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| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | |
|--|--|--|--|
| A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 | | D Employer identification number 41-1960449 | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | E Telephone number (612) 822-0500 | |
| C Name of organization MINNESOTA OVARIAN CANCER ALLIANCE INC | | G Gross receipts \$ 880,275 | |
| 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 4604 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55407 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | |
| J Website: HTTP //WWW.MNOVARIAN.ORG/ | | H(c) Group exemption number ▶ | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 THE MINNESOTA OVARIAN CANCER ALLIANCE HAS FOUR MAIN GOALS FIRST, TO CREATE AN AWARENESS OF EARLY WARNING SIGNS THAT MAY BE INDICATIVE OF OVARIAN CANCER SECOND, TO CREATE AND PROMOTE RESOURCES FOR SUPPORT, NETWORKING AND EDUCATION FOR WOMEN DIAGNOSED WITH OVARIAN CANCER AND THEIR FAMILIES THIRD, TO UNITE AND EDUCATE INDIVIDUALS, THE MEDICAL COMMUNITY AND ORGANIZATIONS TO EARLIER DIAGNOSIS, BETTER TREATMENT AND A CURE FOR OVARIAN CANCER AND FOURTH, TO ADVANCE OVARIAN CANCER RESEARCH TOWARD EARLIER DIAGNOSIS, BETTER TREATMENT AND A CURE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 9 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 850,606 | 844,520 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,616 | 10,012 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -67,307 | -87,746 |
| | | 796,915 | 766,786 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 207,656 | 258,260 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 245,346 | 276,303 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) <u>54,696</u> | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 230,111 | 239,708 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 683,113 | 774,271 |
| Net Assets or Fund Balances | | 113,802 | -7,485 |
| | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 1,447,517 | 1,253,151 |
| | 21 Total liabilities (Part X, line 26) | 374,337 | 196,004 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 1,073,180 | 1,057,147 |

| | |
|----------------|------------------------|
| 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 | | | 2012-10-30 Date | |
| | KATHLEEN GAVIN EXECUTIVE DIRECTOR Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature | DANIEL BOECKERMANN | Date 2012-10-30 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) P00100782 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | BOECKERMANN GRAFSTROM & MAYER LLC 4470 W 78TH ST CIRCLE STE 200 BLOOMINGTON, MN 554355416 | | | EIN 20-0472826 |
| | | | | | 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

THE MINNESOTA OVARIAN CANCER ALLIANCE WORKS WITH THE MEDICAL COMMUNITY AND OTHER ORGANIZATIONS TO ACHIEVE EARLIER DIAGNOSIS, BETTER TREATMENT AND A CURE FOR OVARIAN CANCER MOCA IS COMMITTED TO ADVANCING OVARIAN CANCER RESEARCH TOWARDS EARLIER DIAGNOSIS, BETTER TREATMENT AND A CURE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 98,760 including grants of \$) (Revenue \$)

SUPPORT & INFORMATION MOCA HOLDS PUBLIC EDUCATION MEETINGS THROUGHOUT THE TWIN CITIES METRO AREA SEVERAL TIMES A YEAR THE MOCA "SURVIVORSHIP SERIES" MEETINGS ARE FREE AND OPEN TO THE PUBLIC SPEAKERS INCLUDE ONCOLOGISTS, SOCIAL WORKERS, COUNSELORS, RESEARCHERS AND OTHERS WHO PROVIDE SUPPORT AND INFORMATION REGARDING OVARIAN CANCER WHENEVER POSSIBLE, INFORMATION SHARED AT THESE MEETINGS IS ALSO INCLUDED ON THE MOCA WEBSITE, WHICH WAS UPDATED IN 2011 WITH A NEW LOOK AND INFORMATION AND RESOURCES FOR SURVIVORS AND NEWLY DIAGNOSED WOMEN THE MOCA MESSENGER IS THE ORGANIZATIONS NEWSLETTER MAILED AND E-MAILED OUT TO HOUSEHOLDS AND HEALTHCARE ORGANIZATIONS THREE TIMES A YEAR MOCA TOOK PART IN SIX HEALTH FAIRS AND CONFERENCES THROUGHOUT THE STATE, INCLUDING THE MINNESOTA STATE FAIR AND THE JEWISH CHILDRENS AND FAMILY SERVICES HEALTH FAIR OUR RESOURCES INCLUDE SEVERAL SUPPORT GROUPS FOR SURVIVORS THROUGHOUT THE STATE, INCLUDING - A MINNEAPOLIS SURVIVORSHIP GROUP, MEETING TWICE A MONTH- A ST PAUL SURVIVORS GROUP, MEETING TWICE A MONTH- GROUPS FOR NEWLY DIAGNOSED WOMEN THAT MEET IN MINNEAPOLIS ON A REGULAR BASIS- A YOUNG SURVIVOR NETWORK GROUP FOR WOMEN DIAGNOSED BEFORE MENOPAUSE, MEETING ONCE EACH MONTH- A GROUP IN BRAINERD THAT MEETS ON A MONTHLY BASIS- A GROUP IN ROCHESTER THAT MEETS ON A REGULAR BASIS

4b

(Code) (Expenses \$ 229,205 including grants of \$) (Revenue \$)

OUTREACH & AWARENESS THROUGH THE SURVIVORS TRAINING STUDENTS SAVING WOMENS LIVES PROGRAM, MOCA WORKS WITH SURVIVORS TO PROVIDE SPEAKERS TO GROUPS OF MEDICAL STUDENTS SO THEY CAN UNDERSTAND AND BETTER DIAGNOSE OVARIAN CANCER IN 2011, MOCA EDUCATED ALL THIRD YEAR STUDENTS AT THE UNIVERSITY OF MINNESOTA, FACILITATED TWO PROGRAMS FOR MEDICAL RESIDENTS AND REPRESENTATIVES FROM THE ORGANIZATION WERE ALSO INVITED TO PRESENT AT THE MAYO MEDICAL SCHOOL FOR THE FIRST TIME MOCA ALSO EXHIBITED AT TWO NEW CONFERENCES TARGETING PRIMARY CARE PHYSICIANS MOCA ALSO PROVIDES ANNUAL SCHOLARSHIPS TO ENCOURAGE ONCOLOGY NURSES ATTENDANCE AT NATIONAL EDUCATIONAL CONFERENCES THROUGH THE ANITA LUBOV MEMORIAL SCHOLARSHIP FUND THE SILENT NO MORE WALK/RUN IS MOCAS LARGEST ANNUAL EVENT IS HELD IN ROSLAND PARK IN EDINA THIS IS OUR LARGEST PUBLIC OUTREACH EVENT AND MORE THAN 3,000 PARTICIPANTS TAKE PART TO HIGHLIGHT THE SYMPTOMS OF OVARIAN CANCER AND RAISE AWARENESS OF THE DISEASE AND OUR ORGANIZATION WE ALSO USE THE EVENT TO ATTRACT MEDIA ATTENTION, EDUCATE THE PUBLIC AND DEVELOP NEW MEMBERS AND SUPPORTERS MOCA ALSO HOLDS A DUAL SUMMER FUNDRAISING EVENT - THE MID SUMMER NIGHTS GALA AND THE MOLLY CADE MEMORIAL GOLF EVENT WHICH ATTRACTS HUNDREDS OF SUPPORTERS TO RAISE MONEY AND AWARENESS FOR OVARIAN CANCER

4c

(Code) (Expenses \$ 303,218 including grants of \$ 303,218) (Revenue \$)

RESEARCH GRANTS FUNDED \$88,992 - MELISSA A GELLER, M D - UNIVERSITY OF MINNESOTA "LYMPHODEPLETING CHEMOTHERAPY AND T-CELL SUPPRESSION FOLLOWED BY ALLOGENEIC NATURAL KILLER CELLS AND INTERLEUKIN-2 IN PATIENTS WITH RECURRENT OVARIAN CANCER" \$55,480 - SANJEEV KUMAR, MBBS - MAYO CLINIC "RITONAVIR REPOSITIONING FROM HIV-AIDS TO TREATMENT OF OVARIAN CANCER" \$68,746 - VII SHRIDHAR, PH D - MAYO CLINIC "TARGETING THE TUMOR MICROENVIRONMENT IN OVARIAN CANCER" \$90,000 - AMY SKUBITZ, PH D - UNIVERSITY OF MINNESOTA "NOVEL BISPECIFIC LIGAND-DIRECTED TOXINS FOR THE TREATMENT OF OVARIAN CANCER"

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 631,183

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)? If "Yes," complete Schedule A. | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | | No |
| 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? If "Yes," complete Schedule C, Part III. | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II. | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | | No |
| 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? If "Yes," complete Schedule D, Part IV. | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | Yes | |
| 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? If "Yes," complete Schedule D, Part VII. | Yes | |
| 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? If "Yes," complete Schedule D, Part VIII. | | No |
| 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? If "Yes," complete Schedule D, Part IX. | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | No |
| 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)? If "Yes," complete Schedule D, Part X. | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I. | | No |
| 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 U.S.? If "Yes," complete Schedule F, Part II and IV. | | No |
| 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 U.S.? If "Yes," complete Schedule F, Part III and IV. | | No |
| 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? If "Yes," complete Schedule G, Part I. | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H. | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. | | |
| 20b | | | |

Part IV

Checklist of Required Schedules (continued)

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

| | | | |
|---|--|------------|-----------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | | |
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . | 1a | 12 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a | 9 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | |
| 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 or securities account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 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? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | No |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders. | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the aggregate amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | | No |
| 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 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 | | No |

Section B. Policies

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

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | 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? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | | |
|----|---|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed | MN |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | KATHLEEN GAVIN 4604 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55407 (612) 822-0500 |

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (1) JANICE BORN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (2) JOE CADE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (3) SUSAN KUSHNER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (4) DONA MAKI DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (5) PATTY DUNN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (6) SARAH NOONAN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) JOY WETZEL DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) CHRIS WICK DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) LINDA LINDER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) MARY PAT OSLUND DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) LISA BARNHOLDT PRESIDENT | 2 00 | | | X | | | | 0 | 0 | 0 |
| (12) RS TRIPP SNYDER SECRETARY | 2 00 | | | X | | | | 0 | 0 | 0 |
| (13) KATHLEEN GAVIN EXECUTIVE DIRECTOR | 35 00 | | | X | | | | 86,887 | 0 | 0 |
| (14) CAROL LUUKKONEN VICE PRESIDENT | 2 00 | | | X | | | | 0 | 0 | 0 |
| (15) KEVIN CADE TREASURER | 2 00 | | | X | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII

| | | | | | |
|-----------|--|----------|--------|---|---|
| 1b | Sub-Total | ▼ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▼ | | | |
| d | Total (add lines 1b and 1c) | ▼ | 86,887 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

| | | Yes | No |
|----------|---|----------|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|--|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | 690,724 | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 153,796 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 123,752 | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | 2a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 10,084 | | |
| 4 | | Income from investment of tax-exempt bond proceeds . . | | | | | |
| 5 | | Royalties | | | | | |
| 6a | | Gross rents | (i) Real (ii) Personal | | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss) | | | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| b | | Less cost or other basis and sales expenses | | 72 | | | |
| c | | Gain or (loss) | | -72 | | | |
| d | | Net gain or (loss) | | -72 | -72 | | |
| 8a | | Gross income from fundraising events (not including \$ 153,796 of contributions reported on line 1c) See Part IV, line 18 | a | 25,671 | -87,746 | | -87,746 |
| b | | Less direct expenses | b | 113,417 | | | |
| c | | Net income or (loss) from fundraising events . . | | | | | |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities . . | | | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | |
| b | | Less cost of goods sold . . . | b | | | | |
| c | | Net income or (loss) from sales of inventory . . | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See Instructions | | | 766,786 | -72 | 0 | -77,662 |

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

| 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 United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 258,260 | 258,260 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 249,495 | 157,221 | 56,885 | 35,389 |
| 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 | 8,100 | 5,135 | 1,861 | 1,104 |
| 10 | Payroll taxes | 18,708 | 11,697 | 4,380 | 2,631 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 8,145 | | 8,145 | |
| d | Lobbying | | | | |
| e | Professional fundraising 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 | 8,667 | 5,424 | 2,034 | 1,209 |
| 17 | Travel | 4,864 | 4,431 | 176 | 257 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 8,559 | 5,324 | 1,996 | 1,239 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 22,931 | 14,852 | 4,886 | 3,193 |
| 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 | 53,401 | 48,347 | 3,845 | 1,209 |
| b | MOCA DREAM AWARDS | 32,494 | 32,494 | 0 | 0 |
| c | SUPPLIES | 23,806 | 22,129 | 1,001 | 676 |
| d | PRINTING AND PUBLICATIO | 18,694 | 14,158 | 354 | 4,182 |
| e | | | | | |
| f | All other expenses | 58,147 | 51,711 | 2,829 | 3,607 |
| 25 | Total functional expenses. Add lines 1 through 24f | 774,271 | 631,183 | 88,392 | 54,696 |
| 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) | | (B) |
|-----------------------------|---|---|-----|---------|--|-------------------|-----|-------------|
| | | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 3,587 | 1 | 243 |
| | 2 | Savings and temporary cash investments | | | | 884,969 | 2 | 705,304 |
| | 3 | Pledges and grants receivable, net | | | | 14,666 | 3 | 7,900 |
| | 4 | Accounts receivable, net | | | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | | 7 | |
| | 8 | Inventories for sale or use | | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 11,386 | 9 | 11,556 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 440,370 | | | | |
| | b | Less: accumulated depreciation | 10b | 94,272 | | 341,616 | 10c | 346,098 |
| | 11 | Investments—publicly traded securities | | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 189,348 | 12 | 181,427 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | | 13 | |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 1,945 | 15 | 623 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 1,447,517 | 16 | 1,253,151 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | 14,487 | 17 | 14,010 |
| | 18 | Grants payable | | | | 200,343 | 18 | 181,994 |
| | 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 | | | | 159,507 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 374,337 | 26 | 196,004 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | | 603,928 | 27 | 611,738 |
| | 28 | Temporarily restricted net assets | | | | 330,802 | 28 | 322,431 |
| | 29 | Permanently restricted net assets | | | | 138,450 | 29 | 122,978 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | | 32 | |
| | 33 | Total net assets or fund balances | | | | 1,073,180 | 33 | 1,057,147 |
| | 34 | Total liabilities and net assets/fund balances | | | | 1,447,517 | 34 | 1,253,151 |

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 | 766,786 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 774,271 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -7,485 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,073,180 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -8,548 |
| 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 | 1,057,147 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 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 | Yes | |
| 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? | | No |
| 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 | | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

| | |
|---|--|
| Name of the organization MINNESOTA OVARIAN CANCER ALLIANCE INC | Employer identification number 41-1960449 |
|---|--|

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

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

1

☐

A church, convention of churches, or association of churches **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 Se**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 the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1,089,043 | 876,619 | 810,998 | 850,604 | 844,520 | 4,471,784 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 1,089,043 | 876,619 | 810,998 | 850,604 | 844,520 | 4,471,784 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 4,471,784 |

| Section B. Total Support | | | | | | |
|--|---|----------|----------|----------|----------|-----------|
| Calendar year | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 Amounts from line 4 | 1,089,043 | 876,619 | 810,998 | 850,604 | 844,520 | 4,471,784 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 42,809 | 32,887 | 18,346 | 13,616 | 10,012 | 117,670 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 4,589,454 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | -403,066 |
| 13 First Five Years | If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|--|-------------|
| 14 | Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 97 440 % |
| 15 | Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 97 100 % |
| 16a | 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | |
| b | 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | |
| 17a | 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | |
| b | 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | |
| 18 | Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | |

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6.) | | | | | | |

| Section B. Total Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | | |

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

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Explanation |
|-------------|
| |
| |
| |
| |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|---|
| 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) | 5,907 | |
| 3 Aggregate grants from (during year) | 0 | |
| 4 Aggregate value at end of year | 176,607 | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

Part III

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

3

Using the organization's 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

| | |
|----|--------|
| | 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 | 184,388 | 170,904 | 141,166 | 194,944 |
| b | Contributions | 6,122 | 9,028 | 1,683 | 11,772 |
| c | Investment earnings or losses | -3,665 | 16,432 | 31,233 | -52,174 |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | 10,238 | 11,976 | 3,178 | 13,376 |
| f | Administrative expenses | | | | |
| g | End of year balance | 176,607 | 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

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

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

3b

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 property | (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 | 40,364 | 263,645 |
| c Leasehold improvements | | | | |
| d Equipment | | 68,632 | 47,169 | 21,463 |
| e Other | | 30,325 | 6,739 | 23,586 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 346,098 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|--|---|----|---------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 766,786 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 774,271 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -7,485 |
| 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 | -8,548 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -8,548 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -16,033 |

| 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 | 898,522 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -8,548 |
| b | Donated services and use of facilities | 2b | 26,868 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 113,417 |
| e | Add lines 2a through 2d | 2e | 131,737 |
| 3 | Subtract line 2e from line 1 | 3 | 766,785 |
| 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 should equal Form 990, Part I, line 12) | 5 | 766,785 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|--|---|----|---------|
| 1 | Total expenses and losses per audited financial statements | 1 | 914,556 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 26,868 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 113,417 |
| e | Add lines 2a through 2d | 2e | 140,285 |
| 3 | Subtract line 2e from line 1 | 3 | 774,271 |
| 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 should equal Form 990, Part I, line 18) | 5 | 774,271 |

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, 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.

| Identifier | Return Reference | Explanation |
|-------------------------------------|------------------|--|
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | UNREALIZED GAIN/(LOSS) ON SECURITIES -8,548 |
| | | 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 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. |

Additional Data

Software ID:
Software Version:
EIN: 41-1960449
Name: MINNESOTA OVARIAN CANCER ALLIANCE INC

Form 990, Special Condition Description:

| |
|--------------------------------------|
| Special Condition Description |
|--------------------------------------|

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

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.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (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 | | | |
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| Total ▶ | | | | | | |

3

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

Part II Fundraising Events.

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

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events | |
|-----------------|--|---|--------------------|--------------------|------------------|----------------------|-------------|
| | | | <u>GALA DINNER</u> | <u>GOLF OUTING</u> | <u>2</u> | (Add col (a) through | |
| | | | (event type) | (event type) | (total number) | col (c)) | |
| | 1 | Gross receipts | 89,830 | 72,817 | 16,820 | 179,467 | |
| | 2 | Less Charitable contributions | 78,110 | 58,867 | 16,820 | 153,797 | |
| 3 | Gross income (line 1 minus line 2) | 11,720 | 13,950 | | 25,670 | | |
| Direct Expenses | 4 | Cash prizes | | | | | |
| | 5 | Non-cash prizes | | | | | |
| | 6 | Rent/facility costs | | | | | |
| | 7 | Food and beverages | | | | | |
| | 8 | Entertainment | | | | | |
| | 9 | Other direct expenses | 72,311 | 37,885 | 3,221 | 113,417 | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d). ▶ | | | | | (113,417) |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). ▶ | | | | | -87,747 |

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.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|---|---|---|--|
| | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <div><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</div> | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | () |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | |

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

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| | | |
|------------|-----------------|-------------|
| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MINNESOTA OVARIAN CANCER ALLIANCE INC

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
41-1960449

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) MELISSA A GELLER, M D UNIVERSITY OF MINNESOTAMINNEAPOLIS, MN 55455 | 1 | 88,992 | | | |
| (2) SANJEEV KUMAR, MBBSMAYO CLINICROCHESTER, MN 55905 | 1 | 55,480 | | | |
| (3) VIJI SHRIDHAR, PH D MAYO CLINICROCHESTER, MN 55905 | 1 | 68,746 | | | |
| (4) AMY SKUBITZ, PH D UNIVERSITY OF MINNESOTAMINNEAPOLIS, MN 55455 | 1 | 90,000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining 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 | AUDIT Other ► (SERVICES) | X | 1 | 12,646 FMV | |
| 26 | WEB Other ► (UPDATES) | X | 1 | 811 FMV | |
| 27 | VIDEO Other ► (PRODUCTION) | X | 1 | 615 FMV | |
| 28 | Other ► (PHOTOGRAPHY) | X | 1 | 3,750 FMV | |
| | DESIGN SERVICES - GOLF & Other ► (GALA) | X | 1 | 3,000 FMV | |
| | RENTAL DISCOUNT - Other ► (W/R) | X | 1 | 1,500 FMV | |
| | MAIL Other ► (SERVICE) | X | 1 | 330 FMV | |
| | AUCTION Other ► (SERVICES) | X | 1 | 2,665 FMV | |
| | Other ► (CATERING) | X | 1 | 200 FMV | |
| | MASSAGE SERVICES - Other ► (W/R) | X | 1 | 1,000 FMV | |
| | TRASH REMOVAL - Other ► (W/R) | X | 1 | 350 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? | | | <div>Yes</div> <div>No</div> | |
| 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? | | | <div>No</div> | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | | <div>No</div> | |
| b | If "Yes," describe in Part II | | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | | |

Part III

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.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
MINNESOTA OVARIAN CANCER ALLIANCE INC**Employer identification number**

41-1960449

| Identifier | Return Reference | Explanation |
|--|--|---|
| | 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 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 |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -8,548 |
| | | PROCESS HAS NOT CHANGED FROM PRIOR YEAR |



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**Minnesota Ovarian
Cancer Alliance**

FINANCIAL STATEMENTS

**For the Year Ended
December 31, 2011**



Minnesota Ovarian Cancer Alliance
Table of Contents
For the Year Ended December 31, 2011

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| STATEMENT OF FUNCTIONAL EXPENSES | 4 |
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BOECKERMANN GRAFSTROM MAYER
CPAS

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, 2011 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 audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit 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 audit provides 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, 2011, 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, 2010, from which the summarized information was derived.

Boeckermann Grafstrom & Mayer, LLC

BOECKERMANN GRAFSTROM & MAYER, LLC
Certified Public Accountants

Minneapolis, Minnesota
July 29, 2012

Minnesota Ovarian Cancer Alliance
Statement of Financial Position
December 31, 2011 (with Comparative Totals for 2010)

| <u>ASSETS</u> | <u>2011</u> | <u>2010</u> |
|--|---------------------|---------------------|
| CURRENT ASSETS | | |
| Cash and Cash Equivalents | \$ 600,990 | \$ 471,138 |
| Certificate of Deposits | 104,555 | 417,419 |
| Investments | 181,427 | 189,347 |
| Prepaid Expenses | 11,556 | 11,388 |
| Promise to Give | 6,400 | 14,666 |
| Contribution Receivable | 1,500 | 0 |
| Interest Receivable | 623 | 1,945 |
| Total Current Assets | \$ 907,051 | \$ 1,105,903 |
| PROPERTY AND EQUIPMENT | | |
| Building and Improvements | \$ 304,009 | \$ 304,009 |
| Land | 37,404 | 37,404 |
| Office Equipment | 68,632 | 82,783 |
| Web Design Costs | 30,325 | 44,250 |
| Total Property and Equipment | \$ 440,370 | \$ 468,446 |
| Accumulated Depreciation | (94,272) | (126,830) |
| Net Property and Equipment | \$ 346,098 | \$ 341,616 |
| TOTAL ASSETS | \$ 1,253,149 | \$ 1,447,519 |
| <u>LIABILITIES AND NET ASSETS</u> | | |
| CURRENT LIABILITIES | | |
| Current Portion of Long-Term Debt | \$ 0 | \$ 159,507 |
| Grants Payable | 181,994 | 200,343 |
| Accrued Expenses | 14,009 | 14,487 |
| Total Current Liabilities | \$ 196,003 | \$ 374,337 |
| NET ASSETS | | |
| Unrestricted Net Assets | \$ 611,738 | \$ 603,928 |
| Unrestricted Designated Net Assets | \$ 300,000 | \$ 300,000 |
| Temporarily Restricted Net Assets - Program Services | 22,431 | 30,802 |
| Permanently Restricted Net Assets | 122,977 | 138,452 |
| Total Net Assets | \$ 1,057,146 | \$ 1,073,182 |
| TOTAL LIABILITIES AND NET ASSETS | \$ 1,253,149 | \$ 1,447,519 |

See Accompanying Notes to the Financial Statements

Minnesota Ovarian Cancer Alliance**Statement of Activities**

For the Year Ended December 31, 2011 (with Comparative Totals for 2010)

| | Unrestricted Net Assets | Temporarily Restricted Net Assets | Permanently Restricted Net Assets | 2011 Totals | 2010 Totals |
|--|----------------------------|---|---|--------------------|--------------------|
| REVENUES | | | | | |
| Contributions | \$ 268,000 | \$ 30,350 | \$ 515 | \$ 298,865 | \$ 392,774 |
| Program Service Revenue | 447,575 | 0 | | 447,575 | 394,350 |
| Interest and Investment Income | 5,218 | 0 | (3,664) | 1,554 | 25,889 |
| In Kind Contributions | 150,619 | 0 | 0 | 150,619 | 130,146 |
| Temporarily Restricted Revenue Released from Restrictions | 51,047 | (38,721) | (12,326) | 0 | 0 |
| Loss on Disposal of Property and Equipment | (72) | 0 | 0 | (72) | 147 |
| Loss on Sale of Stock | (21) | 0 | 0 | (21) | 0 |
| Total Revenues | <u>\$ 922,366</u> | <u>\$ (8,371)</u> | <u>\$ (15,475)</u> | <u>\$ 898,520</u> | <u>\$ 943,306</u> |
| EXPENSES | | | | | |
| Program Services | \$ 758,822 | \$ 0 | \$ 0 | \$ 758,822 | \$ 673,446 |
| Management and General | 101,038 | 0 | 0 | 101,038 | 98,455 |
| Fundraising | <u>54,696</u> | <u>0</u> | <u>0</u> | <u>54,696</u> | <u>45,185</u> |
| Total Expenses | <u>\$ 914,556</u> | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 914,556</u> | <u>\$ 817,086</u> |
| Increase (Decrease) in Net Assets | \$ 7,810 | \$ (8,371) | \$ (15,475) | \$ (16,036) | \$ 126,220 |
| NET ASSETS, Beginning of Year | <u>903,928</u> | <u>30,802</u> | <u>138,452</u> | <u>1,073,182</u> | <u>946,961</u> |
| NET ASSETS, End of Year | <u>\$ 911,738</u> | <u>\$ 22,431</u> | <u>\$ 122,977</u> | <u>\$1,057,146</u> | <u>\$1,073,181</u> |

See Accompanying Notes to the Financial Statements

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

For the Year Ended December 31, 2011 (with Comparative Totals for 2010)

| | Program Services | Management and General | Fundraising | 2011 Totals | 2010 Totals |
|-----------------------------------|-----------------------------|-----------------------------------|--------------------|------------------------|------------------------|
| FUNCTIONAL EXPENSES | | | | | |
| Salaries - Director | \$ 47,787 | \$ 17,378 | \$ 17,378 | \$ 82,544 | \$ 70,834 |
| Salaries - Other | 109,434 | 39,507 | 18,011 | 166,952 | 151,005 |
| Payroll Taxes | 11,697 | 4,380 | 2,631 | 18,708 | 16,632 |
| Employee Benefits | 5,135 | 1,861 | 1,104 | 8,100 | 6,876 |
| Accounting Fees | 0 | 20,791 | 0 | 20,791 | 22,596 |
| Supplies | 27,930 | 1,001 | 676 | 29,607 | 19,685 |
| Telephone | 3,096 | 736 | 675 | 4,507 | 4,368 |
| Postage and Shipping | 14,444 | 417 | 1,531 | 16,392 | 19,433 |
| Occupancy | 5,424 | 2,034 | 1,209 | 8,667 | 8,066 |
| Depreciation and Amortization | 14,852 | 4,886 | 3,193 | 22,931 | 23,577 |
| Equipment Rental and Maintenance | 2,203 | 0 | 0 | 2,203 | 0 |
| Printing and Publications | 26,312 | 354 | 4,182 | 30,848 | 33,186 |
| Travel, Conferences, and Meetings | 4,431 | 176 | 257 | 4,864 | 9,205 |
| Licenses and Fees | 8,968 | 1,570 | 541 | 11,079 | 10,086 |
| Interest | 5,324 | 1,996 | 1,239 | 8,559 | 10,482 |
| Education and Training | 3,565 | 18 | 0 | 3,583 | 1,237 |
| Research | 258,132 | 0 | 0 | 258,132 | 207,934 |
| Miscellaneous | 112,175 | 3,845 | 1,209 | 117,229 | 104,966 |
| MOCA Dream Awards Campaign | 32,494 | 0 | 0 | 32,494 | 22,600 |
| Promotions and Media Campaign | 12,383 | 0 | 0 | 12,383 | 33,747 |
| Software Fees | 12,109 | 0 | 739 | 12,848 | 5,109 |
| Internet Updates | 270 | 88 | 121 | 479 | 3,128 |
| Event Location Rental | 40,657 | 0 | 0 | 40,657 | 32,335 |
| Total Functional Expenses | <u>\$ 758,822</u> | <u>\$ 101,038</u> | <u>\$ 54,696</u> | <u>\$ 914,556</u> | <u>\$ 817,087</u> |

See Accompanying Notes to the Financial Statements

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

For the Year Ended December 31, 2011 (with Comparative Totals for 2010)

| | <u>2011</u> | <u>2010</u> |
|---|--------------------------|--------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Increase (Decrease) in Net Assets | \$ (16,036) | \$ 126,220 |
| Adjustments to Reconcile Increase (Decrease) in Net Assets to Net Cash Provided (Used) by Operating Activities | | |
| Depreciation and Amortization | 25,771 | 23,577 |
| Loss on Disposal of Equipment | 72 | 0 |
| Decrease (Increase) in Operating Assets | | |
| Interest Receivable | 1,322 | 16 |
| Promises to Give | 8,266 | (14,666) |
| Contribution Receivable | (1,500) | 0 |
| Prepaid Expenses | (168) | (4,782) |
| Increase (Decrease) in Operating Liabilities | | |
| Grants Payable | (18,349) | (39,069) |
| Accrued Expenses | (478) | 2,388 |
| NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES | <u>\$ (1,100)</u> | <u>\$ 93,684</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Net Increase in Rochelle Ross Fund - Unrestricted | \$ (2,992) | \$ (2,845) |
| Net Increase in Raine Snyder Fund - Unrestricted | (1,645) | (1,487) |
| Net Increase in 3M Stock - Unrestricted | (128) | (327) |
| Net Decrease in Lubov Fund - Unrestricted | 4,420 | 2,911 |
| Net Decrease in Certificates of Deposit | 312,864 | 104,174 |
| Purchase of Property and Equipment | (30,325) | (24,099) |
| NET CASH PROVIDED BY INVESTING ACTIVITIES | <u>\$ 282,194</u> | <u>\$ 78,327</u> |
| CASH FLOWS FROM FINANCING ACTIVITIES | | |
| Net Increase in Rochelle Ross Fund - Endowment | \$ 2,409 | \$ (5,771) |
| Net Increase in Raine Snyder Fund - Endowment | 4,318 | (4,878) |
| Net Increase in Lubov Fund - Endowment | 1,538 | (1,414) |
| Payments on Long-Term Debt | (159,507) | (3,465) |
| NET CASH USED BY FINANCING ACTIVITIES | <u>\$ (151,242)</u> | <u>\$ (15,528)</u> |
| NET INCREASE IN CASH | <u>\$ 129,852</u> | <u>\$ 156,483</u> |
| CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR | <u>471,138</u> | <u>314,655</u> |
| CASH AND CASH EQUIVALENTS, END OF YEAR | <u><u>\$ 600,990</u></u> | <u><u>\$ 471,138</u></u> |

See Accompanying Notes to the Financial Statements

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2011

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

Nature of Activities

The Minnesota Ovarian Cancer Alliance (the Organization) is a statewide organization dedicated to raising awareness, providing support to women and families impacted by the disease, and funding the research needed to detect ovarian cancer early and treat it properly. The Organization also works to educate the Minnesota medical community about the symptoms of ovarian cancer. The Organization is made up of a network of more than 800 survivors and 45,000 supporters with a full range of programs encompassing education to the public and healthcare professionals, support groups, and programming and research. The Organization has awarded over \$3 million to research projects for ovarian cancer research in Minnesota.

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 2008.

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.

Contributed Goods and Services

Contributed goods and services have been reflected in the accompanying financial statements in the amount of \$12,646 for professional services, \$4,145 for the Molly Cade Memorial Golf Tournament, \$958 for office equipment, \$28,226 for advertising and supplies for Walk/Run event, \$58,662 for the Gala Event, \$31,136 for website, and \$14,846 for miscellaneous goods and services for the year ended December 31, 2011.

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

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, 2011. The total outstanding promises to give as of December 31, 2011 were \$6,400.

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, 2011 was \$94,272.

Functional Expense Allocation

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

Financial Statement Presentation

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.

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2011

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

Estimates

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

Reclassification

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

Subsequent Events

In determining required financial statement disclosures, the Company has evaluated subsequent events through July 29, 2012, 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 \$7,676, dividend income of \$2,409, and net realized and unrealized gain of \$8,597 for a net return of \$18,682 for the year ended December 31, 2011.

Investments are stated at fair value. Investments consist of the following at December 31, 2011:

| | |
|--------------------|-------------------|
| Rochelle Ross Fund | \$ 103,956 |
| Raine Snyder Fund | 63,386 |
| 3M Stock | 4,820 |
| Anita Lubov Fund | <u>9,265</u> |
| Total | <u>\$ 181,427</u> |

Minnesota Ovarian Cancer Alliance
Notes to the Financial Statements
December 31, 2011

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.

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.

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NOTE 3: FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

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, 2011.

Level 3 assets for the year ended December 31, 2011 are as follows:

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

The real estate partnership was finalized in 2011. The investment was written off in 2011.

NOTE 4: LONG-TERM DEBT

Mortgage payable to a financial institution, payable in monthly installments of \$1,162, including interest at 6.39%, was paid in full in 2011.

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.

Minnesota Ovarian Cancer Alliance
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NOTE 5: PERMANENTLY RESTRICTED NET ASSETS (Continued)

Rochelle Ross Fund (Continued)

The balance consists of the following at December 31, 2011:

| | |
|--|-------------------------|
| Investment Balance at December 31, 2010 | \$ 103,210 |
| Contributions | 250 |
| Net Earnings | <u>496</u> |
| Investment Balance at December 31, 2011 | \$ 103,956 |
| Less Earnings Released as Unrestricted in Prior Years | 34,975 |
| Less Expenditures Not Withdrawn in Current Year | 3,090 |
| Less Earnings Released as Unrestricted in Current Year | <u>2,905</u> |
| Net Restricted Balance at December 31, 2011 | <u><u>\$ 62,986</u></u> |

Raine Snyder Fund

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

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

The balance consists of the following at December 31, 2011:

| | |
|--|-------------------------|
| Investment Balance at December 31, 2010 | \$ 66,059 |
| Contributions | 180 |
| Net Losses | <u>(2,853)</u> |
| Investment Balance at December 31, 2011 | \$ 63,386 |
| Less Earnings Released as Unrestricted in Prior Years | 9,565 |
| Less Earnings Released as Unrestricted in Current Year | <u>1,465</u> |
| Net Restricted Balance at December 31, 2011 | <u><u>\$ 52,356</u></u> |

Minnesota Ovarian Cancer Alliance
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December 31, 2011

NOTE 5: PERMANENTLY RESTRICTED NET ASSETS (Continued)

Anita Lubov Memorial Fund

The Anita Lubov Fund was re-classed as a permanently restricted endowment fund in 2007. The balance consists of the following at December 31, 2011:

| | | |
|--|----|---------------------|
| Investment Balance at December 31, 2010 | \$ | 15,119 |
| Contributions | | 85 |
| Net Losses | | (1,308) |
| Scholarships Paid Out During 2011 | | <u>(4,632)</u> |
| Investment Balance at December 31, 2011 | \$ | 9,264 |
| Less Earnings Released as Unrestricted in Prior Years | | 1,398 |
| Less Earnings Released as Unrestricted in Current Year | | <u>231</u> |
| Net Restricted Balance at December 31, 2011 | \$ | <u><u>7,635</u></u> |

Real Estate Investment

A contribution was received during 2006 that gifted 1.0% of a Minneapolis real estate group (Partnership) 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 Partnership was closed out and the investment was written off in 2011.

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 three funds during 2011 that are classified as "temporarily restricted." They are:

- The Media Awareness Campaign
- The MOCA Dream Awards Campaign
- Parade Awareness Initiative

Minnesota Ovarian Cancer Alliance
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NOTE 6: FUNDING (Continued)

Media Awareness Campaign

The balance consists of the following at December 31, 2011:

| | |
|---|------------------|
| Investment Balance at December 31, 2010 | \$ 21,586 |
| Plus Contributions During 2011 | 100 |
| Less Amounts Paid Toward Campaign in 2011 | <u>5,062</u> |
| Net Restricted Balance at December 31, 2011 | <u>\$ 16,624</u> |

MOCA Dream Awards Campaign

The balance consists of the following at December 31, 2011:

| | |
|---|---------------|
| Investment Balance at December 31, 2010 | \$ 2,339 |
| Plus Contributions During 2011 | 30,250 |
| Less Amounts Paid Toward Campaign in 2011 | <u>32,589</u> |
| Net Restricted Balance at December 31, 2011 | <u>\$ 0</u> |

Parade Awareness Initiative

The balance consists of the following at December 31, 2011:

| | |
|---|-----------------|
| Investment Balance at December 31, 2010 | \$ 6,876 |
| Plus Contributions During 2011 | 0 |
| Less Amounts Paid Toward Initiative in 2011 | <u>1,069</u> |
| Net Restricted Balance at December 31, 2011 | <u>\$ 5,807</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 \$303,218 and awarded \$303,218. The total amount of payments for research in 2011 was \$321,567 of which \$151,609 was for grants awarded in 2011.

The Board of Directors designated \$300,000 of unrestricted - designated net assets for 2012 research grants. In 2011 and 2010 there was a reclass from temporary net assets to unrestricted designated net assets to account for this amount.