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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

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

C Name of organization

ST LOUIS OVARIAN CANCER AWARENESS

D Employer identification number

05-0523962

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

Room/suite

E Telephone number

P.O. BOX 270067

(314) 849-3970

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

F Group Exemption  
Number ►

ST. LOUIS, MO 63127

G Accounting method ☒ Cash ☐ Accrual Other (specify) ►H Check ☒ if the organization is not  
required to attach Schedule B

I Website: ► WWW.SLOCA.ORG

J Tax-exempt status  
(check only one)☒ X

501(c)(3)

501(c) ( )

(Insert no )

4947(a)(1) or

527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 165,684.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	93,478.
	2	Program service revenue including government fees and contracts	2	9,290.
	3	Membership dues and assessments	3	
	4	Investment income	4	305.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ 69,499. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	53,509.
	6c	Less direct expenses gaming and fundraising events	6c	62,988.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-9,479.
	7a	Gross sales of inventory, less returns and allowances	7a	9,073.
	7b	Less cost of goods sold	7b	5,326.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,747.
	8	Other revenue (describe in Schedule O) ATCH 4	8	29.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	97,370.
	10	Grants and similar amounts paid (list in Schedule O) ATCH 9	10	25,000.
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	0.
13		Professional fees and other payments to independent contractors	13	2,200.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	6,777.
16		Other expenses (describe in Schedule O) ATCH 5	16	35,142.
17		Total expenses. Add lines 10 through 16	17	69,119.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,251.	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78,223.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	106,474.	

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)



**Part V****Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0.		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE REQUIRED</b>		
<b>42a</b> The organization's books are in care of ▶ <b>BRUCE HUDSON</b> Telephone no ▶ <b>314-849-3970</b> Located at ▶ <b>P.O. BOX 270067 ST. LOUIS, MO</b> ZIP + 4 ▶ <b>63127</b>		
<b>b</b> 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)? . . . . .	<b>42b</b>	X
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	

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- |  |     | Yes | No |
|--|-----|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?   | 45  |     | X  |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ | 45a |     |    |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                              | 46  |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI ☐

- |   |     | Yes | No |
|---|-----|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           | 47  |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?           | 49a |     | X  |
| b If "Yes," was the related organization a section 527 organization?                                    | 49b |     |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ ☒ Yes ☐ No

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** 5-25-11  
 Signature of officer Date  
 Type or print name and title TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name 5-13-11  
 Preparer's signature Date  
 Firm's name RUBINBROWN LLP  
 Firm's address ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105  
 Firm's EIN 43-0765316  
 Phone no 314-290-3300

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2010**

**Open to Public Inspection**

Name of the organization

ST LOUIS OVARIAN CANCER AWARENESS

Employer identification number

05-0523962

**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 of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	68,576	48,964	45,623	45,039	93,478	301,680
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 <b>Total.</b> Add lines 1 through 3. . . . .	68,576	48,964	45,623	45,039	93,478	301,680
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). . . . .						0
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						301,680

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	68,576	48,964	45,623	45,039	93,478	301,680
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	141	687	445	184	305	1,762
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						303,442
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		49,955
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.42%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	96.93%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total</b> 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 <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total support</b> (Add lines 9, 10c, 11, and 12)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010** 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 - 2009** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3% check this box and **stop here** The organization qualifies as a publicly supported organization ► ☐

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



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions)

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SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

2010

Open To Public  
Inspection

Name of the organization

ST LOUIS OVARIAN CANCER AWARENESS

Employer identification number

05-0523962

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

2a 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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 DINNER/AUCTION (event type)	(b) Event #2 FASHION SHOW (event type)	(c) Other Events 3. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	81,528.	28,335.	13,145.	123,008.
	2 Less Charitable contributions . . . . .	46,085.	16,035.	7,379.	69,499.
	3 Gross income (line 1 minus line 2). . . . .	35,443.	12,300.	5,766.	53,509.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	30,054.			30,054.
	6 Rent/facility costs . . . . .	2,540.			2,540.
	7 Food and beverages . . . . .	13,835.	10,252.		24,087.
	8 Entertainment . . . . .			1,200.	1,200.
	9 Other direct expenses . . . . .	38.	1,414.	3,655.	5,107.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 62,988.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-9,479.

**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 . . . . .			5,795.	5,795.
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No - - - - -	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No - - - - -	<input checked="" type="checkbox"/> Yes 100.0000 % <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 . . . . .				5,795.

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

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

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

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

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

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 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
- 13** Indicate the percentage of gaming activity operated in
- |                                      |            |            |
|--------------------------------------|------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> | %          |
| <b>b</b> An outside facility         | <b>13b</b> | 100.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KAREN HIGANO

Address ▶ P.O. BOX 270067 ST LOUIS, MO 63127

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- 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 ▶ KAREN HIGANO

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0.

Description of services provided ▶ VOLUNTEERS

☒ 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? ☐ Yes ☒ No
- 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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

RAFFLE EXPENSES

PART III, LINE 2-5

THE RAFFLES HAD NO COST BECUASE THE ITEMS RAFFLED WERE DONATED.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization

ST LOUIS OVARIAN CANCER AWARENESS

Employer identification number

05-0523962

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

INTEREST INCOME

AMOUNT

305.

TOTAL

305.

ATTACHMENT 2

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION

LIVING OUT LOUD AUCTION

FASHION SHOW

OTHER EVENTS

AMOUNT

46,085.

16,035.

7,379.

TOTAL

69,499.

ATTACHMENT 3

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION

GROSS  
REVENUE

DIRECT  
EXPENSES

NET  
INCOME

LIVING OUT LOUD AUCTION

35,443.

46,467.

-11,024.

FASHION SHOW

12,300.

11,666.

634.

OTHER EVENTS

5,766.

4,855.

911.

TOTALS

53,509.

62,988.

-9,479.

ATTACHMENT 4

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS

29.

TOTALS

29.

Name of the organization

ST LOUIS OVARIAN CANCER AWARENESS

Employer identification number

05-0523962

ATTACHMENT 5FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	205.
AWARENESS AND PROMOTION	27,089.
GENERAL ADMINISTRATIVE	2,267.
MEMBERSHIPS	620.
INSURANCE	1,401.
BANK FEES	1,693.
WEBSITE	1,750.
MISCELLANEOUS	117.
TOTAL	<u>35,142.</u>

ATTACHMENT 6FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	58,403.	86,518.
SAVINGS	19,820.	19,956.
TOTALS	<u>78,223.</u>	<u>106,474.</u>

ATTACHMENT 7FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ST. LOUIS OVARIAN CANCER AWARENESS (SLOCA) IS COMMITTED TO IMPACTING OVARIAN CANCER SURVIVORSHIP BY PROMOTING AWARENESS OF EARLY WARNING SIGNS AND STANDARD OF CARE, ENABLING EARLY DIAGNOSIS, PROMOTING OVARIAN CANCER RESEARCH, AND SURVIVOR SUPPORT.

ATTACHMENT 8FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

SURVIVORS TEACHING STUDENTS: SAVING WOMEN'S LIVES. THIS IS PART OF A NATIONAL PROGRAM STARTED BY THE OVARIAN CANCER NATIONAL ALLIANCE. WE HAVE 15 SURVIVORS WHO MAKE PRESENTATION TO 2ND AND 3RD YEAR MEDICAL STUDENTS AT WASHINGTON UNIVERSITY AND ST. LOUIS UNIVERSITY; TO NURSES AT UNIVERSITY MISSOURI ST. LOUIS; TO RESIDENT PHYSICIANS AT ST. MARY'S HEALTH CENTER. THIS PROGRAM REACHED 211 STUDENTS.

Name of the organization

ST LOUIS OVARIAN CANCER AWARENESS

Employer identification number

05-0523962

ATTACHMENT 8 (CONT'D)FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HEALTH FAIRS: PATIENTS, SURVIVORS, NURSES, AND DOCTORS STAFF BOOTHS AT AREA HEALTH FAIRS. THIS YEAR WE STAFFED A CANCER WELLNESS FAIR, PEARLS OF WISDOM HEALTH FAIR, SITEMAN CANCER CENTER HEALTH FAIR, BJC ST. PETERS WOMEN'S HEALTH FAIR, IMMACULATE CONCEPTION OF DARDENNE CATHOLIC CHURCH HEALTH FAIR, LODGE AT DES PERES HEALTH FAIR. WE REACHED ABOUT 1625 PERSONS THROUGH THESE EVENTS. WE ALSO STAFFED THE WORKING WOMAN'S SURVIVAL SHOW IN FEBRUARY 2010 AND REACHED IN EXCESS OF 20,000 PERSONS AT THE EVENT.

PUBLIC EVENTS: WE STAFFED A BOOTH AT THE ST. LOUIS CARDINALS OPENING DAY RALLY. WE REACHED AN ESTIMATED 10,000 PERSONS. WE ALSO SPONSORED THE OVARIAN CANCER AWARENESS DAY AT BUSCH STADIUM AT A CARDINAL GAME, WHICH WAS ATTENDED BY 40,000 PERSONS.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS

ATTACHMENT 9

IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

GYNECOLOGIC CANCER FOUNDATION

230 W MONROE

SUITE 2528

CHICAGO, IL 60606

TO SUPPORT A SURVIVORS COURSE FOR PATIENTS AND  
SURVIVORS OF OVARIAN CANCER.

25,000

TOTAL CONTRIBUTIONS PAID

25,000.



## ST LOUIS OVARIAN CANCER AWARENESS

05-0523962

ATTACHMENT 10

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
KAREN HIGANO P.O. BOX 270067 ST. LOUIS, MO 63127	PRESIDENT 6.00	0.	0.	0.
BRUCE HUDSON P.O. BOX 270067 ST. LOUIS, MO 63127	TREASURER 5.00	0.	0.	0.
NANCY MARRON P.O. BOX 270067 ST. LOUIS, MO 63127	CORRESPONDING SECRETARY 3.00	0.	0.	0.
BETH HUDSON P.O. BOX 270067 ST. LOUIS, MO 63127	SPEAKERS BUREAU 3.00	0.	0.	0.
CHARLES HAPKE P.O. BOX 270067 ST. LOUIS, MO 63127	VICE PRESIDENT & ATTORNEY 2.00	0.	0.	0.
JOANNE HENDERSON P.O. BOX 270067 ST. LOUIS, MO 63127	HISTORIAN 2.00	0.	0.	0.
DEDE DIERKES P.O. BOX 270067	RECORDING SECRETARY 3.00	0.	0.	0.

## ST LOUIS OVARIAN CANCER AWARENESS

05-0523962  
ATTACHMENT 10 (CONT'D)

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ST. LOUIS, MO 63127				
BARB PLATZER P.O. BOX 270067 ST. LOUIS, MO 63127	MEMBERSHIP 3.00	0.	0.	0.
KITTY LASINSKI P.O. BOX 270067 ST. LOUIS, MO 63127	WEBMASTER 2.00	0.	0.	0.
MERLE MILLER P.O. BOX 270067 ST. LOUIS, MO 63127	DIRECTOR 1.00	0.	0.	0.
DALE WOOD DALLAS P.O. BOX 270067 ST. LOUIS, MO 63127	DIRECTOR 1.00	0.	0.	0.
JAN PAUL P.O. BOX 270067 ST. LOUIS, MO 63127	NEWSLETTER EDITOR 3.00	0.	0.	0.
INA SACHAR P.O. BOX 270067 ST. LOUIS, MO 63127	DIRECTOR 1.00	0.	0.	0.

ST LOUIS OVARIAN CANCER AWARENESS

05-0523962  
ATTACHMENT 10 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
DIANA PADRATZIK P.O. BOX 270067 ST. LOUIS, MO 63127	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

**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 ☒ **X**
- 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization <b>ST LOUIS OVARIAN CANCER AWARENESS</b>	Employer identification number <b>05-0523962</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 270067</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ST. LOUIS, MO 63127</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **BRUCE HUDSON**

Telephone No ► **314 849-3970**

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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year **2010** or
- ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

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

**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

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)