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Form 990	Ì
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Department of the Treesury

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. Go to www.irs.gov/Form990 for instructions and the latest information.



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B01 B02 (206) 213-6200 City or town, state or province, country, and ZIP or foreign postal code G Gene meetings 2,693,845. City or town, state or province, country, and ZIP or foreign postal code H(4) is this a group return Yes No Image: Server, Se	I.	return	Number and street (or P.O. box if mail is not delivered to street address) Rot	om/suite	E Telephone nu	mbe	
Lity or town, state or province, country, and ZIP or foreign postal code G. devancesite 3 2, 693, 845. Statute, w. 99122 F Name and address or principal officer: JOS WRITE High is this a group return for subordinates? Yes X No I Taxexempt status: X 501(5)(3) 501(c)(1) (insert no.) 4917(a)(1) or 127 J Website: ▶ Werk, TVKIK, obs High is this a group return for subordinates? Yes X No J Website: ▶ Werk, TVKIK, obs High is this a group return for subordinates? Yes X No Perter II Summary Trust: Association Other ▶ High is this a group return for subordinates? 2 Check this box ▶ (if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of indipendent voting members of the governing body (Part V, line 1a) 3 25 4 Number of indipendent voting members of the governing body (Part V, line 2a) 5 0 5 Total number of voting members (The governing body (Part V, line 2a) 5 0 0 6 Current Year 6 217 7a 0 7 Total number of voting members (The governing body (Part V, line 2a) 6 17a 0 9 Forger associates evenue (Part VIII, line 1b) 21.210, 64.6 21.37, 212.7 0 <td></td> <td>Ireturn/</td> <td>801 BROADWAY</td> <td></td> <td></td> <td></td> <td></td>		Ireturn/	801 BROADWAY				
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1, 221, 056. 1, 193, 308. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 574, 974. 760, 705. 16a Professional fundraising expenses (Part IX, column (D), line 25) 282, 636. 27, 500. 27, 500. 17 Other expenses (Part IX, column (D), line 25) 282, 636. 301, 811. 301, 604. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,225, 341. 2,283, 117. 19 Révenue less expenses. Subtract line 18 from line 12 295, 783. 192, 557. 20 Total assets (Part X, line 16) 2,398, 187. 2,344, 623. 21 Total labilities (Part X, line 26) 2,397, 144. 2,302,010. Part II Signature Block 2,397, 144. 2,302,010. 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 (oher than office)) is pased of all information of which preparer has any knowledge.		11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				297,093.
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), line 5:10) 674,974. 760,705. 16a Professional fundraising expenses (Part IX, column (D), line 25) 282,636. 27,500. 27,500. 17 Other expenses (Part IX, column (D), line 25) 282,636. 301,811. 301,604. 18 Total systemses. Add lines 13:17 (must equal Part IX, column (A), line 25) 2,225,341. 2,283,117. 19 Révenue less expenses. Subtract line 18 from line 12 295,783. 192,557. 20 Total liabilities (Part X, line 16) 2,398,187. 2,394,623. 21 Total liabilities (Part X, line 26) 1,043. 42,613. 22 Net assets (Part X, line 26) 2,397,144. 2,302,010. 23 Net assets or fund balances. Subtract line 21 from line 20 2,397,144. 2,302,010. 24 Under penalties of perjury. I declare that I have examined this return, including actor panying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office) is pased of all information of which preparer has any knowledge. Signature of officer.		12 1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,521,1	24.	2,475,674.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 674,974. 760,705. 16a Professional fundraising expenses (Part IX, column (D), line 25) 282,636. 27,500. 27,500. 17 Other expenses (Part IX, column (D), line 25) 282,636. 301,811. 301,604. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,225,341. 2,283,117. 19 Révenue less expenses. Subtract line 18 from line 12 295,783. 192,557. 20 Total assets (Part X, line 16) 2,398,187. 2,344,623. 21 Total liabilities (Part X, line 26) 1,043. 42,613. 22 Net assets or fund balances. Subtract line 21 from line 20 2,397,144. 2,302,010. Part II Signature Block Under penalties of perjury, 1 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 office) is pased on all information of which preparer has any knowledge. Signature of officer Signature of officer Total wave of officer Total information of which preparer has any knowledge.		13 (Frants and similar amounts paid (Part IX, column (A), lines 1-3)		1,221,0	56.	1,193,308.
16a Professional fundraising fees (Part IX, column (A), line 11e) 27,500. 27,500. b Total fundraising expenses (Part IX, column (D), line 25) 282,636. 301,811. 301,604. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 301,811. 301,604. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,225,341. 2,283,117. 19 Revenue less expenses. Subtract line 18 from line 12 295,783. 192,557. 20 Total assets (Part X, line 16) 2,398,187. 2,344,623. 21 Total liabilities (Part X, line 26) 1,043. 42,613. 22 Net assets or fund balances. Subtract line 21 from line 20 2,397,144. 2,302,010. Part II Signature Block Signature of officer france for the part of the		14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
11 Other expenses (Part X, column (A), mes 1(a-11d, 111:24e) 301, 604, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2, 225, 341, 2, 283, 117, 19 Revenue less expenses. Subtract line 18 from line 12 295, 783, 192, 557, 20 Total assets (Part X, line 16) 2, 398, 187, 2, 344, 623, 21 Total liabilities (Part X, line 26) 1, 043, 42, 613, 22 Net assets or fund balances. Subtract line 21 from line 20 2, 397, 144, 2, 302, 010, Part II Signature Block 2, 397, 144, 2, 302, 010, 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 trian office)) is pased of all information of which preparer has any knowledge. Signature of officer 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	es.	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		674,9	74.	760,705.
11 Other expenses (Part X, column (A), mes 1(a-11d, 111:24e) 301, 604, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2, 225, 341, 2, 283, 117, 19 Revenue less expenses. Subtract line 18 from line 12 295, 783, 192, 557, 20 Total assets (Part X, line 16) 2, 398, 187, 2, 344, 623, 21 Total liabilities (Part X, line 26) 1, 043, 42, 613, 22 Net assets or fund balances. Subtract line 21 from line 20 2, 397, 144, 2, 302, 010, Part II Signature Block 2, 397, 144, 2, 302, 010, 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 trian office)) is pased of all information of which preparer has any knowledge. Signature of officer 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	ens	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	A.6.	27,5	0.0	27,500.
11 Other expenses (Part X, column (A), mes 1(a-11d, 111:24e) 301, 604, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2, 225, 341, 2, 283, 117, 19 Revenue less expenses. Subtract line 18 from line 12 295, 783, 192, 557, 20 Total assets (Part X, line 16) 2, 398, 187, 2, 344, 623, 21 Total liabilities (Part X, line 26) 1, 043, 42, 613, 22 Net assets or fund balances. Subtract line 21 from line 20 2, 397, 144, 2, 302, 010, Part II Signature Block 2, 397, 144, 2, 302, 010, 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 trian office)) is pased of all information of which preparer has any knowledge. Signature of officer 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	ġ.	ьт	otal fundraising expenses (Part IX; column (D), line 25)	<u>.</u>			
19 Revenue less expenses. Subtract line 18 from line 12 295,783. 192,557. 20 Total assets (Part X, line 16) End of Year 2,398,187. 2,344,623. 21 Total liabilities (Part X, line 26) 1,043. 42,613. 2,397,144. 2,302,010. Part II Signature Block Information of which preparer has any knowledge. Information of which preparer has any knowledge. Signature of officer Total contract fine 20. Total information of which preparer has any knowledge.		111 0	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	• • •			the second second second second second second second second second second second second second second second se
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2, 398, 187, 2, 344, 623, 2, 398, 187, 2, 344, 623, 1, 043, 42, 613, 2, 398, 187, 2, 344, 623, 1, 043, 42, 613, 2, 397, 144, 2, 302, 010, 2, 398,		18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), fine 25)				2,283,117.
20 Total assets (Part X, line 16) 2, 398, 187. 2, 344, 623. 21 Total liabilities (Part X, line 26) 1, 043. 42, 613. 22 Net assets or fund balances. Subtract line 21 from line 20 2, 397, 144. 2, 302, 010. Part II Signature Block 1 1 1 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 office) is pased on all information of which preparer has any knowledge. Signature of officer 7 7 7		<u>19</u> P	evenue less expenses. Subtract line 18 from line 12	· 41-11	295,71	33.	192,557.
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Signature Block Under penalties of perjury, 1 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 office) is pased on all information of which preparer has any knowledge. Signature of officer Signature of officer	ts o	<u> </u>	- A 100	Begi	· · · · · · · · · · · · · · · · · · ·		
End 2 Net assets or fund balances. Subtract line 21 from line 20 2,397,144. 2,302,010. Part II Signature Block 2,397,144. 2,302,010. 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 office) is pased on all information of which preparer has any knowledge. Signature of officer The second of t	Bala		otal assets (Hart X, line 16)				
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 office)) is pased on all information of which preparer has any knowledge. Signature of officer	- jeg			·		_	
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 office) is based on all information of which preparer has any knowledge.	Pa	<u>-22</u> A rt II]	Signature Block		2,397,14	4	2,302,010.
true, correct, and complète. Declaration of preparer (other than office)) is based of all information of which preparer has any knowledge.							
Sign Signature of officer	true	a ponali	and complete Declare that I have examined this return, including accompanying schedules and	statement	is, and to the best o	f my	knowledge and belief, it is
Signature of officer	h 0.24	our eol;	and complete. Declaration of preparer (other yian onlice) is pased on all information of which p	oreparer ha	is any knowledge.		
Here JOE WHITE EXECUTIVE DIRECTOR	Sian		Signature of officer		Data		
	Here		JOE WHITE, EXECUTIVE DIRECTOR		Uale //	11	4-18

	Type or print name and title							
Paid	Print/Type preparer's hame EVA NITTA	Preparer's signature	Date 11/14/18	Check PTIN				
Preparer	Firm's name 🕞 ERNST & YOUNG U.S.	LLP	Eirr	n's EIN b	34-6565596			
Use Only	Firm's address 560 MISSION STREET,	SUITE 1600						
	SAN FRANCISCO, CA 9	4105	Phe	оле по. 415-8	94-8000			
May the I	RS discuss this return with the preparer show	n above? (see instructions)			X Yes	No		

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	1 990 (2017) RIVKIN CENTER FOR OVARIAN CANCER		Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY		
	OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE		
	POOR AND VULNERABLE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O.		
3			s 🗵 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.		_
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	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 \$1,735,404. including grants of \$1,193,308.) (Revenue	\$	0.
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$	\$	41,369.
	SEE SCHEDULE O.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
		\$	
4c 4d	Other program services (Describe in Schedule O.)	\$ 	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	\$ 	
	Other program services (Describe in Schedule O.)		990 (2011
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		9 90 (2017

Form 990 (2017) RIVKIN CENTER FOR
Part IV Checklist of Required Schedules RIVKIN CENTER FOR OVARIAN CANCER

91-2054035 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			-
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	Х	

Form 990 (2017)

732003 11-28-17

Form	aan	(2017)
FUIII	990	(2017)

RIVKIN CENTER FOR OVARIAN CANCER

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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? If "Yes," complete	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		x
27	complete Schedule L, Part II 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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05-	Part V, line 1	34	X X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Δ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h	x	
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		<u> </u>
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	х	

Form **990** (2017)

732004 11-28-17

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91-2054035

Page 4

Form	990 (2017) RIVKIN CENTER FOR OVARIAN CANCER		91-205403	5	P	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
					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			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortab	le 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	s?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C)		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	coun	t)?	4a		Х
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 Acc	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b		Х
с	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	orgar	nization 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 contributio	ns or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serve	ices pr	rovided 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	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:		I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b		10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
а		<u>11a</u>				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	•	12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I			
	· · · · · · · · · · · · · · · · · · ·	13b				
С		13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				Form	990	(2017)

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	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			X
Sec	stion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22	2		
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	х	
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		х
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	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			77
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	, , , , , , , , , , , , , , , , , , , ,	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this was done	12c 13		x
13	Did the organization have a written whistleblower policy?			X
14 15	Did the organization have a written document retention and destruction policy?	14		
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?	150		x
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		x
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
U	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		
Sec	tion 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) a	vailabl		
	for public inspection. Indicate how you made these available. Check all that apply.	vanabri		
	Own website Another's website X 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	l financ	ial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20				
20	JO ANN ESCASA-HAIGH - (949) 381-4000			
20	JO ANN ESCASA-HAIGH - (949) 381-4000 3345 MICHELSON DRIVE, SUITE 100 , IRVINE, CA 92612			

Form 990 (20 ⁻	17) RIVKIN CENTER FOR OVARIAN CANCER	91-2054035	Page 1						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
E	mployees, and Independent Contractors								
C	heck 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								
1. Complete this table for all persons required to be listed. Benefit componentian for the colonder year anding with an within the organization's tay year									

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. Т

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	(do			ition	۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	In dividual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	dual t	Institutional trustee	_	Key employee	st col	5			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) GARNET ANDERSON PHD	2.00									
DIRECTOR	0.00	х						٥.	٥.	0.
(2) DONNA BENAROYA	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(3) GLORIA BENSUSSEN	2.00									
PAST PRESIDENT	0.00	х		х				0.	0.	0.
(4) THOMAS BROWN MD	2.00									
VICE CHAIRMAN	60.00	Х		х				0.	756,979.	51,675.
(5) JOYCE CUTLER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) CHARLES DRESCHER MD	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) EDDIE FISHER	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(8) PATRICIA FLUG	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(9) GARY GOODMAN MD	2.00									
DIRECTOR	60.00	Х						0.	273,968.	40,144.
(10) BOBBIE HINTON	2.00									
PRESIDENT ELECT	0.00	х		х				0.	0.	0.
(11) ROLAND JANKELSON	2.00									
DIRECTOR - THRU 5/17	0.00	Х						0.	0.	0.
(12) KATHERINE LAUGHLIN SCHEI	2.00									
DIRECTOR - EFF. 2/17	0.00	х						0.	0.	0.
(13) SUSUN LIVINGSTON	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(14) LOIS MAYERS	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(15) C. ERIC MORSE	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) SAUL RIVKIN MD	40.00	l							_	
CHAIRMAN & FOUNDER	0.00	х		х			<u> </u>	0.	81,117.	7,333.
(17) MELISSA RIVKIN	2.00	l							_	_
DIRECTOR	0.00	Х						0.	0.	0.

7

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Form 990 (2017)

Form 990 (2017) RIVKIN CENTER	R FOR OVARI	AN	CAN	CER					91-2054	035	F	-age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related	box offi	not c , unle: cer ar	Pos heck ss pe id a d	more rson i lirecto	than of the than of the the the the the the the the the the	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estima amoun othe ompens from ti organiza	t of r ation he
	organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				and rela rganiza	
(18) RAQUEL SANCHEZ	2.00											
DIRECTOR	0.00	X						0.		0.		0.
(19) JAIME SHANKS DIRECTOR	2.00	x						0.		0.		0.
(20) ALEX SMITH	2.00	~				-		0.		<u>'</u>		<u> </u>
SECRETARY	0.00	x		x				0.		0.		Ο.
(21) TANYA SORENSEN	2.00									-		
DIRECTOR - EFF. 5/17	0.00	х						0.		0.		0.
(22) KATHERINE STEULAND	2.00											
DIRECTOR	0.00	х						0.		٥.		٥.
(23) SCOTT SWERLAND	2.00											
DIRECTOR	0.00	Х						0.		0.		0.
(24) KATIE VAN KESSEL MD DIRECTOR	2.00	x						0.		0.		0.
(25) DAN VELJOVICH, MD	2.00	~				-		0.		<u>'</u>		<u> </u>
DIRECTOR	0.00	x						0.		0.		Ο.
(26) KRISTEN WARD	2.00									+		
DIRECTOR - EFF 9/17	0.00	х						0.		0.		٥.
1b Sub-total								0.	1,112,06	4.		,152.
c Total from continuation sheets to Part VI	, Section A							0.	198,00	_		,366.
d Total (add lines 1b and 1c)								0.	1,310,06	5.	137	,518.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	-
3 Did the organization list any former officer,	director, or tru	istee	e. ke	v er	nola	ovee	or	highest compensated en	nplovee on		100	
line 1a? If "Yes," complete Schedule J for su	-				•	•		•		3	х	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		. 4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or sı	ich i	oers	son				. 5		X
Section B. Independent Contractors	managet ad in a	000				ooto		act reactived mare than th	100.000 of compos		from	
 Complete this table for your five highest cor the organization. Report compensation for t 	•	•							•	Sation	ITOITI	
(A)			- Tan	<u>ig ii</u>				(B)			(C)	
Name and business	address	NO	NE					Description of s	ervices	Com	oensati	on
							_					
							_					
2 Total number of independent contractors (ir \$100,000 of componsation from the organized		ot lin	niteo	d to		se lis 0	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz See Part VII, Section A Continu		ts				-				For	m 990	(2017)
· · · · · · · · · · · · · · · · · · ·										1 01		(2017)

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Form 990 RIVKIN CEN Part VII Section A. Officers, Directors,	TER FOR OVARI					liah	est (Compensated Employe	91-2054(
(A)	(B)		<u>, , , , , , , , , , , , , , , , , , , </u>		C)	ngin		(D)	(E)	(F)
Name and title	Average	1		Pos		1		Reportable	Reportable	Estimated
	hours	(c				' app	lv)	compensation	compensation	amount of
	per	(0)				T	· y /	from	from related	other
	week					e l		the	organizations	compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(112/1000 1000)	organizatior
	related	e or (tee			sated		(00-2/1033-10130)		and related
	organizations	uste	trus		ee	npen				organization
	below	ual tr	tiona		log	tcor				organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
27) JOSEPH WHITE	50.00	-	-	0	×	±	<u>.</u>			
XECUTIVE DIRECTOR	0.00	-		x				0.	198,001.	38,36
								· ·		
		-				-				
		1								
						-				
		<u> </u>								
		<u> </u>				-				
										38,30

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rt VII					35 Pa
	Check if Schedule O contains a response or note to any line	e in this Part VIII			[
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns 1,045.				
	Membership dues 1b				
	Fundraising events				
d	Related organizations 1d 977,807.				
е	Government grants (contributions) 1e				
f	All other contributions, gifts, grants, and				
	similar amounts not included above If 844,505.				
-	Noncash contributions included in lines 1a-1f: \$ 277, 357.				
h	Total. Add lines 1a-1f	2,137,212.			-
	Business Code	41.200	41.260		
	CANCER SYMPOSIUM 900099	41,369.	41,369.		
b					
c					_
d					
e f	All other program service revenue				
	Total. Add lines 2a-2f	41,369.			
3	Investment income (including dividends, interest, and	,			
U	other similar amounts)				
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
	(i) Real (ii) Personal				
6 a	Gross rents				
	Less: rental expenses				
	Rental income or (loss)				
d	Net rental income or (loss)				
7 a	Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
b	Less: cost or other basis				
	and sales expenses				
с	Gain or (loss)				
	Net gain or (loss)				
8 a	Gross income from fundraising events (not				
	including \$ of				
	contributions reported on line 1c). See Part IV. line 18 a 479,764.				
	,				
		268,293.			268,2
	Net income or (loss) from fundraising events Gross income from gaming activities. See	200,200.			100,2
5 4	Part IV, line 19 a35,500.				
b	Less: direct expenses b 6,700.				
	Net income or (loss) from gaming activities	28,800.			28,8
	Gross sales of inventory, less returns				/
	and allowances a				
b	Less: cost of goods sold b				
	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
11 a					
b					
с					
d	All other revenue				
е	Total. Add lines 11a-11d				
	Total revenue. See instructions.	2,475,674.	41,369.	0	. 297,0

RIVKIN CENTER FOR OVARIAN CANCER

Part IX Statement of Functional Expenses

Page **10** 91-2054035

Do not in	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b, 9t	clude amounts reported on lines 6b, b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ts and other assistance to domestic organizations	1 117 629	1 117 629		
	domestic governments. See Part IV, line 21	1,117,629.	1,117,629.		
	hts and other assistance to domestic viduals. See Part IV, line 22	679.	679.		
	nts and other assistance to foreign				
	inizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16	75,000.	75,000.		
	efits paid to or for members				
	pensation of current officers, directors,				
	tees, and key employees	211,002.	84,400.	63,301.	63,301
	pensation not included above, to disqualified				
-	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)				
	er salaries and wages	512,818.	205,128.	153,845.	153,845
	ion plan accruals and contributions (include				
	on 401(k) and 403(b) employer contributions)				
	er employee benefits	36,885.	14,754.	11,066.	11,065
	roll taxes				
	s for services (non-employees):				
a Man	agement				
b Lega	al				
c Acco	ounting				
d Lobb	bying				
e Profe	essional fundraising services. See Part IV, line 17	27,500.			27,500
f Inve	stment management fees				
g Othe	er. (If line 11g amount exceeds 10% of line 25,				
colur	nn (A) amount, list line 11g expenses on Sch 0.)	53,909.	48,475.	5,434.	
12 Adve	ertising and promotion	27,496.	27,496.		
13 Offic	ce expenses	25,015.	10,006.	7,505.	7,504
14 Infor	mation technology	928.	418.	510.	
15 Roya	alties				
	upancy	64,737.	25,895.	19,421.	19,421
	el	39,954.	35,959.	3,995.	
	ments of travel or entertainment expenses				
	ny federal, state, or local public officials				
19 Cont	ferences, conventions, and meetings	82,284.	82,284.		
20 Inter	F				
	ments to affiliates				
	reciation, depletion, and amortization				
abov 24e a	r expenses. Itemize expenses not covered e. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A)				
DITE	unt, list line 24e expenses on Schedule 0.)	1 734	1 73/		
	S AND MEMBERSHIPS	1,734.	1,734.		
~	ES & LICENSES	1,635.	1,635.		
·	KING FEES	1,125.	1,125.		
d		2,787.	2,787.		
	ther expenses	2,787.	1,735,404.	265,077.	282,636
	I functional expenses. Add lines 1 through 24e	4,203,11/.	1,735,404.	205,077.	202,030
	t costs . Complete this line only if the organization				
-	rted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
Uneck	k here k if following SOP 98-2 (ASC 958-720)				Form 990 (201

11

Net Assets or Fund Balances

32

33

34

2,397,144.

2,398,187.

32

33

34

6	Loans and other receivables from other disqualifi					
	section 4958(f)(1)), persons described in section	4958(0	c)(3)(B), and contributing			
	employers and sponsoring organizations of section	on 50 ⁻	I (c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Comp	ete Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9					9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	nplete Part VI of Schedule D 10a				
b	Less: accumulated depreciation				10c	
11	Investments - publicly traded securities	tments - publicly traded securities				
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11	2,398,187.	15			
16	Total assets. Add lines 1 through 15 (must equa		2,398,187.	16		
17	Accounts payable and accrued expenses			1,043.	17	
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete P			21		
22	Loans and other payables to current and former	officer	s, directors, trustees,			
	key employees, highest compensated employees	s, and	disqualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelat	ted thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated	third	parties		24	
25	Other liabilities (including federal income tax, pay	ables	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			1,043.	26	
	Organizations that follow SFAS 117 (ASC 958)	, chec	k here 🕨 🗴 and			
	complete lines 27 through 29, and lines 33 and					
27	Unrestricted net assets			2,397,144.	27	
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (AS	3), check here 🕨 📃				
	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 equ			31		
~~	Detained consists of a decision of a construction data disc			00		

RIVKIN CENTER FOR OVARIAN CANCER

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net _______

Part II of Schedule L

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

15021114 150123 60097961.259

Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees. Complete

91-2054035

1

2 3

4

5

(A) Beginning of year Page **11**

2,344,623. 2,344,623. 42,613.

42,613.

2,302,010.

2,302,010.

2,344,623.

Form 990 (2017)

Ο.

(B) End of year

Form 990 (
Part X	Ba	lance	Sheet

1

2

3

4

5

~

Assets

Liabilities

Form	990 (2017) RIVKIN CENTER FOR OVARIAN CANCER	91-205403	5	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check 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,	475,	674.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	283,	117.
3	Revenue less expenses. Subtract line 2 from line 1	3		192,	557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	397,	144.
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	_	287,	691.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
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,	302,	010.
Pa	rt XII Financial Statements and Reporting				
	Check 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le 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				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(2017)

Form **990** (2017)

SCHEDULE A	SC	HE	Dι	JLE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public

Inspection

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Nan	ne or t								Employer Identification number			
Pa	art I	Reason for Public (CENTER FOR OVA		molete th	is nart) Se	e instructions		91-2054035			
		ization is not a private found										
1 1	l I I I I I I I I I I I I I I I I I I I	A church, convention of ch					()(A \/;)					
2							I)(A)(I)-					
2		A school described in sect					::)					
4		A hospital or a cooperative A medical research organiz						(iii) Entor	the hospital's name			
4		city, and state:	ation operated in col	ijunction with a nospital	described	Sectio	A)(1)(d)01(1)(A)		the hospital s hame,			
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a do	vernmental u	nit describe	ed in			
Ŭ		section 170(b)(1)(A)(iv). (C		loge of annerony enner	or operat							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X		-					ne general r	oublic described in			
•		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	\square	An agricultural research org				ed in coniu	inction with a	land-grant	college			
-		or university or a non-land-g	-			-		-	-			
		university:	, , ,	,		j		5				
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersł	nip fees, an	d 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 a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box in			
		_lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ring			
		control or management o			ame perso	ns that co	ntrol or manao	ge the supp	ported			
	_	organization(s). You mus										
С		J Type III functionally inte		•••				ly integrate	d with,			
		its supported organization		-								
d		J Type III non-functionally						-				
		that is not functionally int	8 8	0 ,	,			an attentiv	eness			
		requirement (see instructi										
е	;	Check this box if the orga functionally integrated, or					турет, туре	п, туре п				
f	Ento	er the number of supported of										
g		vide the following information	•	d organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tota												
I HA	For P	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	732021 10-	06-17 Schee	dule A (For	m 990 or 990-EZ) 2017			

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Schedule A (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER

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.)

See	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2,248,737.	916,087.	2,630,267.	2,190,646.	2,137,212.	10,122,949.					
2	Tax revenues levied for the organ-											
	ization'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	2,248,737.	916,087.	2,630,267.	2,190,646.	2,137,212.	10,122,949.					
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)						1,400,976.					
6	Public support. Subtract line 5 from line 4.						8,721,973.					
	ction B. Total Support						, , -					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
	Amounts from line 4	2,248,737.	916,087.	2,630,267.	2,190,646.	2,137,212.	10,122,949.					
	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				-•		-•					
9												
	activities, whether or not the	35,862.	40,522.	12,376.	237,381.	297,093.	623,234.					
40	business is regularly carried on	33,002.	40,522.	12,370.	237,301.	257,055.	023,234.					
10	Other income. Do not include gain											
	or loss from the sale of capital				376.		376.					
	assets (Explain in Part VI.)				570.		10,746,561.					
	Total support. Add lines 7 through 10		````				, ,					
	Gross receipts from related activities,	,	,				165,899.					
13	First five years. If the Form 990 is for	•			5							
500	organization, check this box and stor ction C. Computation of Publi			<u></u>	<u></u>							
	•			. (2)			01 16					
	Public support percentage for 2017 (I		•			14	81.16 %					
	Public support percentage from 2016					15	78.49 %					
16a	33 1/3% support test - 2017. If the c				4 is 33 1/3% or m	ore, check this boy						
	stop here. The organization qualifies		-									
b	33 1/3% support test - 2016. If the c				line 15 is 33 1/3%	or more, check thi	s box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	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											
b	b 10% -facts-and-circumstances test - 2016. 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											
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions						
					0.1	dula A (Farma 000						

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, 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 bus-						
л	Tax revenues levied for the organ-						
-	ization'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						
	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
I	O 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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
	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 fo	r the organization's	s first, second, thir	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
_	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2017 (line 8, column (f) di	vided by line 13, o	column (f))		15	%
-	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2017. If the						e 17 is not
	more than 33 1/3%, check this box a						▶∟
ł	b 33 1/3% support tests - 2016. If the	-					
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizati	on ▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			▶∟
7320	23 10-06-17				Sch	edule A (Form	990 or 990-EZ) 2017
			16)			

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

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

- 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.)

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER
Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	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? <i>Provide details in</i> 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		
732025	5 10-06-17 Schedule A (Form 99	90 or 99	νυ-EΖ)	2017

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	dule A (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER			91-2054035	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
е	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			
Sect	ion C - Distributable Amount			Current Y	'ear
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	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	anization (see	

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

instructions).

Schedule A (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER

	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER	91-2054035	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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 IV, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	n C,
Schedule A, Part II, Line 10, Explanation for Other Income:		
INSURANCE REFUND		
2016 Amount: \$ 376.		
21	edule A (Form 990 or 990	
21114 150123 60097961.259 2017.05000 RIVKIN CENTER	FOR OVARIAN	60097

15021114 150123 60097961.259

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

<u>2017</u>

Employer identification number

Name of th	e organization
------------	----------------

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 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.

RIVKIN CENTER FOR OVARIAN CANCER

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 \dots **b**

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) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Pao	ie	2

Employer identification number

RIVKIN CENTER FOR OVARIAN CANCER

Name of organization

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		\$124,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$54,439.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$977,807.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

18361115 150123 60097961.259 2017.05000 RIVKIN CENTER FOR OVARIAN 60097961

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

RIVKIN CENTER FOR OVARIAN CANCER

91-2054035

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	

18361115 150123 60097961.259

Name of organ	nization	Employer identification number		
RIVKIN CEN	VTER FOR OVARIAN CANCER			91-2054035
Part III		olumns (a) through (e) and the , charitable, etc., contributions of \$1,0	following line en	01(c)(7), (8), or (10) that total more than \$1,000 for ITV. For organizations
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I -				(*)
-		(e) Transfer o	f gift	
-	Transferee's name, address, ar	ad ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I -				(d) Description of now gift is held
-		(e) Transfer o	f gift	
-	Transferee's name, address, ar	nd ZIP + 4	Rela	ntionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- 		(e) Transfer o	f gift	
-	Transferee's name, address, ar	ad ZIP + 4	Rela	tionship of transferor to transferee
(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, ar	ad ZIP + 4	Rela	itionship of transferor to transferee
	,			Schedule B (Form 990, 990-EZ, or 990-PF) (201

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(Form 9	90)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	RIVKIN CENTER FOR OVARIAN	91-2054035		
Par	I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or Ac	counts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, li	ne 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		ds	
	are the organization's property, subject to the organization's	s exclusive legal control?	YesNo	
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conferr	ing	
	impermissible private benefit?	· · · · ·		
Par				
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historically	important land area	
	Protection of natural habitat	Preservation of a certified h	-	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a co	nservation easement on the last	
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b			2b	
с	Number of conservation easements on a certified historic st		2c	
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			
	year 🕨	, , , , ,	3	
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the po			
-	violations, and enforcement of the conservation easements		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting			
•	· · · · · · · · · · · · · · · · · · ·	,	······································	
7	Amount of expenses incurred in monitoring, inspecting, har	dling of violations, and enforcing conservation ea	sements during the year	
-				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)	(i)	
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva			
•	include, if applicable, the text of the footnote to the organization			
	conservation easements.			
Par		of Art, Historical Treasures, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on For	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement an	d balance sheet works of art.	
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that desc			
b	If the organization elected, as permitted under SFAS 116 (A		alance sheet works of art historical	
	treasures, or other similar assets held for public exhibition, (
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		► \$	
			x .	
2	If the organization received or held works of art, historical tr			
-	the following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
			► \$	
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017	
	10-09-17			
, 52001		27		

Sche		TER FOR OVARIAN CANC					91-205			age 2
Par	t III Organizations Maintaining C	ollections of Art, His	torical Tre	asures, or	r Other S	Similar	^r Assets	s (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records, cheo	ck any of the f	following that	are a signi	ficant u	se of its c	ollection	items	3
	(check all that apply):									
а	Public exhibition	d] Loan or exc	hange progra	ams					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain how t	they further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of art, h	nistorical treas	sures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complete if the	ne organizatio	n answered "	'Yes" on Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	r contribution:	s or other ass	sets not inc	luded	_	_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1 e				
f	Ending balance					1f		_		
	Did the organization include an amount on F				-	?	∟	Yes		
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year (b)	Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		1g, column (a))) held as:						
а	Board designated or quasi-endowment	%								
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organization th	at are held ar	nd administer	ed for the o	organiza	ation	1		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		funds.							
Par	3 , 11									
	Complete if the organization answere						.	() 5		
	Description of property	(a) Cost or other	• •	or other	(c) Acc		d	(d) Boo	k valu	e
	Land	basis (investment)	Dasis	(other)	depre	eciation				
	Land									
	Buildings		+							
	Leasehold improvements		+							
	Equipment		+							
e Totol	Other									0.
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X, colu</u>	ітп (В), line 1	UC.)			P	D (C	- 000	-
							Schedule	e u (Forn	n 990)	1201/

732052 10-09-17

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	2,344,623.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	2,344,623.

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 D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 RIVKIN CENTER FOR OVARIAN CANCER	91-2054035	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements	. 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_ 2 a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fc	Attach to Form 990. Attach to Form 990. Attach to Form 990 for instructions and the latest		Open to Public Inspection	
Name of the organization	ŕ	Ŭ			Employer ic	lentification number
RIVKIN CENTER FOR OVAR	IAN CANCER				91-20540)35
		ctivities Out	side the United States. Comple	te if the orgar		
Form 990, Part IV						
			ds to substantiate the amount of its grar			
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the g	grants or assi	stance?	X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and of	ther assistance	outside the
			an be duplicated if additional space is ne			
(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, pro- gram services, investments, grants to recipients located in the region) 	is a pro describ	ivity listed in (d ogram service, e specific type e(s) in the regio	expenditures for and investments
North America	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION			75,000.
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	0	0				75,000
3 a Sub-total b Total from continuation	0					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
sheets to Part I	0	0				0.
c Totals (add lines 3a						FE 000
and 3b)	0	0				75,000.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

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732071 10-06-17

SCHEDULE F (Form 990) 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)		
			PORTEOTOXIC STRESS THERAPY IN OVARIAN CANCER	75,000.	CHECK	0.				
by the IRS, or for whic	 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 3 Enter total number of other organizations or entities 									

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

RIVKIN CENTER FOR OVARIAN CANCER 91-2054035 Schedule F (Form 990) 2017 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2017

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)	X Yes	No 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

91-2054035 Page **5**

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.

732075 10-06-17

SCHEDULE G	Sunnlama	ntal Information Regarding	Fund	Iraici	ng or Gaming A	ctiv	itios	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the		2017					
Department of the Treasury	-	organization entered more than \$1	5,000 (on For	rm 990-EZ, line 6a.	,		Open to Public
Internal Revenue Service		Attach to Form 990 Go to www.irs.gov/Form990						Inspection
Name of the organization		TER FOR OVARIAN CANCER					Employer ic 91-20540	lentification number
Part I Fundrais		Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 1 [.]		
	complete this par	t.						
1 Indicate whether the a X Mail solicitat	-	ed funds through any of the followin $e \begin{bmatrix} x \end{bmatrix}$ Solicita	-		Check all that apply. overnment grants			
	email solicitations	s f Solicitat			nment grants			
c X Phone solici		g 🛛 Special	fundra	aising	events			
d X In-person so		or oral agreement with any individual	(incluc	lina of	ficers directors trus	tees	or	
		art VII) or entity in connection with p					X Ye	es 🗌 No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to l	be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
MONTERO PRODUCTION			Yes					
NE 13TH, BELLEVUE,	WA 98004	SPECIAL EVENT COORDINATION		X	793,619.		27,500	. 766,119.
Total				•	793,619.		27,500	. 766,119.
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from I	registration
or licensing.								
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER

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	(b) Event #2	(c) Other events	(d) Total events
		RIVKIN FAMILY &		None	(add col. (a) through
		FRIENDS AUCTION			col. (c)
e		(event type)	(event type)	(total number)	
Revenue	Gross receipts	793,619.			793,619
2	2 Less: Contributions	313,855.			313,855
3	Gross income (line 1 minus line 2)	479,764.			479,764
4	Cash prizes				
5	5 Noncash prizes	3,029.			3,029
benses	Rent/facility costs	121,084.			121,084
Direct Expenses	7 Food and beverages	5,642.			5,642
ة ع ا	B Entertainment	22,500.			22,500
9		59,216.			59,216
1	0 Direct expense summary. Add lines 4 through	211,471			
1	1 Net income summary. Subtract line 10 from I	268,293			

\$15,000 on Form 990-FZ, line 6a,

Revenue		\$10,000 011 0111 000 EE, mic oa.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue			35,500.	35,500.			
Direct Expenses	2	Cash prizes							
	3	Noncash prizes			6,700.	6,700.			
	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 100 %				
	7	6,700.							
	8	28,800.							
9 Enter the state(s) in which the organization conducts gaming activities:									
a Is the organization licensed to conduct gaming activities in each of these states?									
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No b If "Yes," explain:									

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 RIVKIN CENTER FOR OVARIAN CANCER	91-2054035	5 F	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Y	res	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?	י 🗌 א	/es	K No
	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility		100	%
	b An outside facility		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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	י 🗌 א	∕es ∑	K No
1	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	ıt		
-	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			
	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		/ 00 [3	
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	Ц		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9, 9	b, 10b, ⁻	15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
7320	Schedule G 38	(Form 990 or	r 990-E2	2017

15021114 150123 60097961.259

2017.05000 RIVKIN CENTER FOR OVARIAN 60097961

	Schedule G (Form 990 or 990-EZ)

Schedule G (Form 990 or 990-EZ)

732084 04-01-17

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		ete if the organizatio					
Department of the Treasury			Attach to For	m 990.			Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization	N CENTER FOR OVARIAN C	CANCER					Employer identification number 91-2054035
Part I General Information or	n Grants and Assistance						
1 Does the organization maintai	n records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grai	nts or assistance?						X Yes No
2 Describe in Part IV the organiz	ation's procedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assis	stance to Domestic Organiz	zations and Domestic	c Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received r	nore than \$5,000. Part II can	be duplicated if additi	ional space is need	ed.		1	1
1 (a) Name and address of orga or government	nization (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							THE ROLE OF FALLOPIAN
4333 BROOKLYN AVENUE NE	91-6001537		20.000				TUBE MICROBIOME IN
SEATTLE, WA 98195	91-6001537	GOVERNMENT	30,000.	0.			OVARIAN CARCINOGENESIS
UNIVERSITY OF WASHINGTON							CHARACTERIZATION OF TP53
4333 BROOKLYN AVENUE NE							MUTATIONS IN BRCA
SEATTLE, WA 98195	91-6001537	GOVERNMENT	74,943.	0.			CARCINOGENOSIS
,							IMMUNO-PROPHYLAXIS OF
UNIVERSITY OF WASHINGTON							OVARIAN CANCER ASSOCIATED
4333 BROOKLYN AVENUE NE							WITH HIGH RISK GERM LINE
SEATTLE, WA 98195	91-6001537	GOVERNMENT	75,000.	0.			MUTATIONS
NORTHWESTERN UNIVERSITY 360 HUNTINGTON AVENUE							TARGETED PARP INHIBITOR NANOTHERAPY FOR OVARIAN
BOSTON, MA 02115	04-1679980	501(C)(3)	30,000.	0.			CANCER
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, BOX 368 HONOLULU, HI 96822	99-6000354	GOVERNMENT	30,886.	0.			OBESITY-RELATED FACTORS AND OVARIAN CANCER SURVIVAL
AMERICAN ASSOCIATION FOR CA RESEARCH - 615 CHESTNUT ST FLOOR - PHILADELPHIA, PA 19	. 17TH	501(C)(3)	50,000.	0.			217 OVARIAN CANCER SPECIAL CONFERENCE
2 Enter total number of section	501(c)(3) and government or	ganizations listed in th	e line 1 table				
3 Enter total number of other or	ganizations listed in the line	I table					
LUA For Deperturerk Peduction A							Sebedule I (Form 000) (2017)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h) descriptions

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt 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
UNIVERSITY OF TEXAS- MD ANDERSON							
CANCER CENTER - 1515 HOLCOMBE BLVD							GRANT FUNDING FOR 2017
- HOUSTON, TX 77030	74-6001118	GOVERNMENT	52,206.	0.			PILOT STUDY AWARD
	,1 0001110		52,200.				THE INFLUENCE OF
UNIVERSITY OF WISCONSIN-MADISON							MACROPHAGES ON THE
21 N PARK STREET SUITE 6401							EXPANSION OF OVARIAN
MADISON, WI 53705	39-6006492	GOVERNMENT	60,000.	0.			CANCER MEASTASES
							GENOMIS ANALYSIS OF
DANA FARBER INSTITUTE							PLASMA CELL FREE TUMOR
450 BROOKLINE AVE							DNA TO EVALUATE DRUG
BOSTON, MA 02115	04-2263040	501(C)(3)	60,000.	0.			RESISTANCE IN OVARIAN
UNIVERSITY OF PENNSYLVANIA-							CIRCUMVENTING DRUG
HOSPITAL - 345 WALNUT ST P-221							RESISTANCE MECHANISMS IN
FRANKLIN BLDG - PHILADELPHIA, PA							CCNE 1 AMPLIFIED OVARIAN
19104	23-1352685	501(C)(3)	74,976.	0.			CANCERS
UNIVERSITY OF VERMONT AND STATE				·			PROTEIN TRANSLATION
AGRICULTURAL COLLEGE - 85 SO							REGULATORS AND THE
PROSPECT STREET RM 333 -							OVARIAN CANCER
BURLINGTON, VT 05405	03-0179440	GOVERNMENT	75,000.	0.			MICROENVIRONMENT
· · · ·			,				
VANDERBILT UNIVERSITY MEDICAL							BROMODEMAIN INHIBITION IN
CENTER - 3322 WEST END AVENUE,							OVARIAN CANCER AND THE
SUITE 900 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	75,000.	Ο.			TUMOR MICROENVIRONMENT
			,				OVERCOMING ACQUIRED
THE UNIVERSITY OF TEXAS MD							RESISTANCE TO
ANDERSON CANCER CENTER - 1515							ANTOANGIOGENIC THERAPY B
HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	GOVERNMENT	75,000.	Ο.			TARGETING VASCULAR
,			,				NOVEL MECHINISM OF PARP
DANA FARBER INSTITUTE							INHIBITOR RESISTANCE IN
450 BROOKLINE AVE							BRCA2 DEFICENT OVARIAN
BOSTON, MA 02115	04-2263040	501(C)(3)	75,000.	0.			AND BREAST CANCER
FRED HUTCHINSON CANCER RESEARCH							RESTART LEARNING TO
CENTER - 1100 FAIRVIEW AVE NPO BOX							REDUCE STRESS AND ANXIET
19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	75,000.	Ο.			AFTER TREATMENT

TOLD MAIN25-1500292501(C)(3)21,30INIVERSITY PARK, PA 1680225-1500292501(C)(3)21,30RESEARCH INSTITUTE OF FOX CHASE23-2003072501(C)(3)75,00INIVERSITY OF ALLIANCE MENT -23-2003072501(C)(3)75,00PHILADELPHIA, PA 1911123-2003072501(C)(3)75,00INIVERSITY OF MICHIGAN23-7326030501(C)(3)33,20INIVERSITY OF MICHIGAN23-7326030501(C)(3)33,20INIVERSITY OF ROCHESTER2000000000000000000000000000000000000	non-cash assistance	n valuation	n non-cash assistanc	
RESEARCH INSTITUTE OF FOX CHASE CANCER CENTER - 333 COTTMAN AVE CINSTITUTIONAL ADVANCEMENT - PHILADELPHIA, PA 19111 23-2003072 DIVERSITY OF MICHIGAN 2727 ALLIANCE DR SUITE C JANSING, MI 48910 23-7326030 501(C)(3) 33,21 DIVERSITY OF ROCHESTER 20 BOX 270032 300 EAST RIVER ROAD	0. 1.	0.		INVESTIGATION OF HIGH DOSE ASCORBATE IP THERAF INVESTIGATING THE ABILIT OF SPLICING INHIBITORS T TARGET BRCA1 MUTANT OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAPY
T OLD MAIN25-1500292501(C)(3)21,30INIVERSITY PARK, PA 1680225-1500292501(C)(3)21,30IESEARCH INSTITUTE OF FOX CHASEImage: Standard S	0. 1.	0.		INVESTIGATION OF HIGH DOSE ASCORBATE IP THERAF INVESTIGATING THE ABILIT OF SPLICING INHIBITORS T TARGET BRCA1 MUTANT OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAPY
INIVERSITY PARK, PA 1680225-1500292501(C)(3)21,34RESEARCH INSTITUTE OF FOX CHASE CANCER CENTER - 333 COTTMAN AVE ENSTITUTIONAL ADVANCEMENT - PHILADELPHIA, PA 1911123-2003072501(C)(3)75,00PNIVERSITY OF MICHIGAN 2727 ALLIANCE DR SUITE C JANSING, MI 4891023-7326030501(C)(3)33,29PNIVERSITY OF ROCHESTER PO BOX 270032300 EAST RIVER ROAD20-7326030501(C)(3)33,29	0. 1.	0.		DOSE ASCORBATE IP THERAF INVESTIGATING THE ABILIT OF SPLICING INHIBITORS T TARGET BRCA1 MUTANT OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAPY
ESEARCH INSTITUTE OF FOX CHASE ANCER CENTER - 333 COTTMAN AVE NSTITUTIONAL ADVANCEMENT - HILADELPHIA, PA 19111 23-2003072 501(C)(3) 75,00 NIVERSITY OF MICHIGAN 727 ALLIANCE DR SUITE C ANSING, MI 48910 23-7326030 501(C)(3) 33,20 NIVERSITY OF ROCHESTER 0 BOX 270032 300 EAST RIVER ROAD	0. 1.	0.		INVESTIGATING THE ABILI OF SPLICING INHIBITORS TARGET BRCA1 MUTANT OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAP
ANCER CENTER - 333 COTTMAN AVE NSTITUTIONAL ADVANCEMENT - HILADELPHIA, PA 19111 23-2003072 501(C)(3) 75,00 NIVERSITY OF MICHIGAN 727 ALLIANCE DR SUITE C ANSING, MI 48910 23-7326030 501(C)(3) 33,22 NIVERSITY OF ROCHESTER 0 BOX 270032 300 EAST RIVER ROAD	1.	0.		OF SPLICING INHIBITORS T TARGET BRCA1 MUTANT OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAP
NSTITUTIONAL ADVANCEMENT - HILADELPHIA, PA 19111 23-2003072 501(C)(3) 75,00 NIVERSITY OF MICHIGAN 727 ALLIANCE DR SUITE C ANSING, MI 48910 23-7326030 501(C)(3) 33,25 NIVERSITY OF ROCHESTER 0 BOX 270032 300 EAST RIVER ROAD	1.	0.		TARGET BRCA1 MUTANT OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAP
HILADELPHIA, PA 19111 23-2003072 501(C)(3) 75,00 NIVERSITY OF MICHIGAN 727 ALLIANCE DR SUITE C ANSING, MI 48910 23-7326030 501(C)(3) 33,2 NIVERSITY OF ROCHESTER 0 BOX 270032 300 EAST RIVER ROAD	1.	0.		OVERIAN CANCER SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAP
NIVERSITY OF MICHIGAN 727 ALLIANCE DR SUITE C ANSING, MI 48910 23-7326030 501(C)(3) 33,2 NIVERSITY OF ROCHESTER O BOX 270032 300 EAST RIVER ROAD	1.	0.		SHEAR STRESS MODULATES INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAP
727 ALLIANCE DR SUITE C 23-7326030 501(C)(3) 33,21 ANSING, MI 48910 23-7326030 501(C)(3) 33,21 NIVERSITY OF ROCHESTER 0 BOX 270032 300 EAST RIVER ROAD				INVASIVENESS TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAP?
2727 ALLIANCE DR SUITE C LANSING, MI 48910 23-7326030 501(C)(3) 33,22 UNIVERSITY OF ROCHESTER PO BOX 270032 300 EAST RIVER ROAD				TUMORIGENICITY AND IMMUN RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAPY
LANSING, MI 48910 23-7326030 501(C)(3) 33,21 JNIVERSITY OF ROCHESTER 0				RESPONSES IN OVARIAN TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAPY
JNIVERSITY OF ROCHESTER PO BOX 270032 300 EAST RIVER ROAD				TARGETIG HE4 FOR CHECKPOINT IMMUNOTHERAPY
PO BOX 270032 300 EAST RIVER ROAD	0.	0.		CHECKPOINT IMMUNOTHERAPY
PO BOX 270032 300 EAST RIVER ROAD	0.	0.		CHECKPOINT IMMUNOTHERAP
ROCHESTER, NY 14627 16-0743209 501(C)(3) 75,00	0.	0.		OF OVARIAN CANCER
	1			

Schedule I (Form 990) (2017) RIVKIN CENTER FOR OVARIAN CANCER

Page 2

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 req	, Juired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional 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: DANA FARBER INSTITUTE

(h) Purpose of Grant or Assistance: GENOMIS ANALYSIS OF PLASMA CELL FREE

TUMOR DNA TO EVALUATE DRUG RESISTANCE IN OVARIAN CANCER

Name of Organization or Government:

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

(h) Purpose of Grant or Assistance: OVERCOMING ACQUIRED RESISTANCE TO

ANTOANGIOGENIC THERAPY BY TARGETING VASCULAR P130CAS

Name of Organization or Government: UNIVERSITY OF MICHIGAN

(h) Purpose of Grant or Assistance: SHEAR STRESS MODULATES INVASIVENESS

TUMORIGENICITY AND IMMUNE RESPONSES IN OVARIAN CANCER STEM CELLS

Schedule I (Form 990)

732291 04-01-17

SC	HEDULE J	Compens	ation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	-	s, Trustees, Key Employees, and Highest		20	47	,
		Comp	ensated Employees		20		
Dopo	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to	Publ	ic
	al Revenue Service) for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		Employer ic	lentificatio	on nui	nber
			ANCER	91-20)54035		
Pa	rt I Question	RIVKIN CENTER FOR OVARIAN CANCER 91-2054035 I Questions Regarding Compensation heck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the following to or for a person listed on Form 990, art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the following to or for a person listed on Form 990, art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the following to or for a person listed on Form 990, art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the following to or for a person listed on Form 990, art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the following to or for a person listed on Form 990, art VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items. Image: Comparison of the following to or for a person listed on Form 990, art VII, Section A, line 1a, are checked, did the organization follow a written policy regarding payment or any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or Image: Comparison of the policy regarding payment or					
						Yes	No
1a				990,			
		•					
	Discretionary	spending account	Personal services (such as, maid, chauffe	ur, chef)			
b	,						
•					1b		
2	•						
	trustees, and office	rs, including the CEO/Executive Director, reg	arding the items checked on line 1a?		2		
•							
3							
		,	, ,	on to			
	·	· · ·					
	·						
	·	•					
		ther organizations	Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990 Part VII. Sec	tion A line 1a with respect to the filing				
		• •					
а	•	e payment or change-of-control payment?			4a		x
b			ified retirement plan?			Х	
c			nsation arrangement?				x
•		les 4a-c, list the persons and provide the app					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5			the organization pay or accrue any compensatio	'n			
	contingent on the r						
а	•				. 5a		x
							x
		r 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any compensatio	n			
	contingent on the r						
а	The organization?	-			6a		x
							х
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did t	the organization provide any nonfixed payments				
					7		х
8			led pursuant to a contract that was subject to th				
	•	ption described in Regulations section 53.49			8		х
9		d the organization also follow the rebuttable					
	Regulations section		· · · ·	<u></u>	. 9		
LHA		eduction Act Notice, see the Instructions for			ule J (Forn	n 990)	2017

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Schedule J (Form 990) 2017

91-2054035

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) THOMAS BROWN MD	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIRMAN	(ii)	601,802.	66,212.	88,965.	18,783.	32,892.	808,654.	0.
(2) GARY GOODMAN MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	256,427.	3,103.	14,438.	18,900.	21,244.	314,112.	0.
(3) JOSEPH WHITE	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	160,925.	24,912.	12,164.	13,001.	25,365.	236,367.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Part I, Line 3:

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID

BY A RELATED ORGANZATION, SWEDISH HEALTH SERVICES, AND IS DISCLOSED AS A

PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A

FOR THE PROCESS USED BY SWEDISH HEALTH SERVICES.

Part I, Line 4b:

BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PLAN PROVIDES FOR EMPLOYER

CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE

SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE.

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).

Page 3

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.

FOR PROVIDENCE LEADERS. THE PERFORMANCE AWARD IS BASED ON THE LEVEL OF

ACCOMPLISHMENT OF ANNUAL SYSTEM AND FUNCTIONAL (OR MARKET) OBJECTIVES.

IN 2017, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON

PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S

STRATEGIC PRIORITIES.

IN 2017 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%

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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.

THE REMAINING 40% WAS BASED ON A ROBUST SET OF FUNCTION SPECIFIC GOALS

DESIGNED TO ALIGN CRITICAL MISSION AND BUSINESS DRIVERS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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



Name of the organization

n

Go to www.irs.gov/Form990 for the latest information.

Employer	identification	number
9	91-2054035	

RIVKIN CENTER FOR OVARIAN CANCER

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		applicable	items contributed		noncash contribu	tion arr	lounts	;
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	had all a should be used as the							
	F	x	3	24,203.	EMV			
9	Securities - Publicly traded	21		24,203.				
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)	Х	68	253,154.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organization	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date					i		
	exempt purposes for the entire holding period?			•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicv that re	auires the review a	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties o							
520	contributions?		•	· · ·		32a		х
h	If "Yes," describe in Part II.					JEU		
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is che	cked			
50	describe in Part II.		a type of property		люц,			

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

Schedule M (Form 990) 2017

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chedule M (Form 990) 2017 RIVKIN CENTER FOR OVARIAN CANCER	91-2054035	Page
Part II Supplemental Information. Provide the information required by Part I, lines 30b is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	, 32b, and 33, and whether the organizatic red, or a combination of both. Also comple	on
hedule M, Part I, Column (b):		
E NUMBERS REPORTED IN COLUMN (B) REPRESENT THE NUMBER OF ITEMS		
NTRIBUTED.		
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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization			r identification number 054035
Form 990, Part I,	Line 1, Description of Organization Mission:		
AS EXPRESSIONS OF	GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF		
JESUS, WE ARE STEA	DFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR		
AND VULNERABLE.			
Form 990, Part III	, Line 4a, Program Service Accomplishments:		
PROVIDENCE ST. JOS	EPH HEALTH SYSTEM		
ON JULY 1, 2016, P	ROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH		
HEALTH SYSTEM (SJH	S) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY		
COMING TOGETHER, P	ROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS		
COMMUNITIES THROUG	H GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL		
CARE, IMPROVEMENTS	TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW		
SERVICES WHERE THE	Y ARE NEEDED MOST.		
TOGETHER, OUR CARE	GIVERS SERVE IN 50 HOSPITALS, 829 CLINICS ACROSS		
ALASKA, CALIFORNIA	, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.		
THE FOUNDERS OF BO	TH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR		
TIME. THE SISTERS	OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE		
BROUGHT HEALTH CAR	E AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN		
IT WAS STILL A RUG	GED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT		
LANDSCAPE - A CHAN	GING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR		
PIONEERING AND COM	PASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF		
HEALTH CARE.			
PROVIDENCE HEALTH	& SERVICES		
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sci	hedule O (Forn	n 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED	
HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,	
OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO	
PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND	
CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC	
REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED	
PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL	
MEMBERS OF THE COMMUNITY. TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA,	
MONTANA, OREGON AND WASHINGTON.	
ST. JOSEPH HEALTH SYSTEM	
IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED	
SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY	
LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE	
SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM	
ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK	
METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH	_
IN LUBBOCK TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG	
HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.	
PROGRAM SERVICE ACCOMPLISHMENTS - IN 2017 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	
2017 AT \$20,000 AFTER SUCCESSFULLY MIGRATING THE EARLY DETECTION	
SCREENING PROGRAM INTO THE SWEDISH CANCER INSTITUTE.	

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
Form 990, Part III, Line 4b, Program Service Accomplishments:	
IN 2017, WE HOSTED THE 12TH 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. PART OF THE INCOME FROM	
THAT EVENT WAS RECEIVED IN JANUARY OF 2017.	
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 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:	
RIVKIN CENTER FOR OVARIAN CANCER HAS A TIERED GOVERNANCE IN WHICH THE	
CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE RIVKIN	
CENTER FOR OVARIAN CANCER BOARD.	
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.	

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RIVKIN CENTER FOR OVARIAN CANCER	91-2054035
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	
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 WAS PREPARED BY THE TAX DEPARTMENT BASED ON INFORMATION	
RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY	
AN OFFICER OF THE ORGANIZATION. A COPY OF THE FORM 990 WAS DISTRIBUTED TO	
ALL VOTING MEMBERS OF THE BOARD. DURING THE AUDIT COMMITTEE MEETING,	
MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION	
INCLUDED IN THE FORM 990. THE AUDIT COMMITTEE CHAIR THEN PROVIDED A SUMMARY	
AT THE FULL BOARD MEETING.	
Form 990, Part VI, Section B, Line 12c:	
BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO	
DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE	
PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR	
HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE	
ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF	
INTEREST ARISES. PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK	
OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE	Schedule O (Form 990 or 990-EZ) (2017

Page **2**

Employer identification number

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2
RIVKIN CENTER FOR OVARIAN CANCER	91-2054035
BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD	
MEMBER. PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS	
WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT	
RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR	
DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE	
REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE	
DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED. WHERE	
APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE	
PLAN TO MANAGE CONFLICTS. AUDITING AND MONITORING OF THIS PROCESS IS DONE	
PERIODICALLY.	
ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION	
POLICY.	
Form 990, Part VI, Section B, Line 15:	
THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS	
PAID BY ITS TAX EXEMPT PARENT, SWEDISH HEALTH SERVICES, AND IS DISCLOSED AS	
A PERSON PAID BY A RELATED ORGANIZATION.	
IT IS PROVIDENCE ST. JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL	
INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990	
PROVIDES INSIGHT INTO HOW PROVIDENCE ST. JOSEPH HEALTH 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 ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH	
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE	
PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES,	
PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE	
STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL	
ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF	
COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT,	
COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.	
PROVIDENCE ST. JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR	
ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR	
EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST. JOSEPH HEALTH COMMITTEE.	
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 ST. JOSEPH HEALTH 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 ST. JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST. JOSEPH	
HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO	
GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST. JOSEPH HEALTH ALSO TAKES	
INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE	
APPLICABLE. BASE SALARIES FOR PROVIDENCE ST. JOSEPH HEALTH EXECUTIVES ARE	
GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE	
INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION	
COMMITTEE.	

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
RIVKIN CENTER FOR OVARIAN CANCER	91-2054035
THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE	
CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY	
RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A	
RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION	
COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.	
PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF	
THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST.	
JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF	
DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE	
INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.	
THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS	
STANDARDS AND MIRRORS BEST PRACTICES.	
THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED IN MARCH 2018.	
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE	
PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS	

ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) 58 2017.05000 RIVKIN CENTER FOR OVARIAN 60097961

732161 09-11-17 LHA

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.

Name of the organization

Department of the Treasury Internal Revenue Service

RIVKIN CENTER FOR OVARIAN CANCER

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

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 Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
COVENANT ACO - 61-1573313							
3615 19TH STREET							
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	12,I	снѕ	x	
COVENANT HEALTH NETWORK, INC - 46-1259908							
3345 MICHELSON DRIVE, SUITE 100							
IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	12,III	SJHS	x	
COVENANT HEALTH PARTNERS - 46-3516417							
3615 19TH STREET							
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	12,I	снз	х	
COVENANT HEALTH SYSTEM - 75-2765566							
3615 19TH STREET							1
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	3	SJHS	x	1

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

Schedule R (Form 990) 2017



17 20

Employer identification number

91-2054035

(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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
COVENANT HEALTH SYSTEM FOUNDATION -	-						
75-2897026, 3623 22ND PLACE, LUBBOCK, TX	4						
79410	HEALTHCARE	Texas	501(c)(3)	7	снѕ	x	
COVENANT MEDICAL GROUP - 75-2743883	_						
3420 22ND PLACE	_						
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	3	CHS	X	<u> </u>
E. WA. & MT. UNEMPLOYMENT COMPENSATION	_						
INSURANCE TRUST - 91-1082119, 1801 LIND							
AVENUE SW, #9016, RENTON, WA 98057-9016	UNEMPLOYMENT	Washington	501(c)(3)	12,I	PHS WA	X	
EVERETT TRANSITIONAL CARE SERVICES -	_						
94-3264605, P.O. BOX 5128, EVERETT, WA							
98206-5128	TRANS. CARE	Washington	501(c)(3)	10	N/A		х
FACEY MEDICAL FOUNDATION - 95-4322584							
15451 SAN FERNANDO MISSION BLVD., #200							
MISSION HILLS, CA 91345-1420	SUPPORT	California	501(c)(3)	7	PHS SOCAL	х	
GAMELIN WASHINGTON ASSOCIATION - 20-1910170							
1423 FIRST AVENUE	7						
SEATTLE, WA 98101	SUPPORT	Washington	501(c)(3)	7	PHS WA	x	
GLOBAL TO LOCAL HEALTH INITIATIVE -							1
27-3133200, 2800 SOUTH 192ND ST. #104,	-						
SEATAC, WA 98188	- HEALTHCARE	Washington	501(c)(3)	7	SHS	x	
HMTS, INC 45-3583707							
1 HOAG DRIVE	-						
NEWPORT BEACH, CA 92658	- HEALTHCARE	California	501(c)(3)	12,I	НМНР	x	
HOAG CHARITY SPORTS - 45-2982422				,			
330 PLACENTIA AVE.	1						
NEWPORT BEACH, CA 92663	- SUPPORT	California	501(c)(3)	7	ннғ	x	
HOAG HOSPITAL FOUNDATION - 95-3222343	1						1
330 PLACENTIA AVE.	1						
NEWPORT BEACH, CA 92663	- FUNDRAISING	California	501(c)(3)	7	НМНР	x	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN -						+	<u> </u>
95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT	1						
BEACH, CA 92663		California	501(c)(3)	3	СНИ	x	
HOSPICE OF LUBBOCK - 75-2133781				-	*	+ **	1
3702 21ST STREET	1						
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	10	снѕ	x	

(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	(f) Direct controlling entity	Section 5 contr organiz	rolled zation?
INLAND NORTHWEST HEALTH SERVICES -				501(c)(3))		Yes	No
91-1307555, 601 W. 1ST AVENUE, SPOKANE, WA	-						
99201	HEALTHCARE	Washington	501(c)(3)	3	PHS WA	x	
INSTITUTE FOR MENTAL HEALTH & WELLNESS -			501(0)(0)	5			<u> </u>
81-4260130, 1801 LIND AVENUE SW, #9016,	-						
RENTON, WA 98057	HEALTHCARE	Washington	501(c)(3)	7	PHS / SJHS	x	
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593			501(0)(0)	,			<u> </u>
401 TERRY AVE. N.	-						
SEATTLE, WA 98109	HEALTHCARE	Washington	501(c)(3)	7	WHC	x	
JOHN WAYNE CANCER INSTITUTE - 95-4291515			501(0)(0)	,			<u> </u>
2200 SANTA MONICA BLVD.	-						
SANTA MONICA, CA 90404	HEALTHCARE	California	501(c)(3)	4	PSJHC	x	
KADLEC AUXILIARY, INC 91-6033089			501(0)(0)	-			<u> </u>
888 SWIFT BLVD	-						
RICHLAND, WA 99352		Washington	501(c)(3)	12.III	KRMC	x	
KADLEC FOUNDATION - 23-7005501				,			<u> </u>
888 SWIFT BLVD.	-						
RICHLAND, WA 99352		Washington	501(c)(3)	12,I	KRMC	x	
KADLEC NEUROLOGICAL RESOURCE CENTER -				,-			<u> </u>
91-1266345, 1268 LEE BLVD., RICHLAND, WA	-						
99352	HEALTHCARE	Washington	501(c)(3)	10	мнс	x	
KADLEC REGIONAL MEDICAL CENTER - 91-0655392							
888 SWIFT BLVD.	-						
RICHLAND, WA 99352	HEALTHCARE	Washington	501(c)(3)	3	WHC	x	
LITTLE COMPANY OF MARY ANCILLARY SERVICES				-			
CORPORATION - 33-0844408, 4101 TORRANCE	-						İ
BLVD., TORRANCE, CA 90503	IMAGING SVCS	California	501(c)(3)	10	PHS SOCAL	x	
LUBBOCK METHODIST HOSPITAL FOUNDATION -							
75-2220963, 3615 19TH STREET, LUBBOCK, TX	-						
79410	HEALTHCARE	Texas	501(c)(3)	7	CHS	x	
LUNDBERG ASSOCIATION - 91-1562797							
5921 E. BURNSIDE	1						
PORTLAND, OR 97215		Oregon	501(c)(3)	7	PHS OR	x	
METHODIST CHILDREN'S HOSPITAL - 75-2428911							
3610 21ST STREET	1						
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	3	снѕ	x	i i

(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	Section 5 contr organiz	olled
METHODIST HOSPITAL LEVELLAND - 75-2246348							
1900 COLLEGE AVENUE							
LEVELLAND, TX 79336	HEALTHCARE	Texas	501(c)(3)	3	снѕ	х	
METHODIST HOSPITAL PLAINVIEW - 75-2426010							
2601 DIMMITT ROAD	1						
PLAINVIEW, TX 79072	HEALTHCARE	Texas	501(c)(3)	3	снѕ	х	
MISSION HOSPITAL REGIONAL MEDICAL CTR -							
95-1643360, 27700 MEDICAL CENTER ROAD,	1						
MISSION VIEJO, CA 92691	HEALTHCARE	California	501(c)(3)	3	сни	х	
PACMED CLINICS - 56-2290878							
1200 12TH AVE. S.							
SEATTLE, WA 98144	HEALTHCARE	Washington	501(c)(3)	10	мнс	x	
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877							
501 S. BUENA VISTA STREET							
BURBANK, CA 91505	HEALTHCARE	California	501(c)(3)	7	PHS SOCAL	x	
PROVIDENCE ALASKA FOUNDATION - 92-0093565							
3300 PROVIDENCE DRIVE - B TOWER,#2							
ANCHORAGE, AK 99508	HEALTHCARE	Alaska	501(c)(3)	12,I	PHS WA	х	
PROVIDENCE BENEDICTINE NURSING CENTER							
FOUNDATION - 91-1940286, 540 SOUTH MAIN ST.,	1						
MT ANGEL, OR 97362-9532	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	х	
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266							
1700 PROVIDENCE PL.							
CENTRALIA, WA 98531	SUPPORT	Washington	501(c)(3)	7	PHS WA	х	
PROVIDENCE CHILD CENTER FOUNDATION -	-						
93-0800140, 830 NE 47TH, PORTLAND, OR 97213	SUPPORT	Oregon	501(c)(3)	7	PHS OR	X	L
PROVIDENCE COMMUNITY HEALTH FOUNDATION -	4						
93-0692907, 1111 CRATER LAKE AVE., MEDFORD,	4						
OR 97504	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE DETHMAN HOUSE - 47-3385506	4						
1205 MONTELLO AVE.	4						
HOOD RIVER, OR 97031	SUPPORT	Washington	501(c)(3)	7	N/A		X
PROVIDENCE FOUNDATION - 94-3078543	4						
1801 LIND AVENUE SW, #9016	4						
RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12,I	PHS WA	X	

(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	(f) Direct controlling entity	cont organi	g) 512(b)(13) trolled ization?
PROVIDENCE GAMELIN HOUSE ASSOCIATION -				501(c)(3))		Yes	No
31-1744654, 4515 MLK JR. WAY S., STE 200,	-						
SEATTLE, WA 98108	SUPPORT	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE HEALTH & SERVICES - 91-1549796			501(0/(5/	/		A	
1801 LIND AVENUE SW, #9016	-						
RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12,II	PSJH		x
PROVIDENCE HEALTH & SERVICES - MONTANA -			501(0/(5/		1 5511		
81-0231793, 500 W. BROADWAY, P.O. BOX 4587,	-						
MISSOULA, MT 59806-4587	HEALTHCARE	Montana	501(c)(3)	3	PHS WA	x	
PROVIDENCE HEALTH & SERVICES - OREGON -			501(0)(0)	5			
51-0216587, 1801 LIND AVENUE SW, #9016,	-						
RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	3	PHS	x	
PROVIDENCE HEALTH & SERVICES - WASHINGTON -			501(0)(0)	5			
51-0216586, 1801 LIND AVENUE SW, #9016,	-						
RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PHS	x	
PROVIDENCE HEALTH & SERVICES - WESTERN			501(0)(0)	5			
WASHINGTON - 91-1303277, 1801 LIND AVENUE	-						
SW, #9016, RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PM/WHC	x	
PROVIDENCE HEALTH ASSURANCE - 55-0828701			501(0)(0)	5			
4400 NE HALSEY, BLDG. #2	-						
PORTLAND, OR 97213	 MEDICAID	Oregon	501(c)(4)	N/A	PHP	x	
PROVIDENCE HEALTH CARE FOUNDATION - EASTERN			501(0)(1)				
WASHINGTON - 32-0014330, 101 W. 8TH AVE.,	-						
SPOKANE, WA 99204	HEALTHCARE	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE HEALTH CARE FOUNDATION			501(0)(0)	,			
(CENTRALIA) - 91-1433382, 914 S. SCHEUBER	-						
ROAD, CENTRALIA, WA 98531	HEALTHCARE	Washington	501(c)(3)	7	PHS W WA	x	
PROVIDENCE HEALTH PLAN - 93-0863097							
4400 NE HALSEY, BLDG. #2	-						
PORTLAND OR 97213	HEALTHCARE	Oregon	501(c)(4)	N/A	PPP	x	
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA -						+	
51-0216589, 1801 LIND AVENUE SW, #9016,	1						
RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	PHS	x	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL						+	
FOUNDATION, INC 93-0921990, 811 13TH ST.,	1						
HOOD RIVER, OR 97031	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	x	

(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	Section 5 contr organiz	olled
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION						163	
- 27-2552749, 2731 WETMORE AVENUE, SUITE	-						
500, EVERETT, WA 98201	- HEALTHCARE	Washington	501(c)(3)	7	PHS W WA	x	
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION -							
91-2077378, 425 PONTIUS AVENUE NORTH, #300,	-						
SEATTLE, WA 98109-5452	HEALTHCARE	Washington	501(c)(3)	12,I	PHS W WA	x	
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION							
- 51-0224944, 4101 TORRANCE BLVD., TORRANCE,	-						
CA 90503	HEALTHCARE	California	501(c)(3)	7	PHS SOCAL	x	
PROVIDENCE MARIANWOOD FOUNDATION -							
93-1554288, 3725 PROVIDENCE POINT DRIVE SE,							
ISSAQUAH, WA 98029-7219	HEALTHCARE	Washington	501(c)(3)	12,I	PHS W WA	x	
PROVIDENCE MEDICAL INSTITUTE - 33-0283773							
4101 TORRANCE BLVD.	-						
TORRANCE, CA 90503	HEALTHCARE	California	501(c)(3)	12,I	PHS SOCAL	x	
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515							
10150 SE 32ND	7						
MILWAUKIE, OR 97222	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	x	
PROVIDENCE MINISTRIES							
1801 LIND AVENUE SW, SUITE 9016							
RENTON, WA 98057-9016	RELIGIOUS ORG	Washington	501(c)(3)	1	N/A		х
PROVIDENCE MOUNT ST. VINCENT FOUNDATION -							
91-1188119, 4831 - 35TH AVENUE SW, SEATTLE,	7						
WA 98126-2799	HEALTHCARE	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE NEWBERG HEALTH FOUNDATION -							
93-0889144, 1001 PROVIDENCE DRIVE, NEWBERG,							
OR 97132	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	x	
PROVIDENCE PETER CLAVER ASSOCIATION -							
31-1629656, 7101 38TH AVENUE SOUTH, SEATTLE,							
WA 98118	SUPPORT	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE PLAN PARTNERS - 91-1861964							
4400 NE HALSEY, BLDG. #2							
PORTLAND, OR 97213	HEALTHCARE	Washington	501(c)(4)	N/A	PHS OR	x	
PROVIDENCE PORTLAND MEDICAL FOUNDATION -							
93-1231494, 4805 NE GLISAN ST., PORTLAND, OR							
97213-2967	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	x	

(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	(f) Direct controlling entity	Section 5 contr organiz	olled
PROVIDENCE ROSSI ASSOCIATION - 31-1584166				501(c)(3))		Yes	No
1700 PROVIDENCE PL.	-						
CENTRALIA, WA 98531	SUPPORT	Washington	501(c)(3)	10	PHS WA	x	
PROVIDENCE SAINT JOHN'S HEALTH CENTER -			501(0)(3)	10			
95-1684082, 2121 SANTA MONICA BLVD., SANTA	-						
MONICA, CA 90404	_ HEALTHCARE	California	501(c)(3)	3	PHS SOCAL	x	
PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION -			501(0)(3)	5			
81-4542216, 20555 EARL ST., TORRANCE, CA	1						
90503	- HEALTHCARE	California	501(c)(3)	PENDING	PHS SOCAL	x	
PROVIDENCE SEASIDE HOSPITAL FOUNDATION -							
93-0927320, 725 S WAHANNA RD., SEASIDE, OR	1						
97138	- HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	x	
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION -							
91-2171539, 3201 SW GRAHAM ST., SEATTLE, WA	-						
98126	SUPPORT	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE ST. FRANCIS ASSOCIATION -							
94-3244854, 3415 12TH AVENUE NE, OLYMPIA, WA	1						
98506	SUPPORT	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422							
1801 LIND AVENUE SW, #9016	1						
RENTON, WA 98057	- HEALTHCARE	Washington	501(c)(3)	12,III	N/A		x
PROVIDENCE ST. JOSEPH MEDICAL CENTER -				,			
81-0463482, P.O. BOX 1010, POLSON, MT	7						
59860-1010	- HEALTHCARE	Montana	501(c)(3)	3	PHS WA	x	
PROVIDENCE ST. MARY FOUNDATION - 45-2841492							
401 W POPLAR ST.	7						
WALLA WALLA, WA 99362	- HEALTHCARE	Washington	501(c)(3)	7	PHS WA	x	
PROVIDENCE ST. PETER FOUNDATION - 91-1097056							
413 LILLY ROAD NE							
OLYMPIA, WA 98506-5166	SUPPORT	Washington	501(c)(3)	7	PHS W WA	x	
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION -							
93-0575982, 9205 SW BARNES RD., PORTLAND, OR	7						
97225	- HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	x	
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139							
5315 TORRANCE BLVD. SUITE B1	1						
TORRANCE, CA 90503	- HEALTHCARE	California	501(c)(3)	10	PHS SOCAL	x	

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PROVIDENCE TRINITYCARE HOSPICE FOUNDATION -						Yes	No
33-0261016, 5315 TORRANCE BLVD. SUITE B1,	-						
TORRANCE, CA 90503	- HEALTHCARE	California	501(c)(3)	7	РТСН	x	
PROVIDENCE WILLAMETTE FALLS MEDICAL							
FOUNDATION - 93-1003750, 1500 DIVISION	-						
STREET, OREGON CITY, OR 97045		Oregon	501(c)(3)	12, I	PHS OR	x	
QUEEN OF THE VALLEY MEDICAL CENTER -							
	-						
94558		California	501(c)(3)	3	SJHS	x	
REDWOOD MEMORIAL FOUNDATION - 94-2779313							
3300 RENNER DRIVE	-						
FORTUNA, CA 95540		California	501(c)(3)	7	RMH	x	
REDWOOD MEMORIAL HOSPITAL - 94-1384665							
3300 RENNER DRIVE	-						
FORTUNA, CA 95540	- HEALTHCARE	California	501(c)(3)	3	SJHS	x	
SAINT JOHN'S HOSPITAL/HEALTH CENTER							
FOUNDATION - 95-6100079, 2121 SANTA MONICA	-						
BLVD., SANTA MONICA, CA 90404	SUPPORT	California	501(c)(3)	7	PSJHC	x	
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005							
1165 MONTGOMERY DR.	-						
SANTA ROSA, CA 95405	- HEALTHCARE	California	501(c)(3)	3	SJHS	x	
SEATTLE SCIENCE FOUNDATION - 61-1502822							
550 17TH AVE.	-						
SEATTLE, WA 98122	PHYSN COLLAB	Washington	501(c)(3)	7	мнс	x	
SISTERS OF PROVIDENCE OF MONTANA CORPORATION							
- 26-2612415, 1801 LIND AVENUE SW, #9016,	-						
RENTON, WA 98057-9016	SHELL CORP	Montana	501(c)(3)	1	PHS WA	x	
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383							
480 S. BATAVIA	-						
ORANGE CA 92868	RELIGIOUS ORG	California	501(c)(3)	1	N/A		х
SRM ALLIANCE HOSPITAL SERVICES (PVH) -							
68-0395200, 400 NORTH MCDOWELL BLVD.,	1						
PETALUMA, CA 94954	- HEALTHCARE	California	501(c)(3)	3	SRMH	x	
ST. JOSEPH HEALTH MINISTRY - 27-1666576							
3345 MICHELSON DRIVE, SUITE 100	1						
IRVINE, CA 92612	RELIGIOUS ORG	California	501(c)(3)	1	SSJO		x

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ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC -							
81-4791043, 3345 MICHELSON DRIVE, IRVINE, CA							
92612	- HEALTHCARE	California	501(c)(3)	3	SJHS	х	
ST. JOSEPH HEALTH SYSTEM - 95-3589356							
3345 MICHELSON DRIVE, SUITE 100							
IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	12,I	PSJH		х
ST. JOSEPH HEALTH SYSTEM FOUNDATION -							
33-0143024, 3345 MICHELSON DRIVE, SUITE 100,							
IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	7	SJHS	x	
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031							
200 WEST CENTER ST PROMENADE							
ANAHEIM, CA 92805	HEALTHCARE	California	501(c)(3)	3	SJHS	х	
ST. JOSEPH HOME CARE NETWORK - 68-0331084							
1111 SONOMA STE 308							
SANTA ROSA, CA 95405	HEALTHCARE	California	501(c)(3)	10	SJHS	x	
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596							
2700 DOLBEER STREET							
EUREKA, CA 95501	HEALTHCARE	California	501(c)(3)	3	SJHS	x	
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359							
1100 WEST STEWART DRIVE							
ORANGE, CA 92868	HEALTHCARE	California	501(c)(3)	3	сни	x	
ST. JUDE HOSPITAL, INC - 95-1643324							
101 EAST VALENCIA MESA DRIVE							
FULLERTON, CA 92635	HEALTHCARE	California	501(c)(3)	3	СНИ	х	
ST. LUKE ASSOCIATION - 94-3176618							
350 WASHINGTON AVE SE							
CHEHALIS, WA 98352	SUPPORT	Washington	501(c)(3)	7	PHS WA	х	
ST. MARY MEDICAL CENTER - 95-1914489							
18300 HIGHWAY 18							
APPLE VALLEY, CA 92307	HEALTHCARE	California	501(c)(3)	3	СНИ	х	
ST. MARY OF THE PLAINS HOSPITAL FDN -							
75-1653181, 4000 24TH STREET, LUBBOCK, TX							
79410	HEALTHCARE	Texas	501(c)(3)	7	снѕ	х	
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976							
500 WEST BROADWAY, P.O. BOX 4587	7						
MISSOULA, MT 59806-4587	HEALTHCARE	Montana	501(c)(3)	7	PHS WA	x	

(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	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
		5 ,,		501(c)(3))		Yes	No
ST. THOMAS CHILD AND FAMILY CENTER -							
81-0233495, 1710 BENEFIS COURT, GREAT FALLS,							
MT 59405	EDUCATION	Montana	501(c)(3)	10	PHS WA	х	
SWEDISH EDMONDS - 27-2305304							
21601 76TH AVE. W							
EDMONDS, WA 98026	HEALTHCARE	Washington	501(c)(3)	3	WHC	х	
SWEDISH HEALTH SERVICES - 91-0433740							
747 BROADWAY	7						
SEATTLE, WA 98122	HEALTHCARE	Washington	501(c)(3)	3	мнс	х	
SWEDISH MEDICAL CENTER FOUNDATION -							
91-0983214, 747 BROADWAY, SEATTLE, WA 98122	HEALTHCARE	Washington	501(c)(3)	7	SHS	х	
SWEDISH MJM HOLDINGS - 27-3139262							
747 BROADWAY							
SEATTLE, WA 98122	HOLDING CO	Washington	501(c)(3)	12,I	SHS	x	
THE GAMELIN ASSOCIATION - 91-1180824							
312 NORTH FOURTH ST.	-						
YAKIMA, WA 98901	SUPPORT	Washington	501(c)(3)	7	PHS WA	x	
THE GAMELIN CALIFORNIA ASSOCIATION -	-						
91-1293869, 540 23RD ST., OAKLAND, CA 94612	SUPPORT	California	501(c)(3)	10	PHS SOCAL	x	
THE GAMELIN OREGON ASSOCIATION - 91-1214491							
5520 NE GLISAN	-						
PORTLAND, OR 97213	SUPPORT	Oregon	501(c)(3)	10	PHS OR	x	
UNIVERSITY OF PROVIDENCE - 81-0231777							
1301 20TH STREET SOUTH	-						
GREAT FALLS, MT 59405	- EDUCATION	Montana	501(c)(3)	2	PHS	x	
WESTERN HEALTHCONNECT - 45-4171900							
747 BROADWAY	-						
SEATTLE, WA 98122	SHELL CORPORATION	Washington	501(c)(3)	12,II	PHS W WA	x	
		-		1			<u> </u>
	1						
	1						
							<u> </u>
	1						
	1						

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate ations?	Code V-UBI amount in box 20 of Schedule	managii partner	?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
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
CALIFORNIA SPECIALTY SURGERY CENTER, LP - 33-0939003, 26371 CROWN VALLEY PARKWAY,	-										
MISSION VIEJO, CA 92691	HEALTHCARE	CA	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	(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	512(l contr	(i) ction b)(13) rolled tity?
		country)				233013		Yes	No
1221 MADISON STREET OWNERS ASSOC - 20-1954319, 747 BROADWAY, SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C CORP	N/A	N/A	N/A		x
AMERICAN UNITY GROUP, LTD									
90 PITTS BAY ROAD PEMBROKE	1								
, BERMUDA, BERMUDA	CAPTIVE INSURANCE	Bermuda	N/A	C CORP	N/A	N/A	N/A		x
BOURGET HEALTH SERVICES, INC 91-1354431									
P.O. BOX 2687	1								
SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		x
CARON HEALTH CORPORATION - 81-0486082									
510 W. FRONT ST.	1								
MISSOULA, MT 59802	MED PHYS SVCS	MT	N/A	C CORP	N/A	N/A	N/A		x
HOAG CLINIC - 33-0676831									
1 HOAG DRIVE, BOX 6100	1								
NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		x

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	Dispro	h) portion- cations?	(i) Code V-UBI amount in box	(j) General c managing partner?	
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	7
CENTER FOR SPECIALTY SURGERY,											
LLC - 26-3638838, 11782 SW	1										
BARNES RD., PORTLAND, OR	1										
97225	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CLACKAMAS RADIATION ONCOLOGY											
CENTER, LLC - 26-0381897,]										
4400 NE HALSEY ST, BLDG. II,]										
#495, PORTLAND, OR 97213	RADIATION ONCOL	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
COASTAL ASC HOLDINGS, LLC -											
81-0986844, ONE HOAG DRIVE,]										
BOX 6100, NEWPORT BEACH, CA											
92658	HEALTHCARE	CA	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	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CTR. FOR MED.											
IMAGING-BRIDGEPORT, LLC -											
26-0796953, 4400 NE HALSEY,											
#495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CTR. FOR MED.											
IMAGING-TANASBOURNE, LLC -]										
20-0477972, 4400 NE HALSEY,]										
#495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREATER VALLEY MEDICAL											
BUILDING, L.P 95-4570858,											
501 S. BUENA VISTA ST,	REAL ESTATE -										
BURBANK, CA 91505	мов	CA	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,	REAL ESTATE										
AUBURN, WA 98001	RENT	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	INVESTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	Disprop ate allo	cations?	(i) Code V-UBI amount in box 20 of Schedule	managing partner?	
HOAG ORTHOPEDIC INSTITUTE -		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
61-1588294, ONE HOAG DRIVE,	-										
BOX 6100, NEWPORT BEACH, CA	-										
92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
		011	14721	14771	IN/ 11	N/11			R/11		N/11
LSC REAL PROPERTY, LLC -	-										
47-4646059, 2301 QUAKER	-										
AVENUE, LUBBOCK, TX 79410	REAL ESTATE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
,											
METHODIST DIAGNOSTIC IMAGING	1										
- 75-2343261, 4005 24TH	1										
STREET, LUBBOCK, TX 79410	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
MOUNTAINSTAR CLINICAL											
LABORATORIES, LLC -	1										
26-1345983, 611 N. PERRY,	1										
SPOKANE, WA 99202	OUTPATIENT LAB	МТ	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
· · · · · · · · · · · · · · · · · · ·											
NEWPORT IMAGING CENTER -	1										
33-0191776, 360 SAN MIGUEL,	1										
NEWPORT BEACH, CA 92660	HEALTHCARE	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	1										
BLVD, STE 110, PETALUMA, CA	1										
94954	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
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	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	1										
PACLAB, LLC - 91-1743952	4										
611 N. PERRY SPOKANE	4										
SPOKANE, WA 99202	OUTPATIENT LAB	WA	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	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under costions 512, 514)	(f) Share of total income	(g) Share of end-of-year assets	Disproj ate allo	cations?	(i) Code V-UBI amount in box 20 of Schedule	managing partner?	
PATHOLOGY ASSOCIATES MEDICAL		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
LABORATORIES, LLC -	-										
27-0943279, 611 N. PERRY	-										
SPOKANE, 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	1										
STREET, SEATTLE, WA 98104	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRANSITION						-					
PORTFOLIO - 47-2279711, 1801	1										
LIND AVENUE SW 9016, RENTON,	1										
WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST 2015											
PRIVATE ASSETS PORTFOLIO -	1										
47-3393740, 1801 LIND AVENUE	1										
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST 2016											
PRIVATE ASSETS PORTFOLIO -]										
81-1532735, 1801 LIND AVENUE]										
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST 2016											
PRIVATE RE PORTFOLIO -											
81-2960145, 1801 LIND AVENUE											
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST BANK											
LOANS PORTFOLIO - 47-2357735,											
1801 LIND AVENUE SW 9016,											
RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST											
COMMODITIES PORTFOLIO -											
47-2269004, 1801 LIND AVENUE											
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST HEDGE											
FUND PORTFOLIO - 47-2293255,	1										
1801 LIND AVENUE SW 9016,	4										
RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	Disprop ate allo	cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	
PHS INVESTMENT TRUST LDI		country)		30010113 3 12 3 14)			Yes	No		YesNo	
PORTFOLIO - 47-2392060, 1801	-										
LIND AVENUE SW 9016, RENTON,	-										
WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST LONG			11/11								
TREASURIES PORTFOLIO -	-										
47-2385238, 1801 LIND AVENUE	-										
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST MLP											
PORTFOLIO - 47-2367538, 1801	-										
LIND AVENUE SW 9016, RENTON,	-										
WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST PUBLIC											
DEBT PORTFOLIO - 47-2353569,	1										
1801 LIND AVENUE SW 9016,	1										
RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST PUBLIC											
EQUITY PORTFOLIO -	1										
47-2283974, 1801 LIND AVENUE											
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST RELATIVE											
VALUE PORTFOLIO - 47-2314743,											
1801 LIND AVENUE SW 9016,	1										
RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST RISK											
PARITY PORTFOLIO -]										
47-2336377, 1801 LIND AVENUE]										
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST SHORT											
TERM INVESTMENT PORTFOLIO -]										
81-2701056, 1801 LIND AVENUE]										
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST TACTICAL											
TRADING PORTFOLIO -]										
47-2327491, 1801 LIND AVENUE											
SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations T	Taxable as a Partnership
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(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	Disprop	h) portion- cations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managing partner? Yes No	
PHS INVESTMENT TRUST TIPS											
PORTFOLIO - 47-2402609, 1801											
LIND AVENUE SW 9016, RENTON,											
WA 98057	INVESTMENTS	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	IMAGING										
#495, PORTLAND, OR 97213	DIAGNOSTI	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROV. RADIATION ONCOLOGY											
DEVELOP. ASSN 26-0682491	-										
4400 NE HALSEY #495	REAL ESTATE -										
PORTLAND, OR 97213	МОВ	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	1										
S. BUENA VISTA ST, BURBANK,	CLIN										
CA 91505	QUALITY/INT	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	1										
59802	AMBULATORY SURG	МТ	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 SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE/USP SURGERY											
CENTERS, LLC - 20-0905938,]										
11550 INDIAN HILLS ROAD #160,											
MISSION HILLS, CA 91345	AMBULATORY SURG	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	Dispro	cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes No	
SHA, LLC - 75-2569094	_										
12940 NORTH HIGHWAY 183	-										
AUSTIN, TX 78750	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
					11/11						
SJO ASC HOLDINGS LLC -	-										
82-1655501, 1140 W. LA VETA	-										
AVE, ORANGE, CA 92868	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
SOUTHERN IDAHO REGIONAL											
LABORATORY, LLC - 82-0511819,											
611 N. PERRY SPOKANE,											
SPOKANE, WA 99202	OUTPATIENT LAB	ID	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
ST. JOSEPH/SATELLITE DIALYSIS	_										
CENTERS, LLC - 81-4657391,	_										
300 SANTANA ROW, STE 300, SAN	_										
JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
THE MADISON SPOKANE INN, LLC	_										
- 84-1606484, 15 WEST	_										
ROCKWOOD BLVD, SPOKANE, WA	_										
99204	HOTEL SERVICES	WA	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	OUTPATIENT LAB	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
HOAG OUTPATIENT CENTERS, LLC	_										
- 45-3587572, 27271 LAS	4										
RAMBLAS #350, MISSION VIEJO ,	4										
CA 92691	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	(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	Disprop ate alloc	cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	?
NEWPORT BAY SURGERY CENTER,		country)		360110113 312-314)			Yes	No	K-1 (F0III 1003)	Yes N	0
LLC - 56-2518360, 3333 W.	-										
PACIFIC COAST HWY, #100,	-										
NEWPORT BEACH, CA 92663	- HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
NEWPORT BEACH ENDOSCOPY											
CENTER, LLC - 77-0368744,	-										
27271 LAS RAMBLAS #350,	-										
MISSION VIEJO , CA 92691	- HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
NEWPORT SURGICAL PARTNERS,											
LLC - 39-2060266, 27271 LAS	1										
RAMBLAS #350, MISSION VIEJO,	1										
CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
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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	(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	512(cont	tion b)(13) rolled tity?
		country)						Yes	No
DATU HEALTH, INC. AND SUBSIDIARIES -	_								
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	ТХ	N/A	C CORP	N/A	N/A	N/A		х
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585									
P.O. BOX 1201									
LUBBOCK, TX 79410	HEALTHCARE	тх	N/A	C CORP	N/A	N/A	N/A		х
MISSION VIEJO MEDICAL VENTURES - 33-0212905									
27800 MEDICAL CENTER RD									
MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		x
OPHIE HEALTHCARE SERVICES, INC 27-1002825									
3345 MICHELSON DRIVE, SUITE 100									
IRVINE, CA 92612	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		x
PHN HOLDINGS - 46-1814184									
20555 EARL STREET									
TORRANCE, CA 90503	STRAT PLAN SVCS	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	HEALTH INNOVATNS	WA	N/A	C CORP	N/A	N/A	N/A		x
PROVIDENCE ASSURANCE INC 20-8194071									
3131 CAMELBACK ROAD, STE 400	-								
PHOENIX, AZ 85016	CAPTIVE INSURANCE	AZ	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	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		x
PROVIDENCE HEALTH NETWORK - 80-0886966									<u> </u>
20555 EARL STREET	1								
TORRANCE, CA 90503	PREPAID HEALTH	CA	N/A	C CORP	N/A	N/A	N/A		x
PROVIDENCE HEALTH VENTURES, INC									
33-0122216, 4101 TORRANCE BLVD., TORRANCE,	1								
CA 90503	INVESTMENT	CA	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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	512(tion b)(13) rolled tity?
		country)		of trusty		255615		Yes	No
ST JOSEPH HEALTH SOURCE, INC 46-1900168									
3345 MICHELSON DRIVE, SUITE 100									
IRVINE, CA 92612	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		Х
ST. JOSEPH HEALTH - 46-2340232									
3345 MICHELSON DRIVE, SUITE 100	7								
IRVINE, CA 92612	HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		х
ST. JOSEPH PROF SVCS ENTERPRSES, INC									
33-0155323, 3345 MICHELSON DRIVE, SUITE 100,	7								
IRVINE, CA 92612	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
VINSERRA, INC 95-3943315									
1328 22ND STREET	7								
SANTA MONICA, CA 90403	INVESTMENTS	CA	N/A	C CORP	N/A	N/A	N/A		х
WESTERN HEALTHCONNECT VENTURES, INC					-	-			<u> </u>
80-0953654, 1801 LIND AVE. SW #9016, RENTON,	-								
WA 98057	INVESTMENTS	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	RENT REAL ESTATE	WA	N/A	C CORP	N/A	N/A	N/A		x
			N/11		R711	17/11	14/11		
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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		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)		х	
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)	1e		х
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)			Х
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p	х	
q Reimbursement paid by related organization(s) for expenses			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)			x
 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 three 			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SWEDISH MEDICAL CENTER FOUNDATION	с	977,807.	COST
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

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Schedule R (Form 990) 2017 RIVKIN CENTER FOR OVARIAN CANCER

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Chedule R (Form 990) 2017 RIVKIN CENTER FO	R OVARIAN CANCER	91-2054035	Page
Part VII Supplemental Information.			
Provide additional information for responses to q	uestions on Schedule R. See instructions.		
32165 09-11-17		Schedule R (Form	990) 201
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