

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 private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

RIVKIN CENTER FOR OVARIAN CANCER

Doing business as

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

801 Broadway

Room/suite

701

City or town, state or province, country, and ZIP or foreign postal code

Seattle, WA 98122

F Name and address of principal officer: Joe White
same as C above**D** Employer identification number

91-2054035

E Telephone number

(206) 215-6200

G Gross receipts \$ 2,800,772.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.rivkin.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1996**M** State of legal domicile: WA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Improving treatment, detection and prevention of ovarian cancer.	
	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)	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	165
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 2,630,267. Current Year: 2,190,646.
	9	Program service revenue (Part VIII, line 2g)	0. 92,750.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 2.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,376. 237,726.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,642,643. 2,521,124.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	701,329. 1,221,056.
	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)	440,041. 674,974.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,000. 27,500.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 254,205.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	580,010. 301,811.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,746,380. 2,225,341.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	896,263. 295,783.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,111,247. End of Year: 2,398,187.
	21	Total liabilities (Part X, line 26)	9,888. 1,043.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,101,359. 2,397,144.

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	Date	11-6-17
	Joe White, Executive Director Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Sara Elizabeth J. Hyre, CPA	<i>Sara Hyre</i>	11/10/17
	Firm's name ▶ Clark Nuber, P.S.	Firm's EIN ▶ 91-1194016	Check if self-employed <input type="checkbox"/> PTIN P00235495
	Firm's address ▶ 10900 NE 4th, Suite 1400 Bellevue, WA 98004	Phone no. (425) 454-4919	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

To save lives and reduce suffering through improved treatment, early detection and prevention of ovarian cancer.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,239,153. including grants of \$ 1,221,056.) (Revenue \$ 0.)

In 2016 the Rivkin Center funded 10 Pilot Studies at \$75,000 each; 4 Scholar Awards at \$60,000 each, 2 Bridge Fund Awards at \$30,000 each and one Challenge Grant at \$75,000. We also funded the Specialized Programs of Cancer Excellence project in 2016 at \$20,000 after successfully migrating the early detection screening program into the Swedish Cancer Institute.

4b (Code:) (Expenses \$ 429,228. including grants of \$ 0.) (Revenue \$ 0.)

In 2016 the Rivkin Center merged CanCan Health into the organization. This was a team of two people along with 20 instructors and survivors who provided an ovarian and breast health information seminar. Events were held on college campuses, corporate locations and community centers. During 2016, we educated over 6,000 women at over 100 parties.

4c (Code:) (Expenses \$ 63,628. including grants of \$ 0.) (Revenue \$ 92,750.)

In 2016, we hosted the 11th Biannual Ovarian Cancer Symposium at the University of Washington. Over 300 researchers and scientists attended the two and one half day symposium at the UW.

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

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

4e Total program service expenses **1,732,009.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

☒ X

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
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		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
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		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 as charitable contributions?	6a		X
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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line 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 1a 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
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? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **None**

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

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Karl E. Fritschel, CPA - (425) 525-3339**
1801 Lind Avenue SW, #9016, Renton, WA 98057-9016

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) Saul Rivkin MD Chairman & Founder	40.00 0.00	X		X				0.	79,749.	5,299.
(2) Thomas Brown MD Vice Chairman	2.00 58.00	X		X				0.	717,288.	42,886.
(3) Gloria Bensussen President	2.00 0.00	X		X				0.	0.	0.
(4) Bobbie Hinton President Elect	2.00 0.00	X		X				0.	0.	0.
(5) Henry "Skip" Kotkins- Res. 9/16 Treasurer	2.00 0.00	X		X				0.	0.	0.
(6) Alex Smith Past President	2.00 0.00	X		X				0.	0.	0.
(7) Gary Goodman MD Director	2.00 58.00	X						0.	369,908.	18,550.
(8) Donna Benaroya Director	2.00 0.00	X						0.	0.	0.
(9) Patricia Flug Director	2.00 0.00	X						0.	0.	0.
(10) Eddie Fisher Director	2.00 0.00	X						0.	0.	0.
(11) Scott Swerland Director	2.00 0.00	X						0.	0.	0.
(12) Charles Drescher MD Director	2.00 0.00	X						0.	0.	0.
(13) Melissa Rivkin Director	2.00 0.00	X						0.	0.	0.
(14) Susun Livingston Director	2.00 0.00	X						0.	0.	0.
(15) Lois Mayers Director	2.00 0.00	X						0.	0.	0.
(16) Garnet Anderson PhD Director	2.00 0.00	X						0.	0.	0.
(17) Katie Van Kessel MD Director	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(18) C. Eric Morse Director	2.00 0.00	X						0.	0.	0.
(19) Roland Jankelson Director	2.00 0.00	X						0.	0.	0.
(20) Dan Veljovich, MD Director	2.00 0.00	X						0.	0.	0.
(21) Myra Tanita Director	2.00 0.00	X						0.	0.	0.
(22) Joyce Cutler Director	2.00 0.00	X						0.	0.	0.
(23) Raquel Sanchez - Eff. 5/16 Director	2.00 0.00	X						0.	0.	0.
(24) Jaime Shanks - Eff. 5/16 Director	2.00 0.00	X						0.	0.	0.
(25) Katherine Steuland - Eff. 5/16 Director	2.00 0.00	X						0.	0.	0.
(26) Joe White Executive Director	50.00 0.00			X				0.	187,436.	38,873.
1b Sub-total								0.	1,354,381.	105,608.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,354,381.	105,608.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	52.					
	b Membership dues	1b						
	c Fundraising events	1c	475,531.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,715,063.					
	g Noncash contributions included in lines 1a-1f: \$		71,947.					
	h Total. Add lines 1a-1f							2,190,646.
Program Service Revenue	2 a Cancer Symposium		Business Code					
			900099	92,750.	92,750.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f					92,750.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2.			2.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
			(i) Real	(ii) Personal				
	6 a Gross rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ 475,531. of contributions reported on line 1c). See Part IV, line 18		a	479,146.				
	b Less: direct expenses		b	273,367.				
	c Net income or (loss) from fundraising events							205,779.
	9 a Gross income from gaming activities. See Part IV, line 19		a	36,900.				
	b Less: direct expenses		b	5,298.				
	c Net income or (loss) from gaming activities							31,602.
	10 a Gross sales of inventory, less returns and allowances		a	952.				
	b Less: cost of goods sold		b	983.				
c Net income or (loss) from sales of inventory				-31.				-31.
Miscellaneous Revenue			Business Code					
11 a Insurance Refund			900099	376.		376.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d					376.			
12 Total revenue. See instructions.					2,521,124.	92,750.	0.	237,728.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	952,071.	952,071.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	268,985.	268,985.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,708.	80,282.	60,213.	60,213.
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	471,014.	188,407.	141,303.	141,304.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,252.	1,301.	976.	975.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,058.		6,058.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,500.			27,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	45,443.	44,325.	1,118.	
12 Advertising and promotion	11,350.	11,350.		
13 Office expenses	23,055.	10,011.	6,670.	6,374.
14 Information technology	2,652.	1,204.	1,448.	
15 Royalties				
16 Occupancy	55,996.	22,160.	17,216.	16,620.
17 Travel	55,890.	52,038.	3,852.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	96,611.	96,351.	260.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,149.	1,149.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues & Subscriptions	1,289.	1,289.		
b Donor Appreciation	1,219.			1,219.
c Licenses & Taxes	1,001.	1,001.		
d Bank Fees	13.		13.	
e All other expenses	85.	85.		
25 Total functional expenses. Add lines 1 through 24e	2,225,341.	1,732,009.	239,127.	254,205.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,111,247.	15	2,398,187.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,111,247.	16	2,398,187.	
Liabilities	17 Accounts payable and accrued expenses	9,888.	17	1,043.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		23	
	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	9,888.	26	1,043.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,101,359.	27	2,397,144.
	28 Temporarily restricted net assets		28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	2,101,359.	33	2,397,144.
	34 Total liabilities and net assets/fund balances	2,111,247.	34	2,398,187.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,521,124.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,225,341.
3	Revenue less expenses. Subtract line 2 from line 1	3	295,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,101,359.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,397,144.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
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? _____	3a	X
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 _____	3b	

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,825,336.	2,248,737.	916,087.	2,630,267.	2,190,646.	9,811,073.
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	1,825,336.	2,248,737.	916,087.	2,630,267.	2,190,646.	9,811,073.
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)						1,762,924.
6 Public support. Subtract line 5 from line 4.						8,048,149.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,825,336.	2,248,737.	916,087.	2,630,267.	2,190,646.	9,811,073.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2.	2.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	116,226.	35,862.	40,522.	12,376.	237,381.	442,367.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					376.	376.
11 Total support. Add lines 7 through 10						10,253,818.
12 Gross receipts from related activities, etc. (see instructions)					12	125,820.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	78.49 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	83.91 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Insurance Refund

2016 Amount: \$ 376.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization	Employer identification number
RIVKIN CENTER FOR OVARIAN CANCER	91-2054035

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 754,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 536,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 85,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

91-2054035

Part II

[illegible]

Name of organization	Employer identification number
RIVKIN CENTER FOR OVARIAN CANCER	91-2054035

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016**Open to Public
Inspection****Name of the organization**

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Due From Affiliates	2,398,187.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	2,398,187.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
East Asia and the Pacific	0	0	Grants to Recipients Located in Region		71,330.
Europe (Including Iceland and Greenland)	0	0	Grants to Recipients Located in Region		197,655.
3 a Sub-total	0	0			268,985.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			268,985.

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

Schedule F (Form 990) 2016

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	PPARGamma Activation Augments Anticancer Effects of XIAP Inhibition in Ovarian	71,330.	Check	0.		
		Europe (including Iceland and Greenland)	Improved models of high grade serous ovarian cancer	75,000.	Check	0.		
		Europe (including Iceland and Greenland)	Optimized Magnetic Resonance Spectroscopy for Early Ovarian Cancer	75,000.	Check	0.		
		Europe (including Iceland and Greenland)	Obesity-related factors and ovarian cancer survival	47,655.	Check	0.		

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

4

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2016

See Part V for Column (d) descriptions

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

Part I, Line 2:

The Rivkin Center for Ovarian Cancer requires grant recipients to provide documentation of the results of research and detailed financial reports of expended funds. This consists of annual reports, a research report, and a final financial report at completion. Any unexpended funds are returned to the Rivkin Center. Recipients present their research results at the Rivkin Center's Biennial Ovarian Cancer Research Symposium.

Part II, Column (d):

Region: East Asia and the Pacific

(d) Purpose of Grant: PPARgamma Activation Augments Anticancer Effects of XIAP Inhibition in Ovarian Granulosa Cell Tumors

Region: Europe (including Iceland and Greenland)

(d) Purpose of Grant: Optimized Magnetic Resonance Spectroscopy for Early Ovarian Cancer Detection

SCHEDULE F, PART IV, LINE 1

Form 926 is not required to be filed because the transfer to a foreign corporation does not meet the reporting requirements of IRC Section 6038B(a)(1)(A).

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

		(a) Event #1 Family & Friends Auction (event type)	(b) Event #2 Can Can Auction (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	593,251.	361,426.		954,677.
	2 Less: Contributions	384,683.	90,848.		475,531.
	3 Gross income (line 1 minus line 2)	208,568.	270,578.		479,146.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	29,274.	41,623.		70,897.
	7 Food and beverages	64,936.	54,545.		119,481.
	8 Entertainment	11,992.	7,423.		19,415.
	9 Other direct expenses	42,567.	21,007.		63,574.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				273,367.
	11 Net income summary. Subtract line 10 from line 3, column (d)				205,779.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			36,900.	36,900.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			5,298.	5,298.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				5,298.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				31,602.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct 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 conducted in:
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Joe White

Address ► 801 Broadway - Seattle, WA 98122

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► Joe White

Gaming manager compensation ► \$ _____ 0.

Description of services provided ► Oversight of raffle and related recordkeeping.

☐

Director/officer

☒

Employee

☐

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
University of Washington 4333 Brooklyn Avenue NE Seattle, WA 98195	91-6001537	Government	150,000.	0.			Immuno-prophylaxis of ovarian cancer associated with high-risk germ line mutations
Stanford University School of Medicine - 3172 Porter Drive - Palo Alto, CA 94304	94-1156365	501 (c)(3)	75,000.	0.			Targeting the hypoxic secretome in omental metastasis.
University of Michigan 3003 S State Street/1034 Wolverine Ann Arbor, MI 48109	38-6006309	Government	75,000.	0.			Deciphering molecular mechanism of ALDH-inhibition driven necroptosis
Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	Government	75,000.	0.			Role of BRIP1 helicase missense mutations in ovarian cancer
University of Pennsylvania School of Medicine - 345 Walnut St P-221 Franklin Bldg - Philadelphia, PA 19104	23-6296135	501 (c)(3)	75,000.	0.			Tumor development influences gut flora, possible implication in early detection
University of Pittsburgh 123 University Place Pittsburgh, PA 15213	25-0965591	501 (c)(3)	75,000.	0.			Taming MDSC-controlled Th17-to-Treg cell conversion in ovarian cancer

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

See Part IV for Column (h) descriptions

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor College of Medicine One Baylor Plaza BCM 310 Houston, TX 77030	74-1613878	501 (c)(3)	75,000.	0.			Target a new mechanism of checkpoint defect in ovarian cancer
University of Virginia P.O. Box 400195 Charlottesville, VA 22904	54-6001796	Government	75,000.	0.			Detailed characterization of tumor initiation in a novel mouse model of high-grade serous ovarian
Massachusetts General Hospital P.O. Box 414876 Boston, MA 02241	04-2697983	501 (c)(3)	60,000.	0.			AAV9 gene therapy using a novel engineered MIS to treat ovarian cancer.
University of Pennsylvania School of Medicine - 345 Walnut St P-221 Franklin Bldg - Philadelphia, PA 19104	23-6296135	501 (c)(3)	60,000.	0.			Targeting the ATR/CHK1 pathway in high grade serous ovarian cancer with ATR inhibitors
Vanderbilt University Medical Center - 1400 18th Avenue South - Nashville, TN 37212	62-0476822	501 (c)(3)	38,000.	0.			Prognostic Significance of TR3/NR4A1 Expression in Ovarian Cancer
University of Texas Health Science Center at Houston - 7000 Fannin #1006 - Houston, TX 77030	74-1761309	Government	38,000.	0.			Multi functional RNA Nanoparticles for targeted Delivery of Therapeutics for Ovarian
University of Arkansas for Medical Science - 4301 West Markham - Little Rock, AK 72205	71-6046242	Government	30,000.	0.			Myxoma Virus in Combination with Chemotherapy for Treatment of Ovarian
University of Wisconsin Madison 21 N Park Street #6401 Madison, WI 53715	39-6006492	Government	30,000.	0.			Identifying ovarian cancer biomarkers through lineage specific assessment of immune cell
Fred Hutchinson Cancer Research Center - 1100 Fairview Ave. N. - Seattle, WA 98109	23-7156071	501 (c)(3)	20,000.	0.			Specialized Programs of Cancer Excellence

Schedule I (Form 990)

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

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

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

Part I, Line 2:

Each awardee and awardee's institutional official sign a "Terms of Award" agreement with the Rivkin Center outlining the use and monitoring of awarded funds. With each funded project there is a budget approved by Rivkin Center scientific leadership. No changes exceeding 20% (increase or decrease) on any budgetary line item may be made to an approved budget without prior written approval from the Rivkin Center. At the end of the award period, a full report is made to the Rivkin Center by the grants and contracts office of the awardee's institution to show all expenditures made

Part IV Supplemental Information

relating to the funded project. If there are funds remaining, the institution is required to return the unspent funds to the Rivkin Center within 60 days of the award's end.

Part II, line 1, Column (h):

Name of Organization or Government: University of Virginia

(h) Purpose of Grant or Assistance: Detailed characterization of tumor initiation in a novel mouse model of high-grade serous ovarian cancer

Name of Organization or Government:

University of Texas Health Science Center at Houston

(h) Purpose of Grant or Assistance: Multi functional RNA Nanoparticles for targeted Delivery of Therapeutics for Ovarian Cancer

Name of Organization or Government:

University of Arkansas for Medical Science

(h) Purpose of Grant or Assistance: Myxoma Virus in Combination with Chemotherapy for Treatment of Ovarian Cancer

Name of Organization or Government: University of Wisconsin Madison

(h) Purpose of Grant or Assistance: Identifying ovarian cancer biomarkers through lineage specific assessment of immune cell transcriptome

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Part I Questions Regarding Compensation

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

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

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

1b

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

2

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

☐ Compensation committee☐ Written employment contract☐ Independent compensation consultant☐ Compensation survey or study☐ Form 990 of other organizations☐ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

4a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" on line 6a or 6b, describe in Part III.

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Thomas Brown MD Vice Chairman	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	622,494.	76,794.	18,000.	18,550.	24,336.	760,174.	0.
(2) Gary Goodman MD Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	327,230.	0.	42,678.	24,128.	0.	394,036.	0.
(3) Joe White Executive Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	148,022.	39,414.	0.	13,272.	25,601.	226,309.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Form 990, Part VII Section A

Dr. Saul Rivkin, Dr. Tom Brown and Dr. Gary Goodman are paid employees

of Swedish Health Services, a related organization. They are not

compensated for serving as directors or officers of Rivkin Center for

Ovarian Cancer.

The Executive Director is paid by Swedish Health Services and not by

Rivkin Center for Ovarian Cancer.

FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE PROGRAM

Swedish executives participate in the Providence Executive Incentive

Program provides a lump sum award annually as a percent of the

executive's base pay. Percent opportunities are aligned with our total

compensation philosophy as outlined in Part VI, Section B, Line 15

(Process for determining compensation of top management, officers & key

employees).

For Providence leaders, the performance award is based on the level of

accomplishment of annual system and functional (or market) objectives.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

In 2016, 60 percent of the participant awards were based on
pre-determined organizational goals consistent with Providence's
strategic priorities.

In 2016 the percent allocation for each of these strategic priorities
was as outlined below:

System Goals:

First-year Turnover - 10%

Inpatient Experience - 5%

Patient Experience - 5%

Medical Group Patient Experience - 5%

Community Benefit - 10%

Clinical Excellence - 15%

Free Cash Flow - 10%

The remaining 40% was based on a robust set of function specific goals
designed to align critical mission and business drivers.

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2016**Open To Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	22,109	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Auction Items)	X	94	49,838	Cost
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

0

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

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

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

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2016)

Part II

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

Schedule M, Part I, Column (b):

The amounts shown on Part I, Col. B reflect the number of donations

received of the specific type of item.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Form 990, Part III, Line 2, New Program Services:

CanCan Health was merged into the Rivkin Center in March of 2016. This
is a combined ovarian and breast cancer education program performed on
college campuses; corporate settings and community meetings. We utilize
a health educator and cancer survivor in an hour long "party" session
to create awareness of the signs and symptoms of both ovarian and
breast cancer.

Form 990, Part III, Line 3, Changes in Program Services:

Our funding for the Rivkin Center's Ovarian Cancer Early Detection
Program (OCEDP) was reduced in 2016 to only \$20,000 as the program was
transferred into the clinical setting at the Swedish Cancer Institute.

Form 990, Part VI, Section A, line 2:

Melissa Rivkin and Dr. Saul Rivkin have a family relationship.

Form 990, Part VI, Section A, line 4:

The Bylaws were amended as a result of the merger with CanCan Health.

Changes made included the following:

1) There was a reduction in the number of Directors the Founding Members
could elect.

2) The adoption of operating & capital budgets, the appointment & removal
of Directors and the size of the Board now resides with the Board rather
than the Members.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
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Form 990, Part VI, Section A, line 6:

Rivkin Center for Ovarian Cancer has three members: Swedish Health Services, The Fred Hutchinson Cancer Research Center and Saul Rivkin, MD.

Form 990, Part VI, Section A, line 7a:

Members can elect the following number of Directors to the Board of Directors:

Swedish Health Services - 1

Fred Hutchinson Cancer Research Center - 1

Saul Rivkin, MD - 1

Form 990, Part VI, Section A, line 7b:

The affairs of the corporation are managed by the Board of Directors, except that the following actions by the Board of Directors are subject to approval by the Founding Members:

a) Amendment of the Articles of Incorporation and Bylaws.

b) Selection, termination and compensation of officers and senior management.

c) Incurrence of debt which exceeds two percent (2%) or more of the amount of debt included in the adopted and approved operating or capital budgets.

d) Purchases or expenditures on behalf of the corporation in excess of twenty thousand dollars (\$20,000) not included in the adopted and approved

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
--	--

operating or capital budgets.

e) Entering into contracts or grants on behalf of the corporation under which the corporation provides or receives goods, services, funds or credit in excess of five hundred thousand dollars (\$500,000).

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared internally by experienced Providence Health & Services staff and reviewed by the Providence Health & Services Director of Taxes and external consultants. The Executive Director will review the Form 990 in detail. Once approved, an electronic copy of the Form 990 is emailed to the Board prior to filing with the IRS.

Form 990, Part VI, Section B, line 12:

Rivkin Center for Ovarian Cancer (RCOC) is subject to the conflict of interest policy of Swedish Health Services. Covered persons are defined as the Executive Director, management and key employees of the Rivkin Center for Ovarian Cancer. Board members and covered persons are required to complete a conflict of interest questionnaire annually and disclose any affiliations, interest or relationships and/or any transactions the individual and/or his or her family members have engaged in that might give rise to an actual, apparent or potential conflict of interest. The policy defines family members and describes what constitutes conflicts of interest. It requires individuals to report any further financial interest, situation, activity, interest or conduct that may develop before completion of the next annual questionnaire.

The conflict of interest questionnaire includes an annual statement that

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
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board members and covered persons (a) have received a copy of the policy,
 (b) have read and understood the policy, (c) agree to comply with the
 policy, (d) understand that the policy applies to committees and
 subcommittees, (e) understand that RCOC is a charitable organization that
 must engage primarily in exempt activities, (f) agree to report to the
 appropriate manager or committee chair any change to matters previously
 disclosed on the conflict of interest questionnaire, (g) state that the
 information provided in the conflict of interest questionnaire is true and
 accurate to the best of his or her knowledge and belief and (h) affirm that
 neither they nor family members have violated the policy.

The purpose of the policy is to ensure board members and covered persons
 are independent and able to perform their duties in an impartial manner,
 free from any bias created by personal interests, to protect the interests
 of RCOC, to clarify the duties and obligations of the board members and
 covered persons in the context of a potential conflict (and to provide a
 method for disclosing and resolving said conflict) and to supplement (not
 replace) any applicable state laws governing conflicts of interest
 applicable to charitable, nonprofit corporations.

RCOC will not engage in any contract, transaction or arrangement involving
 a potential conflict of interest unless it is determined that appropriate
 safeguards protect the charitable mission of RCOC have been implemented.

The board's executive committee, working with the Swedish Health Services
 compliance officer, will review all conflict of interest questionnaires.
 The governance committee will make a finding as to whether an actual,
 apparent or potential conflict of interest exists and will forward that

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
--	--

finding, along with recommendations for resolution, to the board for discussion and vote.

For covered persons, the organization's conflict of interest committee works with the Swedish Health Services' compliance officer and follows a similar process. It reviews all questionnaires submitted by covered persons and communicates its findings and recommendations to be implemented by the appropriate committees.

The minutes of meetings will identify any person attending the meeting who has a conflict of interest with respect to any matter before the board or committee and the action taken to address the conflict.

Form 990, Part VI, Section B, Line 15:

It is Swedish's intention to make financial information accessible and transparent. Although the filing of Form 990 provides insight into how Swedish achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging. The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees.

Providence has a single fiduciary Board, which also covers Swedish officers and key employees, with responsibility for financial oversight associated with fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providence's legal entities.

Providence and Swedish also maintains a network of community ministry

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
--	--

boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments.

Providence has a consistent compensation philosophy for all of its officers, including our senior Swedish executives. Salaries for senior executives are reviewed by the Providence St. Joseph Health Committee and approved by the full Board of Directors, none of whom is a Providence or Swedish employee.

The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization. Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States.

Providence is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence. Additionally, Providence's labor market continues to spread across health care and into general industry. Because of this, Providence also takes into consideration general industry for-profit market data, where applicable. Base salaries for Providence executives are generally targeted to the median level of the market, as identified by the independent consultant and reviewed with the Executive Compensation Committee.

Performance incentives allow executives to earn additional compensation if they achieve specific organizational goals for furthering Providence operating commitments and strategic objectives. The Board of Directors conducts a thorough process to ensure performance incentives are aligned

Name of the organization	Employer identification number
RIVKIN CENTER FOR OVARIAN CANCER	91-2054035

with appropriate market practices.

The Board's process for executive compensation fully complies with IRS standards and mirrors best practices.

Form 990, Part VI, Section C, Line 19:

Copies of the Rivkin Center's governing documents and financial statements are available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Rounding 2.

Form 990, Part VI, Section B, Line 13 - WHISTLEBLOWER POLICY

Rivkin Center for Ovarian Cancer is subject to the written whistleblower policy of Swedish Health Services.

Form 990, Part VI, Section B, Line 14 - DOCUMENT RETENTION & DESTRUCTION

Rivkin Center for Ovarian Cancer is subject to the written document retention and destruction policy of Swedish Health Services.

FORM 990, PART I, LINE 6 - VOLUNTEERS

100 volunteers worked on the SummeRun.

30 volunteers worked on the CanCan Auction.

35 volunteers worked on the Family & Friends Auction committee -

providing logistical assistance and strategic guidance to the production of special events including auction item procurement and audience development.

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
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FORM 990, SCHEDULE R - RELATED ORGANIZATIONS

AFFILIATION AGREEMENTS

Effective April 1, 2016, the Health System (Providence Health & Services) entered into a business combination agreement with the Institute for Systems Biology (ISB). The transaction was accounted for as an acquisition under ASC 958-805.

On July 1, 2016, Providence Health & Services (PHS) and St. Joseph Health System (SJHS) entered into a business combination agreement, the purpose of which was to better serve both organizations' communities, maintain strong traditions of Catholic healthcare, and provide greater affordability and access to healthcare services. As part of the business combination, PHS and SJHS aligned under a single parent corporation, Providence St. Joseph Health, with a consolidated board of directors and cosponsorship from the public juridic persons Providence Ministries and St. Joseph Health Ministry.

SJHS provides a full range of care facilities including 16 acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician groups spanning California, west Texas, and eastern New Mexico. The results of operations of these entities have been included in the combined statements of operations of the Health System since July 1, 2016, the effective date of the business combination.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Providence Health & Services - Washington - 51-0216586, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Washington	501(c)(3)	Line 3	Providence Health & Services		X
Providence Health & Services - Oregon - 51-0216587, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Oregon	501(c)(3)	Line 3	Providence Health & Services		X
Providence Health System - So. California - 51-0216589, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	California	501(c)(3)	Line 3	Providence Health & Services		X
Everett Transitional Care Services - 94-3264605, P.O. Box 5128, Everett, WA 98206-5128	Transitional Care	Washington	501(c)(3)	Line 10	N/A		X

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Plan Partners - 91-1861964 4400 NE Halsey, Bldg. #2 Portland, OR 97213	Healthcare Services	Washington	501(c)(4)	N/A	PH & S - Oregon		X
Providence Health Plan - 93-0863097 4400 NE Halsey, Bldg. #2 Portland, OR 97213							
Providence Health Assurance - 55-0828701 4400 NE Halsey, Bldg. #2 Portland, OR 97213							X
Providence Health Institute - 33-0283773 4101 Torrance Blvd. Torrance, CA 90503	Healthcare	California	501(c)(3)	Line 12/Type I	PHS - So. California		X
Little Company of Mary Ancillary Services Corporation - 33-0844408, 4101 Torrance Blvd., Torrance, CA 90503							X
Providence TrinityCare Hospice - 95-3264139 5315 Torrance Blvd. Suite B1 Torrance, CA 90503							X
Providence Blanchet Association - 91-1789266 1700 Providence Pl. Centralia, WA 98531	Supportive Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
St. Luke Association - 94-3176618 350 Washington Ave SE Chehalis, WA 98352							X
Providence Rossi Association - 31-1584166 1700 Providence Pl. Centralia, WA 98531							X
Lundberg Association - 91-1562797 5921 E. Burnside Portland, OR 97215	Supportive Housing	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence St. Francis Association - 94-3244854, 3415 12th Avenue NE, Olympia, WA 98506							X
Providence Peter Claver Association - 31-1629656, 7101 38th Avenue South, Seattle, WA 98118							X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence St. Elizabeth House Association - 91-2171539, 3201 SW Graham St., Seattle, WA 98126	Supportive Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Gamelin House Association - 31-1744654, 4515 MLK Jr. Way S., Ste 200, Seattle, WA 98108	Supportive Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
The Gamelin Association - 91-1180824 312 North Fourth St. Yakima, WA 98901	Supportive Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
The Gamelin Oregon Association - 91-1214491 5520 NE Glisan Portland, OR 97213	Supportive Housing	Oregon	501(c)(3)	Line 10	PH & S - Oregon		X
The Gamelin California Association - 91-1293869, 540 23rd St., Oakland, CA 94612	Supportive Housing	California	501(c)(3)	Line 10	PHS - So. California		X
Gamelin Washington Association - 20-1910170 1423 First Avenue Seattle, WA 98101	Supportive Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Dethman House - 47-3385506 1205 Montello Ave. Hood River, OR 97031	Supportive Housing	Washington	501(c)(3)	Line 7	N/A		X
Providence Foundation - 94-3078543 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Support PH&S and W. HealthConnect	Washington	501(c)(3)	Line 12/Type I	PH & S - Washington		X
Providence Alaska Foundation - 92-0093565 3300 Providence Drive - B Tower, #2 Anchorage, AK 99508	Support PHS-Alaska	Alaska	501(c)(3)	Line 12/Type I	PH & S - Washington		X
Providence St. Peter Foundation - 91-1097056 413 Lilly Road NE Olympia, WA 98506-5166	Support Affiliated Tax-Exempt Organization	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Health Care Foundation (Centralia) - 91-1433382, 914 S. Scheuber Road, Centralia, WA 98531	Support Providence Centralia Hospital	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Mount St. Vincent Foundation - 91-1188119, 4831 - 35th Avenue SW, Seattle, WA 98126-2799	Support Providence Mount St.Vincent	Washington	501(c)(3)	Line 7	PH & S - Washington		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Marianwood Foundation - 93-1554288, 3725 Providence Point Drive SE, Issaquah, WA 98029-7219	Support Providence Marianwood	Washington	501(c)(3)	Line 12/Type I	PH & S - Washington		X
Providence Newberg Health Foundation - 93-0889144, 1001 Providence Drive, Newberg, OR 97132	Support Providence Newberg Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Seaside Hospital Foundation - 93-0927320, 725 S Wahanna Rd., Seaside, OR 97138	Support Providence Seaside Hospital	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Community Health Foundation - 93-0692907, 1111 Crater Lake Ave., Medford, OR 97504	Support Providence Medford Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Benedictine Nursing Center Foundation - 91-1940286, 540 South Main St., Mt Angel, OR 97362-9532	Support Providence Benedictine Nursing Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Portland Medical Foundation - 93-1231494, 4805 NE Glisan St., Portland, OR 97213-2967	Support Providence Portland Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence St. Vincent Medical Foundation - 93-0575982, 9205 SW Barnes Rd., Portland, OR 97225	Support Providence St. Vincent Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Milwaukie Foundation - 94-3079515 10150 SE 32nd Milwaukie, OR 97222	Support Providence Milwaukie Hospital	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Child Center Foundation - 93-0800140, 830 NE 47th, Portland, OR 97213	Support Providence Child Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence TrinityCare Hospice Foundation - 33-0261016, 5315 Torrance Blvd. Suite B1, Torrance, CA 90503	Support TrinityCare Hospice	California	501(c)(3)	Line 7	Providence TrinityCare Hospice		X
Providence Little Company of Mary Foundation - 51-0224944, 4101 Torrance Blvd., Torrance, CA 90503	Support Little Company of Mary Service Area	California	501(c)(3)	Line 7	PHS - So. California		X
PH&S Foundation/SFVSA & SCVSA - 95-3544877 501 S. Buena Vista Street Burbank, CA 91505	Support Program & Activities of SFVSA & SCVSA	California	501(c)(3)	Line 7	PHS - So. California		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Hospice of Seattle Foundation - 91-2077378, 425 Pontius Avenue North, #300, Seattle, WA 98109-5452	Support Hospice of Seattle	Washington	501(c)(3)	Line 12/Type I	PH & S - Washington		X
Providence Health & Services - Western Washington - 91-1303277, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare	Washington	501(c)(3)	Line 3	Providence Ministries/WHC		X
Providence Health & Services - 91-1549796 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Support Providence Institutions	Washington	501(c)(3)	Line 12/Type II	Providence St. Joseph Health		X
Providence Health & Services - Montana - 81-0231793, 500 W. Broadway, P.O. Box 4587, Missoula, MT 59806-4587	Healthcare	Montana	501(c)(3)	Line 3	PH & S - Washington		X
Providence St. Joseph Medical Center - 81-0463482, P.O. Box 1010, Polson, MT 59860-1010	Healthcare	Montana	501(c)(3)	Line 3	PH & S - Washington		X
St. Thomas Child and Family Center - 81-0233495, 1710 Benefis Court, Great Falls, MT 59405	Early Childhood Education	Montana	501(c)(3)	Line 10	PH & S - Washington		X
Sisters of Providence of Montana Corporation - 26-2612415, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Montana	501(c)(3)	Line 1	PH & S - Washington		X
Providence Health Care Foundation - Eastern Washington - 32-0014330, 101 W. 8th Ave., Spokane, WA 99204	Support PH&S-WA. Ministries in E. WA.	Washington	501(c)(3)	Line 7	PH & S - Washington		X
St. Patrick Hospital Foundation - 23-7056976 500 West Broadway, P.O. Box 4587 Missoula, MT 59806-4587	Support Healthcare in W. Montana	Montana	501(c)(3)	Line 7	PH & S - Washington		X
University of Great Falls - 81-0231777 1301 20th Street South Great Falls, MT 59405	Post Secondary Education	Montana	501(c)(3)	Line 2	Providence Health & Services		X
E. WA. & MT. Unemployment Compensation Insurance Trust - 91-1082119, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Unemployment Benefits	Washington	501(c)(3)	Line 12/Type I	PH & S - Washington		X
Providence Willamette Falls Medical Foundation - 93-1003750, 1500 Division Street, Oregon City, OR 97045	Support Willamette Falls Hospital	Oregon	501(c)(3)	Line 12/Type I	PH & S - Oregon		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Hood River Memorial Hospital Foundation, Inc. - 93-0921990, 811 13th St., Hood River, OR 97031	Support Providence Hood River Memorial Hospital	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Hospice and Home Care Foundation - 27-2552749, 2731 Wetmore Avenue, Suite 500, Everett, WA 98201	Support Program & Ministries of PHHC	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence St. Mary Foundation - 45-2841492 401 W Poplar St. Walla Walla, WA 99362	Support Program & Ministries of SMMC	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Facey Medical Foundation - 95-4322584 15451 San Fernando Mission Blvd., #200 Mission Hills, CA 91345-1420	Support Facey Medical Group	California	501(c)(3)	Line 7	PHS - So. California		X
Swedish Health Services - 91-0433740 747 Broadway Seattle, WA 98122	Healthcare	Washington	501(c)(3)	Line 3	Western HealthConnect		X
Swedish Edmonds - 27-2305304 21601 76th Ave. W Edmonds, WA 98026	Healthcare	Washington	501(c)(3)	Line 3	Western HealthConnect		X
Swedish Medical Center Foundation - 91-0983214, 747 Broadway, Seattle, WA 98122	Support Swedish Health Services	Washington	501(c)(3)	Line 7	Swedish Health Services		X
Global To Local Health Initiative - 27-3133200, 2800 South 192nd St. #104, SeaTac, WA 98188	Healthcare	Washington	501(c)(3)	Line 7	Swedish Health Services		X
Swedish MJM Holdings - 27-3139262 747 Broadway Seattle, WA 98122	Holding Company	Washington	501(c)(3)	Line 12/Type I	Swedish Health Services		X
Western HealthConnect - 45-4171900 747 Broadway Seattle, WA 98122	Shell Corporation	Washington	501(c)(3)	Line 12/Type II	PH&S Western Washington		X
Inland Northwest Health Services - 91-1307555, 601 W. 1st Avenue, Spokane, WA 99201	Healthcare	Washington	501(c)(3)	Line 3	PH&S - Washington		X
Kadlec Regional Medical Center - 91-0655392 888 Swift Blvd. Richland, WA 99352	Healthcare	Washington	501(c)(3)	Line 3	Western HealthConnect		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Kadlec Neurological Resource Center - 91-1266345, 1268 Lee Blvd., Richland, WA 99352	Healthcare	Washington	501(c)(3)	Line 10	Western HealthConnect		X
Kadlec Foundation - 23-7005501 888 Swift Blvd. Richland, WA 99352	Support Kadlec Regional Medical Center	Washington	501(c)(3)	Line 12/Type I	Kadlec Regional Medical Center		X
PacMed Clinics - 56-2290878 1200 12th Ave. S. Seattle, WA 98144	Healthcare	Washington	501(c)(3)	Line 10	Western HealthConnect		X
Seattle Science Foundation - 61-1502822 550 17th Ave. Seattle, WA 98122	Physician Collaboration	Washington	501(c)(3)	Line 7	Western HealthConnect		X
Providence Saint John's Health Center - 95-1684082, 2121 Santa Monica Blvd., Santa Monica, CA 90404	Healthcare	California	501(c)(3)	Line 3	PHS - So. California		X
John Wayne Cancer Institute - 95-4291515 2200 Santa Monica Blvd. Santa Monica, CA 90404	Cancer Treatment	California	501(c)(3)	Line 4	Providence Saint John's Health Center		X
Saint John's Hospital/Health Center Foundation - 95-6100079, 2121 Santa Monica Blvd., Santa Monica, CA 90404	Support Saint John Health Center & JWCI	California	501(c)(3)	Line 7	Providence Saint John's Health Center		X
Providence St. Joseph Health - 81-1244422 1801 Lind Avenue SW, #9016 Renton, WA 98057	Support PH&S and St. Joseph Health System	Washington	501(c)(3)	Line 12, Type III	NA		X
Institute for Systems Biology - 91-2003593 401 Terry Ave. N. Seattle, WA 98109	Predict, prevent & cure disease	Washington	501(c)(3)	Line 7	Western HealthConnect		X
Providence Saint John's Medical Foundation - 81-4542216, 20555 Earl St., Torrance, CA 90503	Healthcare	California	501(c)(3)	Pending	PHS - So. California		X
Institute for Mental Health & Wellness - 81-4260130, 1801 Lind Avenue SW, #9016, Renton, WA 98057	Mental Healthcare	Washington	501(c)(3)	Line 7	PH&S/St. Joseph Health System		X
Covenant Health Network, Inc - 46-1259908 3345 Michelson Drive, Suite 100 Irvine, CA 92612	Healthcare	California	501 (C)(3)	Line 12, Type III	St. Joseph Health System		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Covenant ACO - 61-1573313 3615 19th Street Lubbock, TX 79410	Healthcare	Texas	501 (C)(3)	Line 12, Type I	Covenant Health System		X
Covenant Health System - 75-2765566 3615 19th Street Lubbock, TX 79410					St. Joseph Health System		X
Covenant Health System Foundation - 75-2897026, 3623 22nd Place, Lubbock, TX 79410					Covenant Health System		X
Covenant Medical Group - 75-2743883 3420 22nd Place Lubbock, TX 79410	Healthcare	Texas	501 (C)(3)	Line 3	Covenant Health System		X
Covenant Health Partners - 46-3516417 3615 19th Street Lubbock, TX 79410					Covenant Health System		X
HMTS, Inc. - 45-3583707 1 Hoag Drive Newport Beach, CA 92658					Hoag Memorial Hospital Presbyterian		X
Hoag Charity Sports - 45-2982422 330 Placentia Ave. Newport Beach, CA 92663	Support	California	501 (C)(3)	Line 7	Hoag Hospital Foundation		X
Hoag Hospital Foundation - 95-3222343 330 Placentia Ave. Newport Beach, CA 92663					Hoag Memorial Hospital Presbyterian		X
Hoag Memorial Hospital Presbyterian - 95-1643327, 1 Hoag Road, Box 6100, Newport Beach, CA 92663					Covenant Health Network		X
Home Care Partners - 68-0318656 1165 Montgomery Dr. Santa Rosa, CA 95405	Inactive	California	501 (C)(3)	Line 3	Santa Rosa Memorial Hospital		X
Hospice Of Lubbock - 75-2133781 3702 21st Street Lubbock, TX 79410					Covenant Health System		X
Lubbock Methodist Hospital Foundation - 75-2220963, 3615 19th Street, Lubbock, TX 79410					Covenant Health System		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Methodist Children's Hospital - 75-2428911 3610 21st Street Lubbock, TX 79410	Healthcare	Texas	501 (C)(3)	Line 3	Covenant Health System		X
Methodist Hospital Levelland - 75-2246348 1900 College Avenue Levelland, TX 79336	Healthcare	Texas	501 (C)(3)	Line 3	Covenant Health System		X
Methodist Hospital Plainview - 75-2426010 2601 Dimmitt Road Plainview, TX 79072	Healthcare	Texas	501 (C)(3)	Line 3	Covenant Health System		X
Mission Hospital Regional Medical Ctr - 95-1643360, 27700 Medical Center Road, Mission Viejo, CA 92691	Healthcare	California	501 (C)(3)	Line 3	Covenant Health Network		X
Queen Of The Valley Medical Center - 94-1243669, 1000 Trancas Street, Napa, CA 94558	Healthcare	California	501 (C)(3)	Line 3	St. Joseph Health System		X
Redwood Memorial Foundation - 94-2779313 3300 Renner Drive Fortuna, CA 95540	Healthcare	California	501 (C)(3)	Line 7	Redwood Memorial Hospital		X
Redwood Memorial Hospital - 94-1384665 3300 Renner Drive Fortuna, CA 95540	Healthcare	California	501 (C)(3)	Line 3	St. Joseph Health System		X
Santa Rosa Memorial Hospital - 94-1231005 1165 Montgomery Dr. Santa Rosa, CA 95405	Healthcare	California	501 (C)(3)	Line 3	St. Joseph Health System		X
SRM Alliance Hospital Services (Pvh) - 68-0395200, 400 North McDowell Blvd., Petaluma, CA 94954	Healthcare	California	501 (C)(3)	Line 3	Santa Rosa Memorial Hospital		X
St. Joseph Health System - 95-3589356 3345 Michelson Drive, Suite 100 Irvine, CA 92612	Healthcare	California	501 (C)(3)	Line 12, Type I	Providence St. Joseph Health		X
St. Joseph Health System Foundation - 33-0143024, 3345 Michelson Drive, Suite 100, Irvine, CA 92612	Healthcare	California	501 (C)(3)	Line 7	St. Joseph Health System		X
St. Joseph Home Care Network - 68-0331084 1111 Sonoma Ste 308 Santa Rosa, CA 95405	Healthcare	California	501 (C)(3)	Line 10	St. Joseph Health System		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Joseph Hospital Of Eureka - 94-1156596	Healthcare	California	501 (C)(3)	Line 3	St. Joseph Health System		X
2700 Dolbeer Street							
Eureka, CA 95501							
St. Joseph Hospital Of Orange - 95-1643359	Healthcare	California	501 (C)(3)	Line 3	Covenant Health Network		X
1100 West Stewart Drive							
Orange, CA 92868							
St. Jude Hospital Yorba Linda - 33-0185031	Healthcare	California	501 (C)(3)	Line 3	St. Joseph Health System		X
200 West Center St Promenade							
Anaheim, CA 92805							
St. Jude Hospital, Inc - 95-1643324	Healthcare	California	501 (C)(3)	Line 3	Covenant Health Network		X
101 East Valencia Mesa Drive							
Fullerton, CA 92635							
St. Mary Medical Center - 95-1914489	Healthcare	California	501 (C)(3)	Line 3	Covenant Health Network		X
18300 Highway 18							
Apple Valley, CA 92307							
St. Mary Of The Plains Hospital Fdn -	Healthcare	Texas	501 (C)(3)	Line 7	Covenant Health System		X
75-1653181, 4000 24th Street, Lubbock, TX							
79410							
St. Joseph Health Northern California, LLC -	Healthcare	California	501 (C)(3)	Line 3	St. Joseph Health System		X
81-4791043, 3345 Michelson Drive, Irvine, CA							
92612							
Sisters Of St. Joseph Of Orange - 95-1643383	Religious Org	California	501 (C)(3)	Line 1	N/A		X
480 S. Batavia							
Orange, CA 92868							
St. Joseph Health Ministry - 27-1666576	Religious Org	California	501 (C)(3)	Line 1	Sisters of St. Joseph of Orange		X
3345 Michelson Drive, Suite 100							
Irvine, CA 92612							
Kadlec Auxiliary, Inc. - 91-6033089	Support Kadlec Regional Medical Center	Washington	501 (C)(3)	Line 12, Type III	Kadlec Regional Medical Center		X
888 Swift Blvd.							
Richland, WA 99352							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Alpha Medical Laboratory, LLC - 91-2017347, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Broadway Imaging, LLC - 52-2405971, 500 W. Broadway, Missoula, MT 59802	Medical Imaging	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
California Laboratory Associates, LLC - 27-3888692, 501 Buena Vista, Burbank, CA 91505	Outpatient Lab	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Center for Specialty Surgery, LLC - 26-3638838, 11782 SW Barnes Rd., Portland, OR 97225	Ambulatory Surgery Center	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Providence Health Ventures, Inc. - 33-0122216, 4101 Torrance Blvd., Torrance, CA 90503	Investment	CA	N/A	C CORP	N/A	N/A	N/A		X
Caron Health Corporation - 81-0486082 510 W. Front St. Missoula, MT 59802	Medical Physician Service	MT	N/A	C CORP	N/A	N/A	N/A		X
Providence Health Care Ventures, Inc. - 90-0155714, 101 W. 8th Ave., TAF C-9, Spokane, WA 99204	Clinical/Medical Lab	WA	N/A	C CORP	N/A	N/A	N/A		X
Providence Physician Services Co. - 91-1216033, 101 W. 8th Ave., TAF C-9, Spokane, WA 99204	Clinical/Medical Lab	WA	N/A	C CORP	N/A	N/A	N/A		X
Yakima Medical Arts, Inc. - 91-0787963 611 N. Perry, #100 Spokane, WA 99202	Rental Real Estate	WA	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Clackamas Radiation Oncology Center, LLC - 26-0381897, 4400 NE Halsey St., Bldg. II, #495, Portland, OR 97213 Ctr. for Med.	Radiation Oncology	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Imaging-Bridgeport, LLC - 26-0796953, 4400 NE Halsey, #495, Portland, OR 97213 Ctr. for Med.												
Imaging-Tanasbourne, LLC - 20-0477972, 4400 NE Halsey, #495, Portland, OR 97213												
Greater Valley Medical Building, L.P. - 95-4570858, 501 S. Buena Vista St., Burbank, CA 91505	Real Estate - MOB	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Minor & James Medical, PLLC - 91-1340223, 515 Minor Avenue, #200, Seattle, WA 98104												
Mountainstar Clinical Laboratories, LLC - 26-1345983, 611 N. Perry, Spokane, WA 99202												
Oregon Advanced Imaging, LLC - 45-0471748, 881 O'Hare Parkway, Medford, OR 97504	Medical Imaging	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Oregon Outpatient Surgery Center - 22-3883387, 7300 SW Childs Rd, Tigard, OR 97224												
PacLab, LLC - 91-1743952 611 N. Perry Spokane, WA 99202												

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Pathology Associates Medical Laboratories, LLC - 27-0943279, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PET/CT Imaging at Swedish Cancer Institute, LLC - 20-3132044, 1221 Madison Street, Seattle, WA 98104	Medical Imaging	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Portland Medical Imaging, LLC - 20-1054971, 4400 NE Halsey, #495, Portland, OR 97213	Imaging - Diagnostics	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Prov. Radiation Oncology Develop. Assn., LLC - 26-0682491, 4400 NE Halsey, #495, Portland, OR 97213	Real Estate - MOB	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence Imaging Center - 92-0118807, 3340 Providence Drive, Anchorage, AK 99508	Medical Imaging	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence Partners for Health, LLC - 45-4041798, 501 S. Buena Vista St., Burbank, CA 91505	Clinical Quality & Integration	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence Surgery Center, LLC - 84-1401625, 902 N. Orange St, Missoula, MT 59802	Ambulatory Surgery Center	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence/Silverton Rehab, LLC - 48-1287267, 4400 NE Halsey, #425, Portland, OR 97213	Rehab Services	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence/USP Santa Clarita GP LLC - 20-2829660, 11550 Indian Hills Road, #160, Mission Hills, CA 91345	Ambulatory Surgery Center	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Providence/USP Surgery Ctrs., LLC - 20-0905938, 11550 Indian Hills Road, #160, Mission Hills, CA 91345	Ambulatory Surgery Center	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Southern Idaho Regional Laboratory, LLC - 82-0511819, 611 N. Perry, Spokane, WA 99202												
The Madison Spokane Inn, LLC - 84-1606484, 15 West Rockwood Blvd., Spokane, WA 99204	Outpatient Lab	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Tri-Cities Laboratory, LLC - 91-1773986, 611 N. Perry, Spokane, WA 99202	Hotel Services	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HCSA Properties LLC - 46-0620892, 1600 M Street NW, Auburn, WA 98001	Outpatient Lab	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Covenant Long-Term Care ,LP - 20-5033419, 4000 24th Street, Lubbock, TX 79410	Real estate rental	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Heritage Investment Group I, LLC - 27-1000061, 500 S. Main Street, Ste 1000, Orange, CA 92868	Healthcare	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Hoag Orthopedic Institute - 61-1588294, 1 Hoag Drive, Box 6100, Newport Beach, CA 92658	Investments	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Lubbock Surgery Center, Ltd - 75-2177401, 4000 24th Street, Lubbock, TX 79410	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Methodist Diagnostic Imaging - 75-2343261, 4000 24th Street, Lubbock, TX 79410	Healthcare	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Mission Ambulatory Surgicenter, Ltd - 33-0355575, 27800 Medical Center Road, Ste. 362,	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Newport Imaging Center - 33-0191776, 360 San Miguel, Newport Beach, CA 92660	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SHA, LLC - 75-2569094 12940 North Highway 183 Austin, TX 78750	Healthcare	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
St Joseph Physician Ventures I, LLC - 45-4521884, 1100 West Stewart Drive, Orange, CA 92868	Real Estate	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
North Bay Endoscopy Center - 61-1559876, 1383 N. McDowell Blvd, Suite 110, Petaluma, CA 94954	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Southern California Surgery Center, LLC - 33-0939000, 18321 Ventura Blvd, Ste 740, Tarzana, CA 91356	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Mission Viejo Physician Partners I, LLC - 47-1559873, 27700 Medical Center Road, Mission Viejo, CA 92691	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Advanced Surgery Institute LLC - 26-2299255, 1739 4th Street, Santa Rosa, CA 95404	Healthcare	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Bourget Health Services, Inc. - 91-1354431 P.O. Box 2687 Spokane, WA 99220	Clinical/Medical Lab	WA	N/A	C CORP	N/A	N/A	N/A		X
1221 Madison Street Owners Assoc. - 20-1954319, 747 Broadway, Seattle, WA 98122	Owners' Association	WA	N/A	C CORP	N/A	N/A	N/A		X
Western HealthConnect Ventures, Inc. - 80-0953654, 1801 Lind Ave. SW #9016, Renton, WA 98057	Investment	WA	N/A	C CORP	N/A	N/A	N/A		X
PHN Holdings - 46-1814184 20555 Earl Street Torrance, CA 90503	Strategic Planning Services	CA	N/A	C CORP	N/A	N/A	N/A		X
Providence Health Network - 80-0886966 20555 Earl Street Torrance, CA 90503	Prepaid Healthcare	CA	N/A	C CORP	N/A	N/A	N/A		X
Pioneer Innovations, Inc. - 36-4818191 800 5th Ave., 10th Floor Seattle, WA 98104	Healthcare Innovations	WA	N/A	C CORP	N/A	N/A	N/A		X
Vinserra, Inc. - 95-3943315 1328 22nd Street Santa Monica, CA 90404	Investment	CA	N/A	C CORP	N/A	N/A	N/A		X
American Unity Group, Ltd 90 Pitts Bay Road HM08 Pembroke BERMUDA	Captive Insurance	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
Coastal Management Services Organization - 33-0676831, 1 Hoag Drive, Box 6100, Newport Beach, CA 92658	Healthcare	CA	N/A	C CORP	N/A	N/A	N/A		X
Datu Health, Inc - 46-3070062 16150 Main Circle Dr, Suite 250 Chesterfield, MO 63017	IT Svcs	DE	N/A	C CORP	N/A	N/A	N/A		X
Hoag Management Services, Inc - 33-0731587 1 Hoag Drive, Box 6100 Newport Beach, CA 92658	Healthcare	CA	N/A	C CORP	N/A	N/A	N/A		X
Lubbock Methodist Hosp Practice Mgmt - 75-2578995, 2107 Oxford Street, Ste 300, Lubbock, TX 79410	Inactive	TX	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information.

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

Part III, Identification of Related Organizations Taxable as Partnership:

Name, Address, and EIN of Related Organization:

Mission Ambulatory Surgicenter, Ltd

EIN: 33-0355575

27800 Medical Center Road, Ste. 362

Mission Viejo, CA 92691

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

OMB No. 1545-1709

► **File a separate application for each return.**

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number (EIN) or 91-2054035
	Number, street, and room or suite no. If a P.O. box, see instructions. 801 Broadway, No. 701	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Seattle, WA 98122	

Enter the Return Code for the return that this application is for (file a separate application for each return)	0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Karl E. Fritschel, CPA

- The books are in the care of **1801 Lind Avenue SW, #9016 - Renton, WA 98057-9016**
Telephone No. **(425) 525-3339** Fax No. **(425) 525-3007**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until November 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2016 or

▶ tax year beginning _____, and ending _____.

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

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

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