u>	<u>162,824</u>
Total Liabilities	<u>\$ 414,483</u>	<u>\$ 470,270</u>
NET ASSETS		
Unrestricted Net Assets	\$ 779,622	\$ 762,607
Temporarily Restricted Net Assets - Program Services	38,001	35,095
Permanently Restricted Net Assets	129,337	102,933
Total Net Assets	<u>\$ 946,961</u>	<u>\$ 900,634</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 1,361,444</u>	<u>\$ 1,370,905</u>

See Accompanying Notes to the Financial Statements

Minnesota Ovarian Cancer Alliance
Statement of Activities

For the Year Ended December 31, 2009 (with Comparative Totals for 2008)

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	2009 Totals	2008 Totals
REVENUES					
Contributions	\$ 293,962	\$ 12,500	\$ 1,683	\$ 308,144	\$ 305,585
Program Service Revenue	434,720	0	0	434,720	459,705
Interest and Investment Income	16,490	0	31,232	47,723	(31,848)
In Kind Contributions	118,403	0	0	118,403	168,465
Temporarily Restricted Revenue Released from Restrictions	16,105	(9,594)	(6,511)	0	0
Loss on Disposal of Property and Equipment	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(489)</u>
Total Revenues	<u>\$ 879,680</u>	<u>\$ 2,906</u>	<u>\$ 26,404</u>	<u>\$ 908,991</u>	<u>\$ 901,418</u>
EXPENSES					
Program Services	\$ 714,606	\$ 0	\$ 0	\$ 714,606	\$ 896,726
Management and General	103,309	0	0	103,309	132,392
Fundraising	<u>44,749</u>	<u>0</u>	<u>0</u>	<u>44,749</u>	<u>47,588</u>
Total Expenses	<u>\$ 862,664</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 862,664</u>	<u>\$1,076,706</u>
Increase (Decrease) in Net Assets	\$ 17,016	\$ 2,906	\$ 26,404	\$ 46,327	\$ (175,288)
NET ASSETS, Beginning of Year	<u>762,607</u>	<u>35,095</u>	<u>102,933</u>	<u>900,634</u>	<u>1,075,922</u>
NET ASSETS, End of Year	<u>\$ 779,622</u>	<u>\$ 38,001</u>	<u>\$ 129,337</u>	<u>\$ 946,961</u>	<u>\$ 900,634</u>

See Accompanying Notes to the Financial Statements

Minnesota Ovarian Cancer Alliance**Statement of Functional Expenses**

For the Year Ended December 31, 2009 (with Comparative Totals for 2008)

	Program Services	Management and General	Fundraising	2009 Totals	2008 Totals
FUNCTIONAL EXPENSES					
Salaries - Director	\$ 35,405	\$ 17,703	\$ 17,703	\$ 70,812	\$ 68,736
Salaries - Other	101,789	39,611	11,184	152,584	155,430
Payroll Taxes	12,410	4,460	3,112	19,983	16,748
Employee Benefits	4,441	1,363	1,175	6,979	7,553
Accounting Fees	0	22,016	0	22,016	26,414
Supplies	37,351	488	0	37,838	29,448
Telephone	2,438	1,227	502	4,167	4,982
Postage and Shipping	14,828	1,686	1,829	18,342	14,096
Occupancy	6,299	2,457	694	9,450	9,646
Depreciation and Amortization	15,867	4,223	2,784	22,874	36,345
Equipment Rental and Maintenance	40	0	0	40	3,139
Printing and Publications	27,270	194	3,536	31,000	46,933
Travel, Conferences and Meetings	1,078	82	258	1,418	4,412
Licenses and Fees	9,246	1,209	0	10,455	5,866
Interest	6,545	2,732	1,371	10,648	10,909
Education and Training	184	273	0	457	736
Research	286,380	0	0	286,380	374,896
Miscellaneous	85,914	3,585	0	89,499	99,334
MOCA Dream Awards Campaign	8,500	0	0	8,500	41,500
Promotions and Media Campaign	7,245	0	0	7,245	69,821
Software Fees	4,175	0	601	4,776	7,423
Internet Updates	7,491	0	0	7,491	1,375
Event Location Rental	39,710	0	0	39,710	40,964
Total Functional Expenses	\$ 714,606	\$ 103,309	\$ 44,749	\$ 862,664	\$ 1,076,706

See Accompanying Notes to the Financial Statements

Minnesota Ovarian Cancer Alliance **Statement of Cash Flows**

For the Year Ended December 31, 2009 (with Comparative Totals for 2008)

	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (Decrease) in Net Assets	\$ 46,327	\$ (175,288)
Adjustments to Reconcile Increase (Decrease) in Net Assets to Net Cash Provided (Used) by Operating Activities		
Loss on Disposal of Property and Equipment	0	489
Depreciation and Amortization	22,873	36,344
Decrease (Increase) in Operating Assets		
Interest Receivable	5,470	(989)
Prepaid Expenses	(5,353)	693
Increase (Decrease) in Operating Liabilities		
Grants Payable	(59,088)	59,645
Accrued Expenses	<u>6,599</u>	<u>(5,263)</u>
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	<u>\$ 16,829</u>	<u>\$ (84,369)</u>
CASH PROVIDED (USED) BY INVESTING ACTIVITIES		
Net Increase in Rochelle Ross Fund - Unrestricted	\$ (2,317)	\$ (2,553)
Net Increase in Raine Snyder Fund - Unrestricted	(1,897)	(1,867)
Net Decrease (Increase) in 3M Stock - Unrestricted	(1,591)	1,527
Net Decrease (Increase) in Lubov Fund - Unrestricted	2,373	(650)
Net Decrease in Certificates of Deposit	3,852	80,962
Purchase of Property and Equipment	<u>(1,626)</u>	<u>(14,587)</u>
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	<u>\$ (1,206)</u>	<u>\$ 62,832</u>
CASH USED BY FINANCING ACTIVITIES		
Net Decrease (Increase) in Rochelle Ross Fund - Endowment	\$ (16,425)	\$ 33,751
Net Decrease (Increase) in Raine Snyder Fund - Endowment	(9,145)	17,814
Net Decrease (Increase) in Lubov Fund - Endowment	(2,328)	7,283
Payments on Long-Term Debt	<u>(3,299)</u>	<u>(3,038)</u>
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	<u>\$ (31,196)</u>	<u>\$ 55,810</u>
NET INCREASE (DECREASE) IN CASH	<u>\$ (15,573)</u>	<u>\$ 34,273</u>
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>330,228</u>	<u>295,955</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 314,655</u>	<u>\$ 330,228</u>

See Accompanying Notes to the Financial Statements

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 1: NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Minnesota Ovarian Cancer Alliance (the Organization) is a nonprofit corporation which raises awareness about ovarian cancer and educates the at-risk and general population about the disease. The Organization also contributes grants for research toward better treatment, diagnosis, and a cure.

Tax Status

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state law, and contributions to it are tax deductible within the limitations prescribed by the Code.

Income Taxes

The income received by the Organization is exempt from taxation under Section 501(a) of the Internal Revenue Code. The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Organization adopted this new guidance for the year ended December 31, 2009. Management evaluated the Organization's tax positions and concluded that the Organization had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, the Organization is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2006.

Promises to Give

Unconditional promises to give are recognized over the passage of time as stated in the pledges. The pledges are to be received over a specific time period and will be released from temporarily restricted net assets as the time condition passes. The total outstanding promises to give as of December 31, 2009 were \$0.

Contributions

The Organization adopted SFAS No. 116, *Accounting for Contributions Received and Contributions Made*. In accordance with SFAS No. 116, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions. However, donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 1: NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contributed Goods and Services

Contributed goods and services have been reflected in the accompanying financial statements in the amount of \$14,074 for professional services, \$2,000 for the Molly Cade Memorial Golf Tournament, \$998 for office equipment, \$42,614 for advertising and supplies for Walk/Run event, \$51,933 for 10th Anniversary, and \$6,784 for miscellaneous goods and services for the year ended December 31, 2009.

Investments

The Corporation has adopted SFAS No. 124, *Accounting for Certain Investments Held by Not-for-Profit Organizations*. Under SFAS No 124, investments in marketable securities with determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Investment income and realized and unrealized gains and losses are recognized in net assets in the reporting period in which the gains and losses are recognized.

Property and Equipment

Property and equipment, which consists of a building, building improvements, land, donated computers, furniture, and website design is recorded at fair market value at the date of donation and is depreciated over its estimated useful life using the straight-line method of depreciation. Accumulated depreciation as of December 31, 2009 was \$103,253.

Functional Expense Allocation

The Organization's financial statements segregate expenses by function, including program services and management and general. Expenses are charged directly to specific functions when practicable. Expenses not identified as relating to specific functions are allocated on an appropriate basis.

Financial Statement Presentation

The Organization has adopted SFAS No. 117, *Financial Statements of Not-for-Profit Organizations*. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows.

Statement of Cash Flows

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit with original maturities over three months are classified as short-term investments. Cash equivalents and short-term investments are stated at market value. At times, cash may be in excess of FDIC insurance limits.

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 1: NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

Management uses estimates and assumptions in preparing the financial statements in accordance with U.S. generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could vary from the estimates that were used.

Reclassification

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation on the current year financial statements.

NOTE 2: INVESTMENTS

Investments are stated at fair value. Investments consist of the following at December 31, 2009:

Investment return consists of interest income of \$16,849, dividend income of \$1,497, and a net realized and unrealized loss of \$(29,377) for a net return of \$(11,031) for the year ended December 31, 2009.

The investments consist of the following at December 31, 2009:

Rochelle Ross Fund	\$ 94,594
Raine Snyder Fund	59,694
Real Estate Investment	238,000
Allowance for Real Estate Investment	(238,000)
3M Stock	4,632
Anita Lubov Fund	<u>16,616</u>
Total	<u>\$ 175,536</u>

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 3: FAIR VALUE OF FINANCIAL INSTRUMENTS

Effective January 1, 2008, the Company adopted FASB Statement No. 157, *Fair Value Measurements*, which provides a framework for measuring fair value under generally accepted accounting principles. FASB Statement No. 157 applies to all financial instruments that are being measured and reported on a fair value basis. FASB Statement No. 157 requires new disclosure that establishes a framework for measuring fair value in GAAP, and expands disclosure about fair value measurements. This statement enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. The statement requires that assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1: Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.
- Level 2: Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.
- Level 3: Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the Company performs a detailed analysis of the assets and liabilities that are subject to FASB Statement No. 157. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy.

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Available for Sale Securities	\$ 175,536	\$ 175,536	\$ 0	\$ 0
Real Estate Partnership	0	0	0	0
Total	<u>\$ 175,536</u>	<u>\$ 175,536</u>	<u>\$ 0</u>	<u>\$ 0</u>

The fair value of the available for sale marketable securities is based on quoted market prices.

The fair value of the real estate partnership is based on a discounted cash flow approach. The projected cash flow is zero.

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 3: FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Level 3 assets for the year ended December 31, 2009 are as follows

	Real Estate
Balance, Beginning of Year	\$ 0
Realized Gains (Losses)	0
Unrealized Gains (Losses)	0
Purchases, Sales, and Settlements (Net)	0
	<hr/>
Balance, End of Year	\$ 0
	<hr/>

NOTE 4: LONG-TERM DEBT

Mortgage payable to a financial institution, payable in monthly installments of \$1,162, including interest at 6.39%, plus final payment equal to all unpaid principal and interest on maturity date of November 30, 2011, secured by all security interests, pledges and assets of the Organization

	\$ 162,972
Less Current Portion	<hr/> 3,673
Total Long-Term Debt	<hr/> \$ 159,299
	<hr/>

Maturities of long-term debt are as follows:

2010	\$ 3,673
2011	<hr/> 159,299
Total	<hr/> \$ 162,972
	<hr/>

NOTE 5: PERMANENTLY RESTRICTED NET ASSETS

Rochelle Ross Fund

The Rochelle Ross Fund was started in 2002 as a permanently restricted endowment fund. The contributions are required to remain as principal and the earnings can be distributed, as dictated by the agreement, 75% to research and 25% to awareness programs.

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 5: PERMANENTLY RESTRICTED NET ASSETS (Continued)

Rochelle Ross Fund (Continued)

Contributions to the fund are restricted to specific types of investments as stipulated in the agreement.

The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$	75,852
Contributions		475
Net Earnings		18,342
Withdrawals - Released as Unrestricted		<u>(75)</u>
Investment Balance at December 31, 2009	\$	94,594
Less Earnings Released as Unrestricted in Prior Years		30,475
Less Earnings Released as Unrestricted in Current Year		<u>1,917</u>
Net Restricted Balance at December 31, 2009	\$	<u>62,202</u>

Raine Snyder Fund

The Raine Snyder Fund was started in 2006 as a permanently restricted endowment fund. The contributions are required to remain as principal and the earnings can be distributed, as dictated by the agreement, to further awareness on the part of physicians and other medical professionals of the symptoms, methods of early detection and desired tests and treatment for ovarian cancer.

Contributions to the fund are restricted to specific types of investments as stipulated in the agreement.

The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$	48,652
Contributions		1,003
Net Earnings		10,114
Withdrawals - Released as Unrestricted		<u>(75)</u>
Investment Balance at December 31, 2009	\$	59,694
Less Earnings Released as Unrestricted in Prior Years		7,109
Less Earnings Released as Unrestricted in Current Year		<u>969</u>
Net Restricted Balance at December 31, 2009	\$	<u>51,616</u>

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 5: PERMANENTLY RESTRICTED NET ASSETS (Continued)

Anita Lubov Memorial Fund

The Anita Lubov Fund was re-classed as a permanently restricted endowment fund in 2007. The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$	16,661
Contributions		205
Net Earnings		2,777
Less Scholarships Paid Out During 2009		<u>(3,027)</u>
Investment Balance at December 31, 2009	\$	16,616
Less Earnings Released as Unrestricted in Prior Years		650
Less Earnings Released as Unrestricted in Current Year		<u>449</u>
Net Restricted Balance at December 31, 2009	\$	<u><u>15,517</u></u>

Real Estate Investment

A contribution was received during 2006 that gifted 1.0% of a Minneapolis real estate group to the Organization as a permanently restricted endowment fund. The fair market value of the gift was valued at \$238,000 at the time of the gift. The investment was impaired in 2009. The fair market value at December 31, 2009 was \$0. The investment has an allowance for \$238,000.

NOTE 6: FUNDING

Minnesota Ovarian Cancer Alliance receives its support from gifts from for-profit companies, charitable foundations, professional societies, other nonprofit entities, and individual donations from the public.

There were four funds during 2009 that are classified as "temporarily restricted":

- < The Media Awareness Campaign
- < The MOCA Dream Awards Campaign
- < Preventing Hereditary Cancer Grant
- < Parade Awareness Initiative

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 6: FUNDING (Continued)

Media Awareness Campaign

The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$ 26,595
Plus Contributions During 2009	0
Less Amounts Paid Toward Campaign in 2009	<u>1,094</u>
Net Restricted Balance at December 31, 2009	<u>\$ 25,501</u>

MOCA Dream Awards Campaign

The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$ 8,500
Plus Contributions During 2009	0
Less Amounts Paid Toward Campaign in 2009	<u>8,500</u>
Net Restricted Balance at December 31, 2009	<u>\$ 0</u>

Preventing Hereditary Cancer Grant

The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$ 0
Plus Contributions During 2009	10,000
Less Amounts Paid Toward Grant in 2009	<u>0</u>
Net Restricted Balance at December 31, 2009	<u>\$ 10,000</u>

Parade Awareness Initiative

The balance consists of the following at December 31, 2009:

Investment Balance at December 31, 2008	\$ 0
Plus Contributions During 2009	2,500
Less Amounts Paid Toward Initiative in 2009	<u>0</u>
Net Restricted Balance at December 31, 2009	<u>\$ 2,500</u>

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2009

NOTE 7: NET ASSETS

Each year, as part of its budget development process, the Board of Directors determines the amount of unrestricted net assets to be awarded through a competitive process to research on ovarian cancer. A request for proposals is released in early January. Proposals are due by a set date and then sent out for review by both scientific and consumer reviewers. The Executive Director makes recommendations to the Board based on the reviews. The Board designated \$300,000, awarded \$286,054. The total amount of payments for research in 2009 was \$345,142 of which \$112,642 was for grants awarded in 2009.

The Board of Directors designated \$250,000 of unrestricted net assets for 2010 for research grants.