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# 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)

OMB No 1545-0047

**2010**

Open to Public Inspection

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**

**and ending**

**B** Check if applicable

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

**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**

Room/suite

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

**MINNEAPOLIS, MN 55407**

**F** Name and address of principal officer **KATHLEEN GAVIN**  
**SAME AS C ABOVE**

**D** Employer identification number

**41-1960449**

**E** Telephone number

**(612) 822-0500**

**G** Gross receipts \$

**888,572.**

**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) ☐ 501(c) ( ) (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	<b>TO CREATE AN AWARENESS REGARDING EARLY WARNING SIGNS THAT MAY BE INDICATIVE OF OVARIAN CANCER. TO</b>	
	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)	<b>3</b>	<b>12</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>7</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Expenses	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	<b>810,988.</b>	<b>850,606.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,351.</b>	<b>13,616.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	<b>&lt;70,041.&gt;</b>	<b>&lt;67,307.&gt;</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-13)	<b>759,298.</b>	<b>796,915.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>286,054.</b>	<b>207,656.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>45,185.</b>		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>205,939.</b>	<b>230,111.</b>	
19	Revenue less expenses Subtract line 18 from line 12	<b>742,349.</b>	<b>683,113.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>16,949.</b>	<b>113,802.</b>
	21	Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	22	Net assets or fund balances Subtract line 21 from line 20	<b>1,361,443.</b>	<b>1,447,517.</b>
			<b>414,483.</b>	<b>374,337.</b>
		<b>946,960.</b>	<b>1,073,180.</b>	

**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: **7/13/11**

**Paid Preparer Use Only**  
Print/Type preparer's name: **DANIEL BOECKERMANN**  
Preparer's signature: **DANIEL BOECKERMANN**  
Date: **07/12/11**  
Check if self-employed: ☐  
PTIN:   
Firm's name: **BOECKERMANN GRAFSTROM & MAYER, LLC**  
Firm's EIN:   
Firm's address: **7900 XERXES AVENUE S., SUITE 1200 BLOOMINGTON, MN 55431-1139**  
Phone no.: **952-844-2500**

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

☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

☒

- 1 Briefly describe the organization's mission.

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.

- 4a (Code \_\_\_\_\_) (Expenses \$
- 107,523.
- 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 \$
- 196,401.
- 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.

MOCA CONDUCTS THE "SURVIVORS TRAINING MEDICAL STUDENTS PROGRAM" AT THE

- 4c (Code \_\_\_\_\_) (Expenses \$
- 250,000.
- including grants of \$
- 250,000.
- ) (Revenue \$ \_\_\_\_\_)
- 
- RESEARCH GRANTS FUNDED:

\$82,000 - MELISSA A. GELLER, M.D. - UNIVERSITY OF MINNESOTA "ACTIVATED NATURAL KILLER CELLS AND PROTEASOME INHIBITION IN OVARIAN CANCER"

\$83,000 - RAMANDEEP RATTAN, PH.D. - MAYO CLINIC "MAINTENANCE TREATMENT WITH METFORMIN IN AN IN VIVO OVARIAN CANCER MODEL"

\$85,000 - PAUL HALUSKA, M.D., PH.D. - MAYO CLINIC "GENERATION OF CLINICALLY RELEVANT OVARIAN CANCER XENOGRAFT MODELS"

- 4d Other program services. (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

- 4e Total program service expenses
- 553,924.**

**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>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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>	<b>X</b>	
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>X</b>	
c 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>		<b>X</b>
d 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>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
12a 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>	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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, Parts I and IV</i>		<b>X</b>
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, Parts II and IV</i>		<b>X</b>
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, Parts III and IV</i>		<b>X</b>
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>		<b>X</b>
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>	<b>X</b>	
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>		<b>X</b>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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>		<b>X</b>
<b>22</b> 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>	<b>X</b>	
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
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?		
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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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		
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	12	
b Enter the number of voting members included in line 1a, above, who are independent	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	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?	10a	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?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

**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**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.
SUSAN KUSHNER DIRECTOR	1.00							0.	0.	0.
DONA MAKI DIRECTOR	1.00							0.	0.	0.
PATTY DUNN 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 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							70,834.	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 (describe hours for related organizations in Schedule O)	(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			
<b>1b Sub-total</b>								70,834.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								70,834.	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**

- |   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	724,759.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	125,847.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$		87,830.				
	<b>h Total.</b> Add lines 1a-1f			850,606.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			13,616.			13,616.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 125,847. of contributions reported on line 1c) See Part IV, line 18	<b>a</b>		24,350.			
	<b>b</b> Less: direct expenses	<b>b</b>		91,657.			
	<b>c</b> Net income or (loss) from fundraising events			<67,307.>			<67,307.>
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				796,915.	0.	0.	<53,691.>

**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	207,656.	207,656.		
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	221,838.	140,321.	52,945.	28,572.
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6,876.	4,584.	1,484.	808.
10 Payroll taxes	16,632.	10,521.	3,970.	2,141.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,145.		8,145.	
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	8,066.	5,120.	1,954.	992.
17 Travel	9,205.	8,500.	235.	470.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,482.	6,641.	2,500.	1,341.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,577.	17,141.	3,644.	2,792.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS	55,867.	52,036.	2,771.	1,060.
b PROMOTIONS & MEDIA CAMP	26,793.	26,740.	0.	53.
c MOCA DREAM AWARDS	22,600.	22,600.	0.	0.
d PRINTING AND PUBLICATIO	20,258.	16,767.	813.	2,678.
e POSTAGE & SHIPPING	17,453.	14,893.	890.	1,670.
f All other expenses	27,665.	20,404.	4,653.	2,608.
25 Total functional expenses. Add lines 1 through 24f	683,113.	553,924.	84,004.	45,185.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
<b>Assets</b>	1 Cash - non-interest-bearing	7,083.	1	3,587.
	2 Savings and temporary cash investments	829,164.	2	884,969.
	3 Pledges and grants receivable, net		3	14,666.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,605.	9	11,386.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 468,446.		
	b Less accumulated depreciation	10b 126,830.		
		341,094.	10c	341,616.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	175,536.	12	189,348.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,961.	15	1,945.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,361,443.	16	1,447,517.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	12,099.	17	14,487.
	18 Grants payable	239,412.	18	200,343.
	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	162,972.	23	159,507.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	414,483.	26	374,337.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	779,703.	27	603,928.
	28 Temporarily restricted net assets	38,001.	28	330,802.
	29 Permanently restricted net assets	129,256.	29	138,450.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	946,960.	33	1,073,180.
	34 <b>Total liabilities and net assets/fund balances</b>	1,361,443.	34	1,447,517.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	796,915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	683,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	113,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	946,960.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,418.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,073,180.

**Part XII Financial Statements and Reporting**

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

☒

- 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 separate basis, consolidated 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 (2010)

Department of the Treasury  
Internal Revenue Service

**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

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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)		

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

[illegible]

**LHA 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.")	999,366.	1,089,043.	876,619.	810,998.	850,604.	4,626,630.
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	999,366.	1,089,043.	876,619.	810,998.	850,604.	4,626,630.
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 <b>Public support.</b> Subtract line 5 from line 4						4,626,630.

**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	999,366.	1,089,043.	876,619.	810,998.	850,604.	4,626,630.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,670.	42,809.	32,887.	18,346.	13,616.	138,328.
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						4,764,958.
12 Gross receipts from related activities, etc. (see instructions)					12	<275,152.>
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	97.10 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.94 %
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"/>		

Schedule A (Form 990 or 990-EZ) 2010

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 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> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

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

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

**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 ► ☐



**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

**2010**Open 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)	9,003.	
3 Aggregate grants from (during year)	0.	
4 Aggregate value at end of year	184,388.	

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? ☐ Yes ☒ 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? ☐ Yes ☒ 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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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 the 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:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

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	170,904.	141,166.	194,944.		
b Contributions	9,028.	1,683.	11,772.		
c Net investment earnings, gains, and losses	16,432.	31,233.	<52,174.>		
d Grants or scholarships					
e Other expenditures for facilities and programs	11,976.	3,178.	13,376.		
f Administrative expenses					
g End of year balance	184,388.	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 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.	32,159.	271,850.
c Leasehold improvements				
d Equipment		75,294.	49,808.	25,486.
e Other		51,739.	44,863.	6,876.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				341,616.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) RESTRICTED INVESTMENT -		
(B) ROSS	103,210.	END-OF-YEAR MARKET VALUE
(C) RESTRICTED INVESTMENT -		
(D) SNYDER	66,059.	END-OF-YEAR MARKET VALUE
(E) RESTRICTED INVESTMENT -		
(F) REAL ESTATE	238,000.	END-OF-YEAR MARKET VALUE
(G) UNRESTRICTED INVESTMENT	4,959.	END-OF-YEAR MARKET VALUE
(H) LUBOV FUND-RESTRICTED	15,120.	END-OF-YEAR MARKET VALUE
(I) ALLOWANCE FOR INVESTMENTS	<238,000.>	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	189,348.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053  
12-20-10

**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	796,915.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	683,113.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	113,802.
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	12,418.
9	Total adjustments (net). Add lines 4 through 8	9	12,418.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	126,220.

**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	943,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,418.
b	Donated services and use of facilities	2b	42,316.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	91,657.
e	Add lines 2a through 2d	2e	146,391.
3	Subtract line 2e from line 1	3	796,915.
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	796,915.

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

1	Total expenses and losses per audited financial statements	1	817,086.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	42,316.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	91,657.
e	Add lines 2a through 2d	2e	133,973.
3	Subtract line 2e from line 1	3	683,113.
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	683,113.

**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.**

**PART XII, LINE 2B - THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION**

**Part XIV** Supplemental Information (continued)

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.

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

**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 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			
Total						

**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 10 ANNIVERSARY (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	71,340.	59,054.	19,803.	150,197.
2 Less. Charitable contributions	61,490.	44,554.	19,803.	125,847.
3 Gross income (line 1 minus line 2)	9,850.	14,500.		24,350.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	58,680.	31,998.	979.	91,657.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 91,657 )
11 Net income summary. Combine line 3, column (d), and line 10				<67,307.>

**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))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
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? ☐ Yes ☐ No

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

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

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

- 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> | % |
- 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? ☐ 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 ► \_\_\_\_\_

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? ☐ 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 explanations 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)

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

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

**► Attach to Form 990.**

Name of the organization

**MINNESOTA OVARIAN CANCER ALLIANCE, INC.**  
Application for Grants and Assistance

**Employer identification number**  
**41-1960449**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MELISSA A. GELLER, M.D. UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455	1	82,000.	0.		
RAMANDEEP RATTAN, PH.D. MAYO CLINIC ROCHESTER, MN 55905	1	83,000.	0.		
PAUL HALUSKA, M.D., PH.D. MAYO CLINIC ROCHESTER, MN 55905	1	85,000.	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

**2010**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 ► ( VIDEO PRODUCT )	X	1	18,845.	FMV
26 Other ► ( AUDIT SERVICE )	X	1	14,451.	FMV
27 Other ► ( PHOTOGRAPHY )	X	1	6,250.	FMV
28 Other ► ( DESIGN SERVIC )	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 Acknowledgement

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 an amount 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
33		

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

Schedule M (Form 990) (2010)

## 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:

## WEB UPDATES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 1270.

(D) METHOD OF DETERMINING REVENUE: FMV

**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

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

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

Name of the organization

MINNESOTA OVARIAN CANCER ALLIANCE, INC.

Employer identification number

41-1960449

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

UNREALIZED GAIN/(LOSS) ON SECURITIES 12,418.

PROCESS HAS NOT CHANGED FROM PRIOR YEAR

**MINNESOTA OVARIAN  
CANCER ALLIANCE**

**FINANCIAL STATEMENTS**

For the Year Ended  
December 31, 2010





# **Minnesota Ovarian Cancer Alliance**

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For the Year Ended December 31, 2010

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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, 2010 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, 2010, 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, 2009, from which the summarized information was derived.

*Boeckermann Grafstrom & Mayer, LLC*

BOECKERMANN GRAFSTROM & MAYER, LLC  
Certified Public Accountants

Minneapolis, Minnesota  
June 22, 2011

**Minnesota Ovarian Cancer Alliance**  
**Statement of Financial Position**  
December 31, 2010 (with Comparative Totals for 2009)

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<b><u>ASSETS</u></b>	<b><u>2010</u></b>	<b><u>2009</u></b>
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	\$ 471,138	\$ 314,655
Certificate of Deposits	417,419	521,593
Investments	189,347	175,536
Prepaid Expenses	11,388	6,605
Promise to Give	14,666	0
Interest Receivable	<u>1,945</u>	<u>1,961</u>
Total Current Assets	<u>\$ 1,105,903</u>	<u>\$ 1,020,350</u>
<b>PROPERTY AND EQUIPMENT</b>		
Building and Improvements	\$ 304,009	\$ 304,009
Land	37,404	37,404
Office Equipment	82,783	58,684
Web Design Costs	<u>44,250</u>	<u>44,250</u>
Total Property and Equipment	\$ 468,446	\$ 444,347
Accumulated Depreciation	<u>(126,830)</u>	<u>(103,253)</u>
Net Property and Equipment	<u>\$ 341,616</u>	<u>\$ 341,094</u>
<b>TOTAL ASSETS</b>	<u><b>\$ 1,447,519</b></u>	<u><b>\$ 1,361,444</b></u>
<b><u>LIABILITIES AND NET ASSETS</u></b>		
<b>CURRENT LIABILITIES</b>		
Current Portion of Long-Term Debt	\$ 159,507	\$ 3,673
Grants Payable	200,343	239,412
Accrued Expenses	<u>14,487</u>	<u>12,099</u>
Total Current Liabilities	\$ 374,337	\$ 255,184
<b>LONG-TERM LIABILITIES</b>		
Long-Term Debt, Less Current Portion	<u>0</u>	<u>159,299</u>
Total Liabilities	<u>\$ 374,337</u>	<u>\$ 414,483</u>
<b>NET ASSETS</b>		
Unrestricted Net Assets	\$ 603,928	\$ 779,622
Temporarily Restricted Net Assets - Program Services	330,802	38,002
Permanently Restricted Net Assets	<u>138,451</u>	<u>129,337</u>
Total Net Assets	<u>\$ 1,073,181</u>	<u>\$ 946,961</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>\$ 1,447,519</b></u>	<u><b>\$ 1,361,444</b></u>

See Accompanying Notes to the Financial Statements

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# Minnesota Ovarian Cancer Alliance

## Statement of Activities

For the Year Ended December 31, 2010 (with Comparative Totals for 2009)

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	2010 Totals	2009 Totals
REVENUES					
Contributions	\$ 62,575	\$ 330,039	\$ 160	\$ 392,774	\$ 308,144
Program Service Revenue	394,350	0	0	394,350	434,720
Interest and Investment Income	9,456	0	16,433	25,889	47,724
In Kind Contributions	130,146	0	0	130,146	118,403
Temporarily Restricted Revenue Released from Restrictions	44,718	(37,239)	(7,479)	0	0
Loss on Disposal of Property and Equipment	147	0	0	147	0
Total Revenues	<u>\$ 641,392</u>	<u>\$ 292,800</u>	<u>\$ 9,114</u>	<u>\$ 943,306</u>	<u>\$ 908,991</u>
EXPENSES					
Program Services	\$ 673,446	\$ 0	\$ 0	\$ 673,446	\$ 714,606
Management and General	98,455	0	0	98,455	103,309
Fundraising	45,185	0	0	45,185	44,749
Total Expenses	<u>\$ 817,086</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 817,086</u>	<u>\$ 862,664</u>
Increase (Decrease) in Net Assets	\$ (175,694)	\$ 292,800	\$ 9,114	\$ 126,220	\$ 46,327
NET ASSETS, Beginning of Year	<u>779,622</u>	<u>38,002</u>	<u>129,337</u>	<u>946,961</u>	<u>900,634</u>
NET ASSETS, End of Year	<u>\$ 603,928</u>	<u>\$ 330,802</u>	<u>\$ 138,451</u>	<u>\$1,073,181</u>	<u>\$ 946,961</u>

See Accompanying Notes to the Financial Statements

# Minnesota Ovarian Cancer Alliance

## Statement of Functional Expenses

For the Year Ended December 31, 2010 (with Comparative Totals for 2009)

	<b>Program Services</b>	<b>Management and General</b>	<b>Fundraising</b>	<b>2010 Totals</b>	<b>2009 Totals</b>
FUNCTIONAL EXPENSES					
Salaries - Director	\$ 38,958	\$ 14,167	\$ 17,708	\$ 70,834	\$ 70,812
Salaries - Other	101,363	38,778	10,864	151,005	152,584
Payroll Taxes	10,521	3,970	2,141	16,632	19,982
Employee Benefits	4,584	1,484	808	6,876	6,980
Accounting Fees	0	22,596	0	22,596	22,016
Supplies	17,804	1,054	827	19,685	37,838
Telephone	3,064	723	581	4,368	4,167
Postage and Shipping	16,873	890	1,670	19,433	18,342
Occupancy	5,120	1,954	992	8,066	9,449
Depreciation and Amortization	17,141	3,644	2,792	23,577	22,874
Equipment Rental and Maintenance	0	0	0	0	40
Printing and Publications	29,695	813	2,678	33,186	31,000
Travel, Conferences and Meetings	8,500	235	470	9,205	1,417
Licenses and Fees	7,806	1,770	510	10,086	10,455
Interest	6,641	2,500	1,341	10,482	10,649
Education and Training	474	763	0	1,237	456
Research	207,934	0	0	207,934	286,380
Miscellaneous	101,135	2,771	1,060	104,966	89,501
MOCA Dream Awards Campaign	22,600	0	0	22,600	8,500
Promotions and Media Campaign	33,694	0	53	33,747	7,245
Software Fees	4,807	0	302	5,109	4,776
Internet Updates	2,397	343	388	3,128	6,146
Event Location Rental	32,335	0	0	32,335	39,710
Total Functional Expenses	<u>\$ 673,446</u>	<u>\$ 98,455</u>	<u>\$ 45,185</u>	<u>\$ 817,086</u>	<u>\$ 861,319</u>

See Accompanying Notes to the Financial Statements

# Minnesota Ovarian Cancer Alliance

## Statement of Cash Flows

For the Year Ended December 31, 2010 (with Comparative Totals for 2009)

	<u>2010</u>	<u>2009</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in Net Assets	\$ 126,220	\$ 46,327
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities		
Depreciation and Amortization	23,577	22,873
Decrease (Increase) in Operating Assets		
Interest Receivable	16	5,470
Promises to Give	(14,666)	0
Prepaid Expenses	(4,782)	(5,351)
Increase (Decrease) in Operating Liabilities		
Grants Payable	(39,069)	(59,088)
Accrued Expenses	<u>2,388</u>	<u>6,599</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>\$ 93,684</u>	<u>\$ 16,830</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Net Increase in Rochelle Ross Fund - Unrestricted	\$ (2,845)	\$ (2,317)
Net Increase in Raine Snyder Fund - Unrestricted	(1,487)	(1,897)
Net Increase in 3M Stock - Unrestricted	(327)	(1,591)
Net Decrease in Lubov Fund - Unrestricted	2,911	2,373
Net Decrease in Certificates of Deposit	104,174	3,852
Purchase of Property and Equipment	<u>(24,099)</u>	<u>(1,626)</u>
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	<u>\$ 78,327</u>	<u>\$ (1,206)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Net Increase in Rochelle Ross Fund - Endowment	\$ (5,771)	\$ (16,425)
Net Increase in Raine Snyder Fund - Endowment	(4,878)	(9,145)
Net Increase in Lubov Fund - Endowment	(1,414)	(2,328)
Payments on Long-Term Debt	<u>(3,465)</u>	<u>(3,299)</u>
NET CASH USED BY FINANCING ACTIVITIES	<u>\$ (15,528)</u>	<u>\$ (31,197)</u>
NET INCREASE (DECREASE) IN CASH	\$ 156,483	\$ (15,573)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>314,655</u>	<u>330,228</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 471,138</u>	<u>\$ 314,655</u>

See Accompanying Notes to the Financial Statements

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

---

**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.

**Contributions**

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, 2010

---

**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 \$14,451 for professional services, \$3,278 for the Molly Cade Memorial Golf Tournament, \$387 for office equipment, \$27,427 for advertising and supplies for Walk/Run event, \$49,931 for the Gala Event, \$18,845 for video production, \$2,489 for server, \$5,194 for website, and \$8,144 for miscellaneous goods and services for the year ended December 31, 2010.

**Promises to Give**

Unconditional promises to give are recognized as revenue or gains in the period acknowledged. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Promises to give are carried at the original amount promised less an estimate made for doubtful promises based on a review of all outstanding promises on a monthly basis. Management determines the allowance for doubtful promises by regularly evaluating individual promises to give and considering the prior history of the donor and proven collectibility of past donations. Promises to give are written off when deemed uncollectible. Recoveries of promises to give previously written off are recorded when received. There was no allowance for doubtful promises at December 31, 2010. The total outstanding promises to give as of December 31, 2010 were \$14,666.

**Investments**

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, 2010 was \$126,830.

**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.



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

**Financial Statement Presentation**

In accordance with U.S. generally accepted accounting principles, 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.

**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.

**Subsequent Events**

In determining required financial statement disclosures, the Company has evaluated subsequent events through June 22, 2011, the date which the financial statements were available to be issued. The Company determined that there were no subsequent events that met the criteria for disclosure.

**NOTE 2: INVESTMENTS**

Investment return consists of interest income of \$11,613, dividend income of \$2,004, and net realized and unrealized loss of \$(12,419) for a net return of \$1,198 for the year ended December 31, 2010.

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

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**NOTE 2: INVESTMENTS (Continued)**

Investments are stated at fair value. Investments consist of the following at December 31, 2010:

Rochelle Ross Fund	\$ 103,210
Raine Snyder Fund	66,059
Real Estate Investment	238,000
Allowance for Real Estate Investment	(238,000)
3M Stock	4,959
Anita Lubov Fund	15,119
	<hr/>
Total	\$ 189,347

**NOTE 3: FAIR VALUE OF FINANCIAL INSTRUMENTS**

Effective January 1, 2008, the Company adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, *Fair Value Measurements*, which provides a framework for measuring fair value under generally accepted accounting principles. FASB ASC 820-10 applies to all financial instruments that are being measured and reported on a fair value basis. FASB ASC 820-10 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.

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

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**NOTE 3: FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)**

In determining the appropriate levels, the Company performs a detailed analysis of the assets and liabilities that are subject to FASB ASC 820-10. 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	\$ 189,347	189,347	\$ 0	\$ 0
Real Estate Partnership	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>\$ 189,347</u>	<u>\$ 189,347</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.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There are no significant transfers between Level 1, Level 2 and Level 3 investments during the year ended December 31, 2010.

Level 3 assets for the year ended December 31, 2010 are as follows:

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

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

---

**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.

\$ 159,507

Less Current Portion

159,507

Total Long-Term Debt

\$ 0

Maturities of long-term debt are as follows:

2011

\$ 159,507

**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

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, 2010.

Investment Balance at December 31, 2009

\$ 94,594

Contributions

115

Net Earnings

8,501

Investment Balance at December 31, 2010

\$ 103,210

Less Earnings Released as Unrestricted in Prior Years

32,392

Less Earnings Released as Unrestricted in Current Year

2,583

Net Restricted Balance at December 31, 2010

\$ 68,235

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

---

**NOTE 5: PERMANENTLY RESTRICTED NET ASSETS (Continued)**

**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, 2010:

Investment Balance at December 31, 2009	\$ 59,694
Net Earnings	<u>6,365</u>
Investment Balance at December 31, 2010	\$ 66,059
Less Earnings Released as Unrestricted in Prior Years	8,078
Less Earnings Released as Unrestricted in Current Year	<u>1,487</u>
Net Restricted Balance at December 31, 2010	<u><u>\$ 56,494</u></u>

**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, 2010:

Investment Balance at December 31, 2009	\$ 16,616
Contributions	45
Net Earnings	1,713
Scholarships Paid Out During 2010	<u>(3,255)</u>
Investment Balance at December 31, 2010	\$ 15,119
Less Earnings Released as Unrestricted in Prior Years	1,098
Less Earnings Released as Unrestricted in Current Year	<u>299</u>
Net Restricted Balance at December 31, 2010	<u><u>\$ 13,722</u></u>

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

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**NOTE 5: PERMANENTLY RESTRICTED NET ASSETS (Continued)**

**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, 2010 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 2010 that are classified as "temporarily restricted." They are:

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

**Media Awareness Campaign**

The balance consists of the following at December 31, 2010:

Investment Balance at December 31, 2009	\$ 25,500
Plus Contributions During 2010	50
Less Amounts Paid Toward Campaign in 2010	<u>3,963</u>
Net Restricted Balance at December 31, 2010	<u><u>\$ 21,587</u></u>

**MOCA Dream Awards Campaign**

The balance consists of the following at December 31, 2010

Investment Balance at December 31, 2009	\$ 0
Plus Contributions During 2010	25,000
Less Amounts Paid Toward Campaign in 2010	<u>22,661</u>
Net Restricted Balance at December 31, 2010	<u><u>\$ 2,339</u></u>

**Minnesota Ovarian Cancer Alliance**  
**Notes to the Financial Statements**  
December 31, 2010

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**NOTE 6: FUNDING (Continued)**

**Preventing Hereditary Cancer Grant**

The balance consists of the following at December 31, 2010

Investment Balance at December 31, 2009	\$ 10,000
Plus Contributions During 2010	0
Less Amounts Paid Toward Grant in 2010	<u>10,000</u>
Net Restricted Balance at December 31, 2010	<u>\$ 0</u>

**Parade Awareness Initiative**

The balance consists of the following at December 31, 2010

Investment Balance at December 31, 2009	\$ 2,500
Plus Contributions During 2010	4,989
Less Amounts Paid Toward Initiative in 2010	<u>613</u>
Net Restricted Balance at December 31, 2010	<u>\$ 6,876</u>

**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 \$250,000 and awarded \$250,000. The total amount of payments for research in 2010 was \$254,069 of which \$125,000 was for grants awarded in 2010.

The Board of Directors designated \$300,000 of unrestricted - designated net assets for 2011 for research grants.

**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

**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.

<b>Type or print</b>	Name of exempt organization <b>MINNESOTA OVARIAN CANCER ALLIANCE, INC.</b>	Employer identification number <b>41-1960449</b>
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 <b>4604 CHICAGO AVENUE SOUTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MINNEAPOLIS, MN 55407</b>	

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

**01**

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

**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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, 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 , and ending .

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	<b>0.</b>
<b>b</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	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	<b>0.</b>

**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 Paperwork Reduction Act Notice, see Instructions.

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