

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> RIVKIN CENTER FOR OVARIAN CANCER  <b>Doing business as</b>  <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 801 Broadway 701  <b>City or town, state or province, country, and ZIP or foreign postal code</b> Seattle, WA 98122  <b>F Name and address of principal officer:</b> Joe White same as C above	<b>D Employer identification number</b>  91-2054035  <b>E Telephone number</b>  (206) 215-6200  <b>G Gross receipts \$</b> 2,982,436.  <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <a href="http://www.rivkin.org">www.rivkin.org</a>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1996
<b>M State of legal domicile:</b> WA		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Improving treatment, detection and prevention of ovarian cancer.</u> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 22 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 19 <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) ..... <b>5</b> 0 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 35 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">917,337.</td> <td style="text-align: right;">2,630,267.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">30,828.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">40,522.</td> <td style="text-align: right;">12,376.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">988,687.</td> <td style="text-align: right;">2,642,643.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	917,337.	2,630,267.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	30,828.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0.	0.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	40,522.	12,376.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	988,687.	2,642,643.							
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer  Joe White, Executive Director Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Sara Elizabeth J. Hyre, CPA  Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN P00235495  Firm's name ▶ Clark Nuber, P.S. Firm's EIN ▶ 91-1194016  Firm's address ▶ 10900 NE 4th, Suite 1700 Bellevue, WA 98004  Phone no. (425) 454-4919	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To save lives and reduce suffering through improved treatment, early detection and prevention of ovarian cancer.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 701,329. including grants of \$ 701,329. ) (Revenue \$ 0. ) In 2015, the Rivkin Center funded a total of 12 grants to individual researchers located at U.S. and international institutions involved in ovarian cancer research. The awards were Pilot Study, Scientific Scholar, and Bridge Funding grants that focused on areas of research including Sensitizing ovarian cancer to PARP inhibition; Functional analysis of mutant p53-estrogen receptor beta signaling crosstalk in high-grade serous ovarian cancer; Pilot study of a novel PARP inhibitor PET tracer in patients with ovarian carcinoma; Targeting ovarian cancer via MTAP synthetic lethality; Unraveling the role of ATR in DNA repair and ovarian cancer therapy; Targeting T-LAK cell-originated protein kinase (TOPK) for ovarian cancer therapy; Single-cell transcriptome analysis of treatment-resistant ovarian cancer and new strategies for

4b (Code: ) (Expenses \$ 611,747. including grants of \$ 0. ) (Revenue \$ 0. ) The Rivkin Center for Ovarian Cancer was formed to stimulate and facilitate ovarian cancer research by: organizing scientific symposia and education seminars; funding of promising pilot studies; improving the effectiveness and availability of early detection screening; providing educational and awareness building information on ovarian cancer to the public; and, raising funds to support and expand the organization's activities.

4c (Code: ) (Expenses \$ 109,086. including grants of \$ 0. ) (Revenue \$ 0. ) In 2015, the Rivkin Center continued its effort to foster progress in the understanding and methodology of early detection screening through its Ovarian Cancer Early Detection Screening Program (OCEDP). OCEDP provided twice-yearly testing (CA125 blood measurement and ultrasound), collected and stored blood samples, conducted health status questionnaires, and administered genetic counseling sessions for 527 women from Washington, Oregon, Idaho, Montana, and Alaska. Additionally, blood samples and data was provided to researchers in their work to identify additional ovarian cancer protein blood markers and technologies to improve current screening standards.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,422,162.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	b Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:   
 Karl E. Fritschel, CPA - (425) 525-3339  
 2001 Lind Avenue SW, #9016, Renton, WA 98057-9016

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Saul Rivkin MD Chairman & Founder	40.00 0.00	X		X				0.	80,356.	5,671.
(2) Thomas Brown MD Vice Chairman	2.00 60.00	X		X				0.	724,967.	51,742.
(3) Gloria Bensussen President	2.00 0.00	X		X				0.	0.	0.
(4) Bobbie Hinton President Elect	2.00 0.00	X		X				0.	0.	0.
(5) Henry "Skip" Kotkins Treasurer	2.00 0.00	X		X				0.	0.	0.
(6) Alex Smith Secretary	2.00 0.00	X		X				0.	0.	0.
(7) Gary Goodman MD Director	2.00 60.00	X						0.	793,299.	46,292.
(8) Donna Benaroya Director	2.00 0.00	X						0.	0.	0.
(9) Patricia Flug Director	2.00 0.00	X						0.	0.	0.
(10) Eddie Fisher Director	2.00 0.00	X						0.	0.	0.
(11) Scott Swerland Director	2.00 0.00	X						0.	0.	0.
(12) Charles Drescher MD Director	2.00 0.00	X						0.	0.	0.
(13) Melissa Rivkin Director	2.00 0.00	X						0.	0.	0.
(14) Susun Hosford Director	2.00 0.00	X						0.	0.	0.
(15) Lois Mayers Director	2.00 0.00	X						0.	0.	0.
(16) Garnet Anderson PhD Director	2.00 0.00	X						0.	0.	0.
(17) Katie Van Kessel MD Director	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) C. Eric Morse Director	2.00 0.00	X						0.	0.	0.
(19) Roland Jankelson Director	2.00 0.00	X						0.	0.	0.
(20) Dan Veljovich, MD (Eff. 9/15) Director	2.00 0.00	X						0.	0.	0.
(21) Myra Tanita Director	2.00 0.00	X						0.	0.	0.
(22) Joyce Cutler Director	2.00 0.00	X						0.	0.	0.
(23) Joe White Executive Director	50.00 0.00			X				0.	125,090.	26,798.
<b>1b Sub-total</b>								0.	1,723,712.	130,503.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	1,723,712.	130,503.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	2,772.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	240,051.				
	<b>d</b> Related organizations .....	<b>1d</b>	1,008,467.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,378,977.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		217,133.				
	<b>h Total.</b> Add lines 1a-1f .....		2,630,267.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 240,051. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	335,669.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	333,993.			
		<b>c</b> Net income or (loss) from fundraising events .....		1,676.			1,676.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	16,500.				
<b>b</b> Less: direct expenses .....		<b>b</b>	5,800.				
<b>c</b> Net income or (loss) from gaming activities .....			10,700.			10,700.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....			2,642,643.	0.	0.	12,376.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	626,329.	626,329.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	75,000.	75,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	129,050.	48,285.	34,565.	46,200.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	292,868.	114,775.	73,395.	104,698.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	163.		163.	
<b>10</b> Payroll taxes	17,960.	6,933.	4,597.	6,430.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	25,000.			25,000.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	415,870.	411,370.		4,500.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	22,715.	22,715.		
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	53,916.	44,111.	3,532.	6,273.
<b>17</b> Travel	13,323.	13,323.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	51,616.	51,616.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	1,139.	1,139.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Grants Reception	4,975.	4,975.		
<b>b</b> Dues & Subscriptions	315.	315.		
<b>c</b> Licenses & Taxes	112.	112.		
<b>d</b> _____				
<b>e</b> All other expenses	16,029.	1,164.		14,865.
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,746,380.	1,422,162.	116,252.	207,966.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		1,213,143.	<b>15</b>	2,111,247.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		1,213,143.	<b>16</b>	2,111,247.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,796.	<b>17</b>	9,888.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,796.	<b>26</b>	9,888.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....		1,206,347.	<b>27</b>	2,101,359.
	<b>28</b> Temporarily restricted net assets .....			<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> Total net assets or fund balances .....		1,206,347.	<b>33</b>	2,101,359.	
<b>34</b> Total liabilities and net assets/fund balances .....		1,213,143.	<b>34</b>	2,111,247.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,642,643.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,746,380.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	896,263.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,206,347.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<1,251.>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,101,359.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b> RIVKIN CENTER FOR OVARIAN CANCER	<b>Employer identification number</b> 91-2054035
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,889,995.	1,825,336.	2,248,737.	916,087.	2,630,267.	9,510,422.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,889,995.	1,825,336.	2,248,737.	916,087.	2,630,267.	9,510,422.
<b>5</b> 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) .....						1,279,692.
<b>6 Public support.</b> Subtract line 5 from line 4.						8,230,730.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	1,889,995.	1,825,336.	2,248,737.	916,087.	2,630,267.	9,510,422.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,140.					1,140.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	92,466.	116,226.	35,862.	40,522.	12,376.	297,452.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						9,809,014.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,118.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.91 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	79.72 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> :		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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 Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

<b>Name of organization</b>  RIVKIN CENTER FOR OVARIAN CANCER	<b>Employer identification number</b>  91-2054035
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**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	Estate of Margaret Sherman Holman Cahill Garrett Ives Oliver & Andersen PLLC/5507 35th NE  Seattle, WA 98105	\$ 354,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Roland C. Jankelson  P.O. Box 98210  Lakewood, WA 98498	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Jerome Pape  206 Stewart St Apt 2  Anchorage, AK 99508	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Swedish Medical Center Foundation  747 Broadway  Seattle, WA 98122	\$ 1,008,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including dollar amounts for revenue and assets.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

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

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

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

	Yes	No
<b>(i)</b> unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> related organizations .....	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... ▶ 0.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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	2,111,247.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,111,247.

**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)	
<b>Total.</b> (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











**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Part I, Line 2:

The Rivkin Center for Ovarian Cancer requires grant recipients to provide documentation of the results of research and detailed financial of 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 a the Rivkin Center's Biennial Ovarian Cancer Research Symposium.

SCHEDULE F, PART IV, LINE 1

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Family & Friends Auction (event type)	(event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	575,720.			575,720.
	<b>2</b> Less: Contributions .....	240,051.			240,051.
	<b>3</b> Gross income (line 1 minus line 2) .....	335,669.			335,669.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	188,885.			188,885.
	<b>6</b> Rent/facility costs .....	5,509.			5,509.
	<b>7</b> Food and beverages .....	87,757.			87,757.
	<b>8</b> Entertainment .....	6,395.			6,395.
	<b>9</b> Other direct expenses .....	45,447.			45,447.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				333,993.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				1,676.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....			16,500.	16,500.
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....			5,800.	5,800.
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				5,800.
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				10,700.

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

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

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

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

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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Board of Regents University of Nebraska - 987835 Nebraska Medical Center - Omaha, NE 68198	14-0049123	501(c)(3)	30,000.	0.			The Hippo/YAP Signaling Pathway in Ovarian High Grade Serous Carcinoma
Board of Regents of the UW System 21 N Park St Ste 6401 Madison, WI 53715	39-6006492	501(c)(3)	30,000.	0.			Quantitative assessment of the role of collagen alterations in ovarian cancer
Yale School of Medicine-Grant & Contract Admin - 47 College St Ste 203 - New Haven, CT 06520	06-0646973	501(c)(3)	30,000.	0.			Targeting p53-regulated Twist 1 Degradation to Inhibit Ovarian Cancer Metastasis
The Research Institute of Fox Chase Cancer Center - 333 Cottman Ave - Philadelphia, PA 19111	23-6296135	501(c)(3)	75,000.	0.			Sensitizing Ovarian Cancer to PARP inhibition
Roswell Park Alliance Foundation Elm & Carlton Streets Buffalo, NY 14263	16-1391608	501(c)(3)	75,000.	0.			Functional analysis of mutant p53-estrogen receptor beta signaling crosstalk in high-grade
University of Pennsylvania School of Medicine - 345 Walnut St P-221 Franklin Bldg - Philadelphia, PA 19104	23-1352685	501(c)(3)	75,000.	0.			Pilot study of a novel PARP inhibitor PET tracer in patients with ovarian cancer

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

**Schedule I (Form 990) (2015)**

See Part IV for Column (h) descriptions

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brigham & Woman's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	59,825.	0.			Medication Use and Ovarian Cancer Survival
Dana-Farber Cancer Institute 450 Brookline Ave Boston, MA 02115	04-2263040	501(c)(3)	60,000.	0.			Single-cell transcriptome analysis of treatment-resistant ovarian cancer & new strategies for drug
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-2697983	501(c)(3)	60,000.	0.			Unraveling the role of ATR in DNA repair & ovarian cancer therapy
Sloan-Kettering Institute for Cancer Research - 1275 York Avenue - New York, NY 10065	13-1624182	501(c)(3)	60,000.	0.			Chemotherapy Somatic Mutations & Neoantigens in Ovarian Cancer
University of Chicago 6030 South Ellis Ave Rm 114 Chicago, IL 60637	36-2177139	501(c)(3)	60,000.	0.			Targeting T-LAK cell-originated protein kinase (TPOK) for ovarian cancer therapy



**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 non-cash assistance

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

Part I, Line 2:

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

**Part IV Supplemental Information**

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

Part II, line 1, Column (h):

Name of Organization or Government: Roswell Park Alliance Foundation

(h) Purpose of Grant or Assistance: Functional analysis of mutant p53-estrogen receptor beta signaling crosstalk in high-grade serous ovarian cancer

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Thomas Brown MD Vice Chairman	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	645,814.	61,153.	18,000.	18,431.	33,311.	776,709.	0.
(2) Gary Goodman MD Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	613,565.	179,734.	0.	22,091.	24,201.	839,591.	0.
(3) Joe White Executive Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	125,090.	0.	0.	8,853.	17,945.	151,888.	0.
	(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.

Form 990, Part VII Section A

Dr. Saul Rivkin, Dr. Tom Brown, Dr. Gary Goodman and Joseph White are paid employees of Swedish Health Services, a related organization. They are not compensated for serving as trustees or officers of Rivkin Center for Ovarian Cancer.

FORM 990, SCHEDULE J, PART II - EXECUTIVE PERFORMANCE AWARDS PROGRAM

Swedish executives participate in the Providence Executive Incentive Program which 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).

The performance award is based on the level of accomplishment of annual system objectives, in combination with personal goals for top executives. In 2015, 50 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's six strategic priorities of: creating healthier communities together,

**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.

inspire and develop our people, building enduring relationships with  
consumers, create alignment with clinicians & care teams, develop and  
thrive under new care delivery & economic models, and grow by  
optimizing expert-to-expert capabilities. The remaining 50% was based  
on a robust set of personal goals designed to align critical mission  
and business drivers, executive team talent development (deepening  
talent pipeline for top 200+leaders) and professional development.

In 2015 the percent allocation for each of these strategic priorities  
was as outline below:

\* Success Measures - System Goals : 50%

Community Benefit - 5%

Caregiver (Employee) Engagement - 7.5%

MyChart Activations - 5%

Patient Loyalty Index - 5%

Clinical Excellence Index - 7.5%

Free Cash Flow - 5%

**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.

Salary Expense / Net Operating Revenue - 2.5%

Primary Care Panel Size - 5%

Total Growth in Operating Revenue - 7.5%

\* Success Measures - Personal Goals : 50%

Mission/Business Driver - 15%

Exec Talent Development - 20%

Professional Development - 15%

TOTAL ALLOCATION: 100%

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	22,448	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Auction Items )	X	102	194,685	Cost
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2015)



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

Schedule M, Part I, Column (b):

The amounts shown on Part I, Col. B reflect the number of donations received of the specific type of item.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
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Form 990, Part III, Line 4a, Program Service Accomplishments:

drug discovery; Medication use and ovarian cancer survival;

Chemotherapy, Somatic Mutations, and Neoantigens in Ovarian Cancer;

Targeting p53-regulated Twist1 Degradation to Inhibit Ovarian Cancer

Metastasis; The Hippo/YAP Signaling Pathway in Ovarian High Grade

Serous Carcinoma; and Quantitative Assessment of the Role of Collagen

Alterations in Ovarian Cancer.

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

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

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

Prior to the filing of this return, the organization filed a Name Change

with the Washington Secretary of State.

New Corporate Name: Rivkin Center for Ovarian Cancer

Former Corporate Name: Marsha Rivkin Center for Ovarian Cancer Research

Form 990, Part VI, Section A, line 6:

Rivkin Center for Ovarian Cancer has three members: Swedish Health

Services, The Fred Hutchinson Cancer Research Center and Saul Rivkin, MD.

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

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

Directors:

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

Schedule O (Form 990 or 990-EZ) (2015)

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

Swedish Health Services - 3

Fred Hutchinson Cancer Research Center - 3

Saul Rivkin, MD - 1

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

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

a) Amendment of the articles of incorporation and bylaws.

b) Adoption of operating and capital budgets.

c) Appointment and removal of directors.

d) Increase or decrease in size of the board of directors.

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

f) 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.

g) 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.

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

h) 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 11:

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

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

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

The conflict of interest questionnaire includes an annual statement that board members and covered persons (a) have received a copy of the policy, (b) have read and understood the policy, (c) agree to comply with the

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

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

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

The board's executive committee, working with the Swedish Health Services compliance officer, will review all conflict of interest questionnaires.

The governance committee will make a finding as to whether an actual, apparent or potential conflict of interest exists and will forward that finding, along with recommendations for resolution, to the board for discussion and vote.

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
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For covered persons, the organization's conflict of interest committee works with the Swedish Health Services' compliance officer and follows a similar process. It reviews all questionnaires submitted by covered persons and communicates its findings and recommendations to be implemented by the appropriate committees.

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

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

Compensation for the Executive Director is based upon the recommendation of an independent consultant. The independent consultant annually reviews market salaries and recommends a range based on fair market value. The recommendations of the consultant are reviewed and approved (or not approved) by the Executive Committee. The committee documents the basis for its decision. The Executive Director received an annual compensation review from the corporate Executive Committee during 2015.

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

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

Form 990, Part IX, Line 11g, Other Fees:

Phys. Review of Research Proposals:

Program service expenses 108,467.

Management and general expenses 0.

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

Fundraising expenses 0.

Total expenses 108,467.

Website Design:

Program service expenses 39,140.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 39,140.

Purchased Services - Research Service:

Program service expenses 249,744.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 249,744.

Professional Fees/Honorariums:

Program service expenses 11,750.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 11,750.

Purchased Services-Courier:

Program service expenses 2,269.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 2,269.

Appeals Consultant:

Name of the organization RIVKIN CENTER FOR OVARIAN CANCER	Employer identification number 91-2054035
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Program service expenses 0.

Management and general expenses 0.

Fundraising expenses 4,500.

Total expenses 4,500.

Total Other Fees on Form 990, Part IX, line 11g, Col A 415,870.

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

Pledge write-off -1,250.

Rounding -1.

Total to Form 990, Part XI, Line 9 -1,251.

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

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

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

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

FORM 990, PART I, LINE 6 - VOLUNTEERS

35 volunteers on the Family & Friends Auction committee - providing  
logistical assistance and strategic guidance to the production of  
special events including auction item procurement and audience  
development.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Providence Health & Services - Washington - 51-0216586, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Washington	501( c)(3)	Line 3	Providence Health & Services		X
Providence Health & Services - Oregon - 51-0216587, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Oregon	501( c)(3)	Line 3	Providence Health & Services		X
Providence Health System - So. California - 51-0216589, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	California	501( c)(3)	Line 3	Providence Health & Services		X
Everett Transitional Care Services - 94-3264605, P.O. Box 5128, Everett, WA 98206-5128	Transitional Care	Washington	501( c)(3)	Line 9	N/A		X

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

Schedule R (Form 990) 2015

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Oregon Management Corporation - 93-0813977, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Oregon	501( c )(3)	Line 1	PH & S - Oregon		X
Providence Plan Partners -- 91-1861964 4400 NE Halsey, Bldg. #2 Portland, OR 97213	Healthcare Services	Oregon	501( c )(4)	N/A	PH & S - Oregon		X
Providence Health Plan - 93-0863097 4400 NE Halsey, Bldg. #2 Portland, OR 97213	Health Service Contractor	Oregon	501( c )(4)	N/A	Providence Plan Partners		X
Providence Health Assurance - 55-0828701 4400 NE Halsey, Bldg. #2 Portland, OR 97213	Medicaid Healthcare Provider	Oregon	501( c )(4)	N/A	Providence Health Plan		X
Providence Medical Institute - 33-0283773 4101 Torrance Blvd. Torrance, CA 90503	Healthcare	California	501( c )(3)	Line 11/Type I	PHS - So. California		X
Little Company of Mary Ancillary Services Corporation - 33-0844408, 4101 Torrance Blvd., Torrance, CA 90503	Imaging Services	California	501( c )(3)	Line 9	PHS - So. California		X
Providence TrinityCare Hospice - 95-3264139 5315 Torrance Blvd. Suite B1 Torrance, CA 90503	Hospice	California	501( c )(3)	Line 9	PHS - So. California		X
Providence Blanchet Association - 91-1789266 1700 Providence Pl. Centralia, WA 98531	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
St. Luke Association - 94-3176618 350 Washington Ave SE Chehalis, WA 98352	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
Providence Rossi Association - 31-1584166 1700 Providence Pl. Centralia, WA 98531	Supportive Housing	Washington	501( c )(3)	Line 9	PH & S - Washington		X
Lundberg Association - 91-1562797 5921 E. Burnside Portland, OR 97215	Supportive Housing	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence St. Francis Association - 94-3244854, 3415 12th Avenue NE, Olympia, WA 98506	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Peter Claver Association - 31-1629656, 7101 38th Avenue South, Seattle, WA 98118	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
Providence St. Elizabeth House Association - 91-2171539, 3201 SW Graham St., Seattle, WA 98126	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
Providence Gamelin House Association - 31-1744654, 4515 MLK Jr. Way S., Ste 200, Seattle, WA 98108	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
The Gamelin Association - 91-1180824 312 North Fourth St. Yakima, WA 98901	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
The Gamelin Oregon Association - 91-1214491 5520 NE Glisan Portland, OR 97213	Supportive Housing	Oregon	501( c )(3)	Line 9	PH & S - Oregon		X
The Gamelin California Association - 91-1293869, 540 23rd St., Oakland, CA 94612	Supportive Housing	California	501( c )(3)	Line 9	PHS - So. California		X
Gamelin Washington Association - 20-1910170 1423 First Avenue Seattle, WA 98101	Supportive Housing	Washington	501( c )(3)	Line 7	PH & S - Washington		X
Providence Dethman House - 47-3385506 1205 Montello Ave. Hood River, OR 97031	Supportive Housing	Washington	501( c )(3)	Pending	N/A		X
Providence Foundation - 94-3078543 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Support PH&S Institutions	Washington	501( c )(3)	Line 11/Type II	PH & S - Washington		X
Providence Alaska Foundation - 92-0093565 3300 Providence Drive - B Tower, #2 Anchorage, AK 99508	Support PHS-Alaska	Alaska	501( c )(3)	Line 11/Type I	PH & S - Washington		X
Providence St. Peter Foundation - 91-1097056 413 Lilly Road NE Olympia, WA 98506-5166	Support Affiliated Tax-Exempt Organization	Washington	501( c )(3)	Line 7	PH & S - Washington		X
Providence Health Care Foundation (Centralia) - 91-1433382, 914 S. Scheuber Road, Centralia, WA 98531	Support Providence Centralia Hospital	Washington	501( c )(3)	Line 7	PH & S - Washington		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Mount St. Vincent Foundation - 91-1188119, 4831 - 35th Avenue SW, Seattle, WA 98126-2799	Support Providence Mount St. Vincent	Washington	501( c )(3)	Line 7	PH & S - Washington		X
Providence Marianwood Foundation - 93-1554288, 3725 Providence Point Drive SE, Issaquah, WA 98029-7219	Support Providence Marianwood	Washington	501( c )(3)	Line 11/Type I	PH & S - Washington		X
Providence Newberg Health Foundation - 93-0889144, 1001 Providence Drive, Newberg, OR 97132	Support Providence Newberg Medical Center	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Seaside Hospital Foundation - 93-0927320, 725 S Wahanna Rd., Seaside, OR 97138	Support Providence Seaside Hospital	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Community Health Foundation - 93-0692907, 1111 Crater Lake Ave., Medford, OR 97504	Support Providence Medford Medical Center	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Benedictine Nursing Center Foundation - 91-1940286, 540 South Main St., Mt Angel, OR 97362-9532	Support Providence Benedictine Nursing Center	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Portland Medical Foundation - 93-1231494, 4805 NE Glisan St., Portland, OR 97213-2967	Support Providence Portland Medical Center	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence St. Vincent Medical Foundation - 93-0575982, 9205 SW Barnes Rd., Portland, OR 97225	Support Providence St. Vincent Medical Center	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Milwaukie Foundation - 94-3079515 10150 SE 32nd Milwaukie, OR 97222	Support Providence Milwaukie Hospital	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Child Center Foundation - 93-0800140, 830 NE 47th, Portland, OR 97213	Support Providence Child Center	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence TrinityCare Hospice Foundation - 33-0261016, 5315 Torrance Blvd. Suite B1, Torrance, CA 90503	Support TrinityCare Hospice	California	501( c )(3)	Line 7	Providence TrinityCare Hospice		X
Providence Little Company of Mary Foundation - 51-0224944, 4101 Torrance Blvd., Torrance, CA 90503	Support Little Company of Mary Service Area	California	501( c )(3)	Line 7	PHS - So. California		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PH&S Foundation/SFVSA & SCVSA -- 95-3544877 501 S. Buena Vista Street Burbank, CA 91505	Support Program & Activities of SFVSA & SCVSA	California	501( c )(3)	Line 7	PHS - So. California		X
Providence Hospice of Seattle Foundation - 91-2077378, 425 Pontius Avenue North, #300, Seattle, WA 98109-5452	Support Hospice of Seattle	Washington	501( c )(3)	Line 11/Type I	PH & S - Washington		X
Providence Health & Services - Western Washington - 91-1303277, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare	Washington	501( c )(3)	Line 3	Providence Ministries/WHC		X
Providence Health & Services - 91-1549796 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Shell Corporation	Washington	501( c )(3)	Line 11/Type II	Providence Ministries		X
Providence Health & Services - Montana - 81-0231793, 500 W. Broadway, P.O. Box 4587, Missoula, MT 59806-4587	Healthcare	Montana	501( c )(3)	Line 3	PH & S - Washington		X
Providence St. Joseph Medical Center - 81-0463482, P.O. Box 1010, Polson, MT 59860-1010	Healthcare	Montana	501( c )(3)	Line 3	PH & S - Washington		X
St. Thomas Child and Family Center - 81-0233495, 1710 Benefis Court, Great Falls, MT 59405	Early Childhood Education	Montana	501( c )(3)	Line 9	PH & S - Washington		X
Sisters of Providence of Montana Corporation - 26-2612415, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Montana	501( c )(3)	Line 1	PH & S - Washington		X
Providence Health Care Foundation - Eastern Washington - 32-0014330, 101 W. 8th Ave., Spokane, WA 99204	Support PH&S-WA. Ministries in E. WA.	Washington	501( c )(3)	Line 7	PH & S - Washington		X
St. Patrick Hospital Foundation - 23-7056976 500 West Broadway, P.O. Box 4587 Missoula, MT 59806-4587	Support Healthcare in W. Montana	Montana	501( c )(3)	Line 7	PH & S - Washington		X
University of Great Falls - 81-0231777 1301 20th Street South Great Falls, MT 59405	Post Secondary Education	Montana	501( c )(3)	Line 2	Providence Health & Services		X
E. WA. & MT. Unemployment Compensation Insurance Trust - 91-1082119, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Unemployment Benefits	Washington	501( c )(3)	Line 11/Type I	PH & S - Washington		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Willamette Falls Medical Foundation - 93-1003750, 1500 Division Street, Oregon City, OR 97045	Support Willamette Falls Hospital	Oregon	501( c )(3)	Line 11/Type I	PH & S - Oregon		X
Providence Hood River Memorial Hospital Foundation, Inc. - 93-0921990, 811 13th St., Hood River, OR 97031	Support Providence Hood River Memorial Hospital	Oregon	501( c )(3)	Line 7	PH & S - Oregon		X
Providence Hospice and Home Care Foundation - 27-2552749, 2731 Wetmore Avenue, Suite 500, Everett, WA 98201	Support Program & Ministries of PHHC	Washington	501(c )(3)	Line 7	PH & S - Washington		X
Providence St. Mary Foundation - 45-2841492 401 W Poplar St. Walla Walla, WA 99362	Support Program & Ministries of SMMC	Washington	501(c )(3)	Line 7	PH & S - Washington		X
Facey Medical Foundation - 95-4322584 15451 San Fernando Mission Blvd., #200 Mission Hills, CA 91345-1420	Support Facey Medical Group	California	501(c )(3)	Line 7	PHS - So. California		X
Swedish Health Services - 91-0433740 747 Broadway Seattle, WA 98122	Healthcare	Washington	501(c )(3)	Line 3	Western HealthConnect		X
Swedish Edmonds - 27-2305304 21601 76th Ave. W Edmonds, WA 98026	Healthcare	Washington	501(c )(3)	Line 3	Western HealthConnect		X
Swedish Medical Center Foundation - 91-0983214, 747 Broadway, Seattle, WA 98122	Support Swedish Health Services	Washington	501(c )(3)	Line 7	Swedish Health Services		X
Global To Local Health Initiative - 27-3133200, 2800 South 192nd St. #104, SeaTac, WA 98188	Healthcare	Washington	501(c )(3)	Line 7	Swedish Health Services		X
Swedish MJM Holdings - 27-3139262 747 Broadway Seattle, WA 98122	Holding Company	Washington	501(c )(3)	Line 11/Type I	Swedish Health Services		X
Western HealthConnect - 45-4171900 747 Broadway Seattle, WA 98122	Shell Corporation	Washington	501(c )(3)	Line 11/Type II	PH&S Western Washington		X
Inland Northwest Health Services - 91-1307555, 601 W. 1st Avenue, Spokane, WA 99201	Healthcare	Washington	501( c )(3)	Line 3	PH&S - Washington		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Kadlec Regional Medical Center - 91-0655392 888 Swift Blvd. Richland, WA 99352	Healthcare	Washington	501(c)(3)	Line 3	Western HealthConnect		X
Kadlec Neurological Resource Center - 91-1266345, 1268 Lee Blvd., Richland, WA 99352	Healthcare	Washington	501(c)(3)	Line 9	Western HealthConnect		X
Kadlec Foundation - 23-7005501 888 Swift Blvd. Richland, WA 99352	Support Kadlec Regional Medical Center	Washington	501(c)(3)	Line 11/Type I	Kadlec Regional Medical Center		X
PacMed Clinics - 56-2290878 1200 12th Ave. S. Seattle, WA 98144	Healthcare	Washington	501(c)(3)	Line 9	Western HealthConnect		X
Seattle Science Foundation - 61-1502822 550 17th Ave. Seattle, WA 98122	Physician Collaboration	Washington	501(c)(3)	Line 7	Western HealthConnect		X
Providence Saint John's Health Center - 95-1684082, 2121 Santa Monica Blvd., Santa Monica, CA 90404	Healthcare	California	501(c)(3)	Line 3	PHS - So. California		X
John Wayne Cancer Institute - 95-4291515 2200 Santa Monica Blvd. Santa Monica, CA 90404	Cancer Treatment	California	501(c)(3)	Line 4	Providence Saint John's Health Center		X
Saint John's Hospital/Health Center Foundation - 95-6100079, 2121 Santa Monica Blvd., Santa Monica, CA 90404	Support Saint John Health Center & JWCI	California	501(c)(3)	Line 7	Providence Saint John's Health Center		X
Providence St. Joseph Health - 81-1244422 1801 Lind Avenue SW, #9016 Renton, WA 98057	Shell Corporation	Washington	501(c)(3)	Pending	NA		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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
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
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
Ctr. for Med. Imaging-Bridgeport, LLC - 26-0796953, 4400 NE Halsey, #495, Portland, OR 97213	Imaging - Diagnostics	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Ctr. for Med. Imaging-Tanasbourne, LLC - 20-0477972, 4400 NE Halsey, #495, Portland, OR 97213	Imaging - Diagnostics	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Pathology Associates Medical Laboratories, LLC - 27-0943279, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Portland Medical Imaging, LLC - 20-1054971, 4400 NE Halsey, #495, Portland, OR 97213	Imaging - Diagnostics	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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
Minor & James Medical, PLLC - 91-1340223, 515 Minor Avenue, #200, Seattle, WA 98104	Physician Clinic	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence Surgery Center, LLC - 84-1401625, 902 N. Orange St, Missoula, MT 59802	Ambulatory Surgery Center	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Clackamas Radiation Oncology Center, LLC - 26-0381897, 4400 NE Halsey St., Bldg. II, #495, Portland, OR 97213	Radiation Oncology	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PET/CT Imaging at Swedish Cancer Institute, LLC - 20-3132044, 1221 Madison Street, Seattle, WA 98104	Medical Imaging	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PacLab, LLC - 91-1743952 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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
Center for Specialty Surgery, LLC - 26-3638838, 11782 SW Barnes Rd., Portland, OR 97225	Ambulatory Surgery Center	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Oregon Outpatient Surgery Center - 22-3883387, 7300 SW Childs Rd, Tigard, OR 97224	Ambulatory Surgery Center	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence/USP Santa Clarita GP LLC - 20-2829660, 11550 Indian Hills Road, #160, Mission Hills, CA 91345	Ambulatory Surgery Center	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence/USP Surgery Ctrs., LLC - 20-0905938, 11550 Indian Hills Road, #160, Mission Hills, CA 91345	Ambulatory Surgery Center	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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
Greater Valley Medical Building, L.P. - 95-4570858, 501 S. Buena Vista St., Burbank, CA 91505	Real Estate - MOB	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Prov. Radiation Oncology Develop. Assn., LLC - 26-0682491, 4400 NE Halsey, #495, Portland, OR 97213	Real Estate - MOB	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Providence Partners for Health, LLC - 45-4041798, 501 S. Buena Vista St., Burbank, CA 91505	Clinical Quality & Integration	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A





**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



