

PUBLIC DISCLOSURE INSTRUCTIONS

1. THE PUBLIC DISCLOSURE COPY MUST BE SIGNED AND DATED BY AN OFFICER OF THE ORGANIZATION.
2. THE “PUBLIC DISCLOSURE COPY” IS FOR YOUR CONVENIENCE.
 - PLEASE NOTE THAT WE HAVE REMOVED ALL INFORMATION THAT IS NOT OPEN TO PUBLIC INSPECTION.
3. PUBLIC DISCLOSURE REQUIREMENTS (FAILURE TO COMPLY MAY RESULT IN PENALTIES):
 - MAKE THE RETURN AVAILABLE FOR 3 YEARS AFTER THE DATE THE RETURN IS REQUIRED TO BE FILED OR IT IS ACTUALLY FILED, WHICHEVER IS LATER.
 - MAKE THE RETURN AVAILABLE FOR PUBLIC INSPECTION AT ITS PRINCIPAL, REGIONAL, OR DISTRICT OFFICES DURING REGULAR BUSINESS HOURS AND YOU MAY HAVE AN EMPLOYEE PRESENT IN THE ROOM.
 - ALLOW THE INDIVIDUAL MAKING THE INSPECTION TO TAKE NOTES FREELY AND TO MAKE A PHOTOCOPY OF THE DOCUMENTS FOR A REASONABLE FEE.
 - GENERALLY, YOU MUST RESPOND TO AN IN-PERSON REQUEST FOR COPIES OF RETURNS ON THE SAME DAY OF THE REQUEST. IF, DUE TO UNUSUAL CIRCUMSTANCES, YOU CANNOT PROVIDE THEM ON THE SAME DAY, YOU MUST PROVIDE THEM NO LATER THAN THE NEXT BUSINESS DAY FOLLOWING THE DAY THE UNUSUAL CIRCUMSTANCES CEASE TO EXIST OR THE FIFTH BUSINESS DAY AFTER THE DAY OF THE REQUEST, WHICHEVER OCCURS FIRST.
 - YOU MUST RESPOND TO A WRITTEN REQUEST FOR COPIES OF YOUR RETURN WITHIN 30 DAYS FROM THE DATE YOU RECEIVE THE REQUEST. IF YOU REQUIRE PAYMENT IN ADVANCE, YOU MUST PROVIDE THE DOCUMENTS 30 DAYS FROM THE DATE YOU RECEIVE PAYMENT. FOR REQUESTS MADE IN PERSON, YOU MUST ACCEPT PAYMENT BY CASH OR MONEY ORDER. FOR REQUESTS MADE IN WRITING, YOU MUST ACCEPT PAYMENT BY CERTIFIED CHECK, MONEY ORDER, PERSONAL CHECK OR CREDIT CARD. IN BOTH INSTANCES, YOU MAY ACCEPT OTHER TYPES OF PAYMENT AS WELL.
 - YOU ARE NOT REQUIRED TO RESPOND TO REQUESTS FOR COPIES OF YOUR RETURN IF YOU HAVE MADE IT “WIDELY AVAILABLE” BY POSTING IT ON A WORLD WIDE WEB PAGE THAT YOU ESTABLISH AND MAINTAIN OR, AS PART OF A DATABASE OF SIMILAR DOCUMENTS OF OTHER TAX-EXEMPT ORGANIZATIONS THAT ANOTHER ENTITY ESTABLISHES AND MAINTAINS.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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| A For the 2020 calendar year, or tax year beginning and ending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization RIVKIN CENTER FOR OVARIAN CANCER</td> <td>D Employer identification number 91-2054035</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number 206-490-0847</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1200 12TH AVE S</td> <td>1110</td> <td rowspan="2">G Gross receipts \$ 1,682,611.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98144</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JOE WHITE SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.RIVKIN.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 1996</td> <td>M State of legal domicile: WA</td> </tr> </table> | C Name of organization RIVKIN CENTER FOR OVARIAN CANCER | | D Employer identification number 91-2054035 | Doing business as | | E Telephone number 206-490-0847 | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | 1200 12TH AVE S | 1110 | G Gross receipts \$ 1,682,611. | City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98144 | | F Name and address of principal officer: JOE WHITE SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | J Website: WWW.RIVKIN.ORG | | If "No," attach a list. See instructions | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | H(c) Group exemption number ▶ | L Year of formation: 1996 | | M State of legal domicile: WA |
| C Name of organization RIVKIN CENTER FOR OVARIAN CANCER | | D Employer identification number 91-2054035 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doing business as | | E Telephone number 206-490-0847 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1200 12TH AVE S | 1110 | G Gross receipts \$ 1,682,611. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| F Name and address of principal officer: JOE WHITE SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J Website: WWW.RIVKIN.ORG | | If "No," attach a list. See instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | H(c) Group exemption number ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L Year of formation: 1996 | | M State of legal domicile: WA | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part I Summary

| | | | | |
|-----------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: WE ENVISION A WORLD WHERE WOMEN LIVE LONGER AND HEALTHIER LIVES BECAUSE CANCERS ARE PREVENTED, | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 7 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 17 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 2,205,700. |
| 9 | | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -7,802. | -85,988. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,197,898. | 1,531,882. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,463,763. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 954,803. | 732,387. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 379,991. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 525,662. | 129,724. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,944,228. | 1,808,055. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -746,330. | -276,173. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 1,851,779. | End of Year 1,689,610. |
| | 21 | Total liabilities (Part X, line 26) | 1,854. | 115,858. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,849,925. | 1,573,752. |

Part II Signature Block

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

| | | |
|-------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Sign Here | Signature of officer Date | |
| | JOE WHITE, EXECUTIVE DIRECTOR Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name MEGAN R. RYAN | Preparer's signature MEGAN R. RYAN |
| | Date 11/09/21 | Check if self-employed <input type="checkbox"/> PTIN P00737884 |
| | Firm's name ▶ CLARK NUBER PS Firm's address ▶ 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004 | Firm's EIN ▶ 91-1194016 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: WE ENVISION A WORLD WHERE WOMEN LIVE LONGER AND HEALTHIER LIVES BECAUSE CANCERS ARE PREVENTED, CAUGHT EARLY, OR CURED.

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 \$ 1,284,001. including grants of \$ 945,944.) (Revenue \$) FOUNDED 25 YEARS AGO, THE RIVKIN CENTER IS A LEADER IN THE OVARIAN CANCER COMMUNITY, INVESTING TO-DATE MORE THAN \$15 MILLION IN LIFE-SAVING OVARIAN CANCER RESEARCH, AND HOSTING INTERNATIONAL SCIENTIFIC CONFERENCES IN PARTNERSHIP WITH THE AMERICAN ASSOCIATION OF CANCER RESEARCH. RIVKIN'S WORK HAS ALSO EMBRACED THE BREAST CANCER COMMUNITY, EDUCATING THOUSANDS OF WOMEN EACH YEAR -- IN COLLEGES, COMPANIES, AND COMMUNITIES THROUGHOUT THE WEST COAST -- TO PREVENT AND DETECT OVARIAN AND BREAST CANCER AS EARLY AS POSSIBLE. THESE TWO ILLNESSES ARE GENETICALLY LINKED AND AFFECT APPROXIMATELY 250,000 WOMEN EACH YEAR IN THE UNITED STATES. IT ALSO FOSTERS A GROWING COMMUNITY OF SURVIVORS, PATIENTS, RESEARCHERS, CLINICIANS, ADVOCATES AND SUPPORTERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 1,284,001.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
JOE WHITE - 206-490-0847
1200 12TH AVE S, SUITE 1110, SEATTLE, WA 98144

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. See instructions for the order in which to list the persons above.

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) JOE WHITE EXECUTIVE DIRECTOR | 40.00 0.00 | | | X | | | 0. | 176,287. | 35,022. | |
| (2) KATERIE SCHEI PRESIDENT OF THE BOARD | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (3) BOBBIE HINTON IMMEDIATE PAST PRESIDENT | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (4) THOMAS BROWN VICE PRESIDENT | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (5) ALEX SMITH SECRETARY | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (6) GARNETT ANDERSON BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (7) DONNA BENAROYA BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (8) GLORIA BENSUSSEN BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (9) CHARLES DRESCHER BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (10) CHUCK FRIEDMAN BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (11) LIBBY HANNA BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (12) MAI KRISHNASWAMY BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (13) ERIC MORSE BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (14) SACHIA STONEFELD POWELL BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (15) MELISSA RIVKIN BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (16) KATIE VAN KESSEL BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (17) DAN VELJOVICH BOARD MEMBER | 1.00 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 <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small> | | | | | | (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) KIRSTEN HART WARD BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 0. | 176,287. | 35,022. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 176,287. | 35,022. |

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

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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 | NONE | (B) Description of services | (C) Compensation |
|----------------------------------|------|--------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Part VIII Statement of Revenue

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 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 608,889. | | | | |
| | d | Related organizations | 1d | 85,000. | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 923,981. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 57,241. | | | | |
| | h | Total. Add lines 1a-1f | | | 1,617,870. | | | |
| Program Service Revenue | 2 a | _____ | Business Code | | | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | _____ | | | | | | |
| | e | _____ | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | | |
| c | Gain or (loss) | 7c | | | | | | |
| d | Net gain or (loss) | | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ 608,889. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | 64,741. | | | | | |
| b | Less: direct expenses | 8b | 150,729. | | | | | |
| c | Net income or (loss) from fundraising events | | | -85,988. | | -85,988. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | _____ | Business Code | | | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | | 1,531,882. | 0. | 0. | -85,988. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 795,944. | 795,944. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 150,000. | 150,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 176,287. | 44,072. | 44,072. | 88,143. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 556,100. | 221,764. | 60,000. | 274,336. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 4,020. | | 4,020. | |
| c Accounting | 21,775. | | 21,775. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 13,470. | 13,470. | | |
| 13 Office expenses | 2,592. | | 2,592. | |
| 14 Information technology | 8,027. | 4,013. | 4,014. | |
| 15 Royalties | | | | |
| 16 Occupancy | 35,024. | 17,512. | | 17,512. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 2,750. | 2,750. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EDUCATION PROGRAM | 34,476. | 34,476. | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | 7,590. | | 7,590. | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,808,055. | 1,284,001. | 144,063. | 379,991. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance 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 |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | 1,362,318. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 85,000. | 3 | 314,516. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | 12,776. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | 10c | |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,766,779. | 15 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1,851,779. | 16 | 1,689,610. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,854. | 17 | 115,858. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,854. | 26 | 115,858. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,849,925. | 27 | 1,573,752. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,849,925. | 32 | 1,573,752. |
| 33 Total liabilities and net assets/fund balances | 1,851,779. | 33 | 1,689,610. | |

Form **990** (2020)

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,531,882. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,808,055. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -276,173. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,849,925. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,573,752. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | | X |
| 2c | | |
| 3a | | X |
| 3b | | |

Form **990** (2020)

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,190,646. | 2,137,212. | 2,941,933. | 2,205,700. | 1,617,870. | 11,093,361. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 2,190,646. | 2,137,212. | 2,941,933. | 2,205,700. | 1,617,870. | 11,093,361. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 866,956. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 10,226,405. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 2,190,646. | 2,137,212. | 2,941,933. | 2,205,700. | 1,617,870. | 11,093,361. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2. | | | | | 2. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 237,381. | 297,093. | 141,457. | | | 675,931. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 376. | | | | | 376. |
| 11 Total support. Add lines 7 through 10 | | | | | | 11,769,670. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 134,119. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 86.89 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 87.55 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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> | | |
| 2 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> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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> | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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> | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | |
| 3 By reason of the relationship described in line 2, above, 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> | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 |
| 2a | | |
| b Did the activities described in line 2a, above, 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> | | |
| 2b | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| 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> | | |
| 3b | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE REFUND

2016 AMOUNT: \$ 376.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | _____ _____ _____ | \$ 85,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ 35,000. | 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 |
|-----------------------------------------|---------------------|------------------------------------------|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-----------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | N/A | 75,000. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN THE REGION | N/A | 75,000. |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 150,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 150,000. |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|----------------------------------------------|----------------------------------------|-------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | OVARIAN CANCER RESEARCH | 75,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | OVARIAN CANCER RESEARCH | 75,000. | WIRE | 0. | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| | | | | | | | |
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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; don't 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

ALL GRANTEES ARE REQUIRED TO REPORT ANNUALLY ON THEIR PERFORMANCE AND RESULTS. A BUDGET IS INITIALLY REQUIRED AND THEN UPDATES TO THE BUDGET ON SPEND IS REQUIRED ANNUALLY. IF A GRANTEE DOES NOT SPEND ALL OF THEIR AWARD, EXTRA MUST BE RETURNED TO THE ORGANIZATION.

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 IN IRC SECTION 6038(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)) |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|--------------|------------------------|--------------------------------------------------------|
| | | RIVKIN FAMILY & FRIENDS AUCTION (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 673,630. | | 673,630. |
| | 2 | Less: Contributions | 608,889. | | 608,889. |
| | 3 | Gross income (line 1 minus line 2) | 64,741. | | 64,741. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 150,729. | | 150,729. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 150,729. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -85,988. | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

Lined area for supplemental information input.

**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.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| BECKMAN RESEARCH CITY OF HOPE 1500 E DUARTE ROAD DUARTE, CA 91010 | 95-3435919 | 501(C)(3) | 75,000. | 0. | | | OVARIAN CANCER RESEARCH |
| REGENTS OF UNIV. OF MINNESOTA 2221 UNIVERSITY AVE SE STE 100 MINNEAPOLIS, MN 55414 | 41-6007513 | GOVERNMENT | 75,000. | 0. | | | OVARIAN CANCER RESEARCH |
| MEDICAL UNIV. OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE, BUILD. 1 STE 4 CHARLESTON, SC 29407 | 57-6000722 | 501(C)(3) | 75,000. | 0. | | | OVARIAN CANCER RESEARCH |
| MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 | 59-3337028 | 501(C)(3) | 75,000. | 0. | | | OVARIAN CANCER RESEARCH |
| THE TRUSTEES OF THE UNIV. OF PENNSYLVANIA - 3451 WALNUT STREET, FRANKLIN BUILDING, 5TH FLOOR - PHILADELPHIA, PA 19104 | 23-1352685 | GOVERNMENT | 180,000. | 0. | | | OVARIAN CANCER RESEARCH |
| BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030 | 74-1613878 | 501(C)(3) | 60,000. | 0. | | | OVARIAN CANCER RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 |
|----------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UNIVERSITY OF MARYLAND, BALTIMORE COUNTY - 1100 HILLTOP CIRCLE - BALTIMORE, MD 21250 | 52-6002033 | GOVERNMENT | 60,000. | 0. | | | OVARIAN CANCER RESEARCH |
| REGENTS UNIVERSITY OF CALIFORNIA, LOS ANGELES - 10889 WILSHIRE BOULEVARD, STE 700 BOX 951406 - LOS ANGELES, CA 90095 | 95-6006143 | GOVERNMENT | 93,447. | 0. | | | OVARIAN CANCER RESEARCH |
| UNIVERSITY OF CALIFORNIA DAVIS OFFICE OF RESEARCH, 1850 RESEARCH P DAVIS, CA 95618 | 94-6036494 | GOVERNMENT | 30,000. | 0. | | | OVARIAN CANCER RESEARCH |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JOE WHITE EXECUTIVE DIRECTOR | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 173,880. | 0. | 2,407. | 12,527. | 22,495. | 211,309. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 | | | | |
| 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 | 36 | 57,241. | FAIR MARKET VALUE |
| 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 V, Donee Acknowledgement: **29**

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | 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 nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

RIVKIN CENTER FOR OVARIAN CANCER

Employer identification number

91-2054035

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAUGHT EARLY, OR CURED.

FORM 990, PART I, LINE 6

WE HAD 17 BOARD MEMBERS DURING THE YEAR. THEY ATTEND 4 MEETINGS PER

YEAR FOR ONE AND A HALF HOURS. THEY PROVIDED GOVERNANCE FOR THE

ORGANIZATION MAKING DECISIONS ON BUDGET, FINANCES, STRATEGIES, ETC.

DUE TO THE COVID PANDEMIC WE WERE UNABLE TO HOST OUR TWO MAJOR

FUNDRAISING EVENTS AND WE HAD NO VOLUNTEERS FOR THE YEAR OUTSIDE OF THE

BOARD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOLLOWING OUR APPLICATION PERIOD FOR SCIENTIFIC RESEARCH GRANTS, WE

FUNDED SOME OF THE MOST INNOVATIVE PILOT AND SCHOLAR AWARDS. WE COULD

NOT SUPPORT AS MANY RESEARCHERS IN 2020 BECAUSE OF THE REVENUE

CHALLENGE, BUT WE STILL INVESTED IN THE BEST SCIENCE WE COULD FIND

THANKS TO OUR TEAM OF LEADING OVARIAN CANCER RESEARCH REVIEWERS. WE

DID FUND 6 PILOT AWARDS; 3 SCHOLAR AWARDS AND 1 BRIDGE FUND AWARD FOR

SOME OF THE MOST INNOVATIVE OVARIAN CANCER RESEARCHERS IN THE WORLD.

OUR EDUCATION TEAM PIVOTED TO A FULL DIGITAL FORMAT UTILIZING TOOLS

SUCH AS ZOOM WEBINAR AND HOSTED 82 WORKSHOPS WITH OVER 3,000 PEOPLE

EDUCATED IN THE VIRTUAL ONLINE TOOLS. OUR EDUCATION TEAM OF 56 PEOPLE

KEEP THE INFORMATION ON WOMEN'S HEALTH FLOWING WHEN THE WORLD WAS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

ISOLATING.

FORM 990, PART VI, SECTION A, LINE 6:

THE CLASS A FOUNDING MEMBER HAS 51% VOTING RIGHTS AND INTERESTS IN THE ORGANIZATION. THE CLASS B FOUNDING MEMBERS EACH HAVE 24.5% VOTING RIGHTS AND INTERESTS IN THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

CLASS A AND CLASS B FOUNDING MEMBERS EACH APPOINT ONE BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING POWERS RESIDE WITH THE CLASS A AND CLASS B FOUNDING MEMBERS:

- 1) AMENDMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS.
- 2) SELECTION, TERMINATION AND COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT;
- 3) INCURRENCE OF DEBT WHICH EXCEEDS BY 2% OR MORE THE AMOUNT OF DEBT INCLUDED IN THE ADOPTED AND APPROVED OPERATING OR CAPITAL BUDGETS;
- 4) PURCHASES OR EXPENDITURES ON BEHALF OF THE CORPORATION IN EXCESS OF \$20,000 NOT INCLUDED IN THE ADOPTED AND APPROVED OPERATING OR CAPITAL BUDGETS;
- 5) 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 \$500,000.

FORM 990, PART VI, SECTION A, LINE 8B:

THE GOVERNANCE COMMITTEE IS ORGANIZED TO WORK WITH THE BOARD OF DIRECTORS BUT DOESN'T HAVE FULL AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE REVIEWED WITH EXECUTIVE DIRECTOR, FINANCE CONSULTING COMPANY AND CONSULTING COMPANY THAT PROCESSES OUR FINANCIAL REPORTS AND SERVICES. A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

RIVKIN CENTER FOR OVARIAN CANCER FOLLOWS THE CONFLICT OF INTEREST POLICY OF ITS RELATED ORGANIZATION, PROVIDENCE HEALTH & SERVICES. PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE READILY RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING, AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON WHETHER A

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

CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY.

ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

**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.

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

OMB No. 1545-0047

2020

**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 |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
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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 |
| COVENANT ACO - 61-1573313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 12, I | CHS | X | |
| COVENANT HEALTH NETWORK, INC - 46-1259908 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 12, III | SJHS | X | |
| COVENANT HEALTH PARTNERS - 46-3516417 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 12, I | CHS | X | |
| COVENANT HEALTH SYSTEM - 75-2765566 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | SJHS | X | |

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

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------------|----|
| | | | | | | Yes | No |
| COVENANT HEALTH SYSTEM FOUNDATION - 75-2897026, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 7 | CHS | X | |
| COVENANT HOSPITAL HOBBS - 84-4273963 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| COVENANT MEDICAL CENTER - 82-2913146 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| COVENANT MEDICAL GROUP - 75-2743883 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| E. WA. & MT. UNEMPLOYMENT COMPENSATION INSURANCE TRUST - 91-1082119, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | UNEMPLOYMENT | WASHINGTON | 501(C)(3) | 12, I | PHS WA | X | |
| EVERETT TRANSITIONAL CARE SERVICES - 94-3264605, P.O. BOX 5128, EVERETT, WA 98206-5128 | TRANS. CARE | WASHINGTON | 501(C)(3) | 10 | N/A | | X |
| FACEY MEDICAL FOUNDATION - 95-4322584 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | CALIFORNIA | 501(C)(3) | 7 | PHS SOCIAL | X | |
| GAMELIN WASHINGTON ASSOCIATION - 20-1910170 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| GLOBAL TO LOCAL HEALTH INITIATIVE - 27-3133200, 2800 SOUTH 192ND ST. #104, SEATAC, WA 98188 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | SHS | X | |
| GRACE CLINIC OF LUBBOCK - 20-3856995 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| HMTS, INC. - 45-3583707 1 HOAG DRIVE NEWPORT BEACH, CA 92658 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 12, I | HMHP | X | |
| HOAG CHARITY SPORTS - 45-2982422 2081 BUSINESS CENTER DR., STE 195 NEWPORT BEACH, CA 92663 | SUPPORT | CALIFORNIA | 501(C)(3) | 7 | HHF | 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 |
| HOAG CLINIC - 33-0676831 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 10 | HMHP | X | |
| HOAG HOSPITAL FOUNDATION - 95-3222343 330 PLACENTIA AVE. NEWPORT BEACH, CA 92663 | FUNDRAISING | CALIFORNIA | 501(C)(3) | 7 | HMHP | X | |
| HOAG MEMORIAL HOSPITAL PRESBYTERIAN - 95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT BEACH, CA 92663 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | CHN | X | |
| HOSPICE OF LUBBOCK - 75-2133781 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 10 | CHS | X | |
| INLAND NORTHWEST HEALTH SERVICES - 91-1307555, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 3 | PHS WA | X | |
| INSTITUTE FOR MENTAL HEALTH & WELLNESS - 81-4260130, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS / SJHS | X | |
| INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | WHC | X | |
| JOHN WAYNE CANCER INSTITUTE - 95-4291515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 4 | PSJHC | X | |
| KADLEC AUXILIARY, INC. - 91-6033089 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 12, III | KRMC | X | |
| KADLEC FOUNDATION - 23-7005501 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | KRMC | X | |
| KADLEC REGIONAL MEDICAL CENTER - 91-0655392 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 3 | WHC | X | |
| LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION - 33-0844408, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | IMAGING SVCS | CALIFORNIA | 501(C)(3) | 10 | PHS SOCIAL | 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 |
| LUBBOCK HERITAGE HOSPITAL LLC - 26-4021016 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| LUBBOCK METHODIST HOSPITAL FOUNDATION - 75-2220963, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 7 | CHS | X | |
| LUNDBERG ASSOCIATION - 91-1562797 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| METHODIST CHILDREN'S HOSPITAL - 75-2428911 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| METHODIST HOSPITAL LEVELLAND - 75-2246348 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| METHODIST HOSPITAL PLAINVIEW - 75-2426010 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 3 | CHS | X | |
| MISSION HOSPITAL REGIONAL MEDICAL CTR - 95-1643360, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | CHN | X | |
| NORTHWEST HOPE & HEALING FOUNDATION - 20-0799737, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 12, I | SHS | X | |
| PACMED CLINICS - 56-2290878 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 10 | WHC | X | |
| PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 7 | PHS SOCIAL | X | |
| PROVIDENCE ALASKA FOUNDATION - 92-0093565 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | ALASKA | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION - 91-1940286, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | 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 BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | N/A | | X |
| PROVIDENCE GAMELIN HOUSE ASSOCIATION - 31-1744654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE HEALTH & SERVICES - 91-1549796 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 12, II | PSJH | | X |
| PROVIDENCE HEALTH & SERVICES - MONTANA - 81-0231793, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | MONTANA | 501(C)(3) | 3 | PHS WA | X | |
| PROVIDENCE HEALTH & SERVICES - OREGON - 51-0216587, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 3 | PHS | X | |
| PROVIDENCE HEALTH & SERVICES - WASHINGTON - 51-0216586, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 3 | PHS | X | |
| PROVIDENCE HEALTH & SERVICES - WESTERN WASHINGTON - 91-1303277, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 3 | PM/WHC | X | |
| PROVIDENCE HEALTH ASSURANCE - 55-0828701 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | MEDICAID | OREGON | 501(C)(4) | N/A | PHP | X | |
| PROVIDENCE HEALTH CARE FOUNDATION - EASTERN WASHINGTON - 32-0014330, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS WA | 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 HEALTH CARE FOUNDATION (CENTRALIA) - 91-1433382, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS W WA | X | |
| PROVIDENCE HEALTH PLAN - 93-0863097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(4) | N/A | PPP | X | |
| PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA - 51-0216589, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | PHS | X | |
| PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. - 93-0921990, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE HOSPICE AND HOME CARE FOUNDATION - 27-2552749, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS W WA | X | |
| PROVIDENCE HOSPICE OF SEATTLE FOUNDATION - 91-2077378, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS W WA | X | |
| PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 51-0224944, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 7 | PHS SOCIAL | X | |
| PROVIDENCE MARIANWOOD FOUNDATION - 93-1554288, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS W WA | X | |
| PROVIDENCE MEDICAL INSTITUTE - 33-0283773 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 12, I | PHS SOCIAL | X | |
| PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE MINISTRIES 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | RELIGIOUS ORG | WASHINGTON | 501(C)(3) | 1 | N/A | | X |
| PROVIDENCE MOUNT ST. VINCENT FOUNDATION - 91-1188119, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS WA | 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 NEWBERG HEALTH FOUNDATION - 93-0889144, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE PETER CLAVER ASSOCIATION - 31-1629656, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE PLAN PARTNERS - 91-1861964 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(4) | N/A | PHS OR | X | |
| PROVIDENCE PORTLAND MEDICAL FOUNDATION - 93-1231494, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE ROSSI ASSOCIATION - 31-1584166 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 10 | PHS WA | X | |
| PROVIDENCE SAINT JOHN'S HEALTH CENTER - 95-1684082, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | PHS SOCIAL | X | |
| PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION - 81-4542216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | PHS SOCIAL | X | |
| PROVIDENCE SEASIDE HOSPITAL FOUNDATION - 93-0927320, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION - 91-2171539, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE ST. FRANCIS ASSOCIATION - 94-3244854, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE ST. JOSEPH HEALTH - 81-1244422 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 12, III | N/A | | X |
| PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 94-3078543, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------------|----|
| | | | | | | Yes | No |
| PROVIDENCE ST. JOSEPH MEDICAL CENTER - 81-0463482, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | MONTANA | 501(C)(3) | 3 | PHS WA | X | |
| PROVIDENCE ST. MARY FOUNDATION - 45-2841492 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| PROVIDENCE ST. PETER FOUNDATION - 91-1097056 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS W WA | X | |
| PROVIDENCE ST. VINCENT MEDICAL FOUNDATION - 93-0575982, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 7 | PHS OR | X | |
| PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 10 | PHS SOCIAL | X | |
| PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 33-0261016, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 7 | PTCH | X | |
| PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION - 93-1003750, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | OREGON | 501(C)(3) | 12, I | PHS OR | X | |
| QUEEN OF THE VALLEY MEDICAL CENTER - 94-1243669, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SJHS | X | |
| REDWOOD MEMORIAL FOUNDATION - 94-2779313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 7 | RMH | X | |
| REDWOOD MEMORIAL HOSPITAL - 94-1384665 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SJHS | X | |
| SAINT JOHN'S HOSPITAL/HEALTH CENTER FOUNDATION - 95-6100079, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | CALIFORNIA | 501(C)(3) | 7 | PSJHC | X | |
| SANTA ROSA MEMORIAL HOSPITAL - 94-1231005 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SJHS | 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 |
| SEATTLE SCIENCE FOUNDATION - 61-1502822 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | PHYSN COLLAB | WASHINGTON | 501(C)(3) | 7 | WHC | X | |
| SISTERS OF PROVIDENCE OF MONTANA CORPORATION - 26-2612415, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SHELL CORP | MONTANA | 501(C)(3) | 1 | PHS WA | | X |
| SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | RELIGIOUS ORG | CALIFORNIA | 501(C)(3) | 1 | N/A | | X |
| SRM ALLIANCE HOSPITAL SERVICES (PVH) - 68-0395200, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SRMH | X | |
| ST. JOSEPH HEALTH MINISTRY - 27-1666576 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | RELIGIOUS ORG | CALIFORNIA | 501(C)(3) | 1 | SSJO | | X |
| ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC - 81-4791043, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SJHS | X | |
| ST. JOSEPH HEALTH SYSTEM - 95-3589356 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 12, I | PSJH | | X |
| ST. JOSEPH HEALTH SYSTEM FOUNDATION - 33-0143024, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 10 | SJHS | X | |
| ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SJHS | X | |
| ST. JOSEPH HOME CARE NETWORK - 68-0331084 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 10 | SJHS | X | |
| ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | SJHS | X | |
| ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | CHN | X | |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? | |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------------|----|
| | | | | | | Yes | No |
| ST. JUDE HOSPITAL, INC - 95-1643324 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | CHN | X | |
| ST. LUKE ASSOCIATION - 94-3176618 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | X | |
| ST. MARY MEDICAL CENTER - 95-1914489 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | CHN | X | |
| ST. MARY OF THE PLAINS HOSPITAL FDN - 75-1653181, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | TEXAS | 501(C)(3) | 7 | CHS | X | |
| ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | MONTANA | 501(C)(3) | 7 | PHS WA | X | |
| ST. THOMAS CHILD AND FAMILY CENTER - 81-0233495, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | EDUCATION | MONTANA | 501(C)(3) | 10 | PHS WA | X | |
| SWEDISH EDMONDS - 27-2305304 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 3 | WHC | X | |
| SWEDISH HEALTH SERVICES - 91-0433740 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 3 | WHC | X | |
| SWEDISH MEDICAL CENTER FOUNDATION - 91-0983214, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | WASHINGTON | 501(C)(3) | 7 | SHS | X | |
| SWEDISH MJM HOLDINGS - 27-3139262 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HOLDING CO | WASHINGTON | 501(C)(3) | 12, I | SHS | X | |
| TARZANA MEDICAL CENTER LLC - 83-3972614 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CALIFORNIA | 501(C)(3) | 3 | PHS SOCIAL | X | |
| THE GAMELIN ASSOCIATION - 91-1180824 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | WASHINGTON | 501(C)(3) | 7 | PHS WA | 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 |
| THE GAMELIN CALIFORNIA ASSOCIATION - 91-1293869, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT | CALIFORNIA | 501(C)(3) | 10 | PHS SOCIAL | X | |
| THE GAMELIN OREGON ASSOCIATION - 91-1214491 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SUPPORT | OREGON | 501(C)(3) | 10 | PHS OR | X | |
| UNIVERSITY OF PROVIDENCE - 81-0231777 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | EDUCATION | MONTANA | 501(C)(3) | 2 | PHS | X | |
| WESTERN HEALTHCONNECT - 45-4171900 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | SHELL CORPORATION | WASHINGTON | 501(C)(3) | 12, II | PHS W WA | X | |
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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 | |
| 20TH STREET SURGERY LLC - 73-1735618, 1301 20TH STREET STE 140, SANTA MONICA, CA 90404 | AMBULATORY SURG | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| BRIDGEPORT MEDICAL IMAGING (BMI) - 26-0796953, 4400 NE HALSEY, #495, PORTLAND, OR 97213 | IMAGING DIAG. | OR | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| BROADWAY IMAGING, LLC - 52-2405971, 500 W. BROADWAY, MISSOULA, MT 59802 | MEDICAL IMAGING | MT | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| CENTER FOR MATERNAL, NEWBORN AND CHILD - 81-3526875, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | 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 |
| 1221 MADISON STREET OWNERS ASSOC - 20-1954319, 747 BROADWAY, SEATTLE, WA 98122 | OWNERS' ASSOC. | WA | N/A | C CORP | N/A | N/A | N/A | | X |
| AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE BERMUDA | CAPTIVE INSURANCE | BERMUDA | N/A | C CORP | N/A | N/A | N/A | | X |
| AYIN HEALTH SOLUTIONS, INC. - 83-3037172 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| BLUETREE NETWORK INC. - 90-0872936 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WI | N/A | C CORP | N/A | N/A | N/A | | X |
| BOURGET HEALTH SERVICES, INC. - 91-1354431 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99220 | CLIN/MED LAB | 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 | |
| CENTER FOR MEDICAL IMAGING (CMI) - 20-0477972, 4400 NE HALSEY, #495, PORTLAND, OR 97213 | IMAGING DIAG. | OR | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| CLACKAMAS RADIATION ONCOLOGY CENTER, LLC - 26-0381897, 4400 NE HALSEY ST, BLDG. II, #495, PORTLAND, OR 97213 | RADIATION ONCOL | OR | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| COASTAL ASC HOLDINGS, LLC - 81-0986844, ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92663 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| COVENANT LONG-TERM CARE, LP - 20-5033419, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | TX | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| FULLERTON SURGICAL CENTER LP - 47-0927394, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | AMBULATORY SURG | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | 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 | | X | N/A | | X | N/A |
| HCSA PROPERTIES, LLC - 46-0620892, 1600 M STREET NW, AUBURN, WA 98001 | REAL ESTATE RENT | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| HERITAGE INVESTMENT GROUP I, LLC - 27-1000061, 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868 | INVESTMENTS | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| HOAG ORTHOPEDIC INSTITUTE - 61-1588294, ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | 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 | |
| IMAGING ASSOCIATES LLC - 20-3906048, 3650 PIPER STREET, STE A, ANCHORAGE, AK 99508 | MEDICAL IMAGING | AK | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| INLAND IMAGING, LLC - 91-1855796, 801 S. STEVENS ST., SPOKANE, WA 99204 | MEDICAL IMAGING | WA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| LSC REAL PROPERTY, LLC - 47-4646059, 2301 QUAKER AVENUE, LUBBOCK, TX 79410 | REAL ESTATE | TX | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| METHODIST DIAGNOSTIC IMAGING - 75-2343261, 4005 24TH STREET, LUBBOCK, TX 79410 | HEALTHCARE | TX | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| NEWPORT IMAGING CENTER - 33-0191776, 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| NEWPORT SURGICAL PARTNERS, LLC - 39-2060266, 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | X | | 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 | | X | N/A | X | | N/A |
| OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW CHILDS RD, TIGARD, OR 97224 | AMBULATORY SURG | OR | N/A | N/A | N/A | N/A | | X | N/A | X | | 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 | | X | N/A | X | | 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 | |
| PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO - 81-2701056, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA | INVESTMENTS | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROV. RADIATION ONCOLOGY DEVELOP. ASSN. - 26-0682491, 4400 NE HALSEY #495, PORTLAND, OR 97213 | REAL ESTATE - MOB | OR | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE CHILDREN'S NEONATAL SERVICES - 47-0918549, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA | NEONATAL CARE | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE HOUSE HEARING HEALTH CENTERS LLC, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE IMAGING CENTER JOINT VENTURE - 92-0118807, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | MEDICAL IMAGING | AK | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO - 82-3190634, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA | INVESTMENTS | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE SURGERY CENTER, LLC - 84-1401625, 902 N. ORANGE ST, MISSOULA, MT 59802 | AMBULATORY SURG | MT | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE UCLA USP SURGERY CENTER JV - 32-0503030, 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 | AMBULATORY SURG | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE/SILVERTON REHAB, LLC - 48-1287267, 4400 NE HALSEY, #425, PORTLAND, OR 97213 | REHAB SERVICES | OR | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-------------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| PROVIDENCE/USP SOUTH BAY SURGERY CENTERS - 47-5064486, 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001 | AMBULATORY SURG | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PROVIDENCE/USP SURGERY CENTERS, LLC - 20-0684116, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 | AMBULATORY SURG | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| RADIATION THERAPY INNOVATIONS, LLC - 30-0553035, 1221 MADISON STREET, 1ST FL, SEATTLE, WA | HEALTHCARE | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| REDMOND AMBULATORY SURGERY CENTER LLC - 81-3558711, 805 MADISON ST STE 901, SEATTLE, WA 98104 | AMBULATORY SURG | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| SANTA ANA MOB, LLC - 75-3205306, 1800 QUAIL STREET, STE 100, NEWPORT BEACH, CA 92660 | REAL ESTATE - MOB | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| SHA, LLC - 75-2569094 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 | HEALTHCARE | TX | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| SJO ASC HOLDINGS LLC - 82-1655501, 1140 W. LA VETA AVE, ORANGE, CA 92868 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| ST JOSEPH PHYSICIAN VENTURES I, LLC - 45-4521884, 1100 WEST STEWART DRIVE, ORANGE, CA 92868 | REAL ESTATE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC - 81-4657391, 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | 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 | |
| ST. JUDE SURGICAL CENTERS, LLC - 82-3352570, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | AMBULATORY SURG | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| SURGERY CENTER AT TANASBOURNE, LLC - 20-8187971, 11221 ROE AVE., STE 300, LEAWOOD, KS 66211 | AMBULATORY SURG | KS | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| TARZANA PEDIATRIC VENTURES LLC - 82-1308306, 18321 CLARK ST., TARZANA, CA 91356 | HEALTHCARE | CA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| THE MADISON SPOKANE INN, LLC - 84-1606484, 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204 | HOTEL SERVICES | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| YELM MEDICAL OFFICE BUILDING - 26-3685020, 2840 CRITES ST SW STE 104, TUMATER, WA 98512 | REAL ESTATE - MOB | WA | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign 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 |
| CARON HEALTH CORPORATION - 81-0486082 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | MED PHYS SVCS | MT | N/A | C CORP | N/A | N/A | N/A | | X |
| COMMUNITY TECHNOLOGIES, INC. - 84-4722399 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | IT SVCS | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| DATU HEALTH, INC. AND SUBSIDIARIES - 46-3070062, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | IT SVCS | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| ENGAGE IT SERVICES, INC. - 84-4058573 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | IT SVCS | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| HOAG MANAGEMENT SERVICES, INC. - 33-0731587 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658 | HEALTHCARE | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| HOAG PHYSICIAN PARTNERS - 83-4276044 16148 SAND CANYON AVE IRVINE, CA 92618 | HEALTHCARE | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| LUBBOCK METHODIST HOSP PRACTICE MGMT - 75-2578995, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | INACTIVE | TX | N/A | C CORP | N/A | N/A | N/A | | X |
| LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | TX | N/A | C CORP | N/A | N/A | N/A | | X |
| LUMEDIC ACQUISITION CO INC - 83-3881097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | WA | N/A | C CORP | N/A | N/A | N/A | | X |
| MISSION VIEJO MEDICAL VENTURES - 33-0212905 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 | HEALTHCARE | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| PERFORMANCE HEALTH TECHNOLOGY, LTD. - 93-1211733, 3993 FAIRVIEW INDUSTRIAL DR SE, SALEM, OR 97302 | HEALTHCARE | OR | N/A | C CORP | N/A | N/A | N/A | | X |
| MEDIREVV INC. - 20-8783763 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | DE | N/A | C CORP | N/A | N/A | N/A | | X |

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

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|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
| | | | | | | | | Yes | No |
| PHN HOLDINGS - 46-1814184 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | STRAT PLAN SVCS | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| PIONEER INNOVATIONS, INC. - 36-4818191 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTH INNOVATNS | WA | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE ASSURANCE, INC. - 20-8194071 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | CAPTIVE INSURANCE | AZ | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE GLOBAL CENTER LLP - 98-1516461 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | IT SVCS | INDIA | 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 99220 | CLIN/MED LAB | WA | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE HEALTH NETWORK - 80-0886966 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | PREPAID HEALTH | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE HEALTH VENTURES, INC. - 33-0122216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | INVESTMENT | CA | 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 99220 | HEALTHCARE | WA | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE RCM GROUP - 84-4686520 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HOLDING COMPANY | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE SERVICES GROUP, INC. - 84-4704409 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HOLDING COMPANY | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| ST. JOSEPH HEALTH - 46-2340232 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HOLDING COMPANY | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| ST. JOSEPH HEALTH SOURCE, INC. - 46-1900168 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HEALTHCARE | CA | N/A | C CORP | N/A | N/A | N/A | | X |

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

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|---------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
| | | | | | | | | Yes | No |
| ST. JOSEPH PROF SVCS ENTERPRSES, INC. - 33-0155323, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| VINSERRA, INC. - 95-3943315 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | INVESTMENTS | CA | N/A | C CORP | N/A | N/A | N/A | | X |
| WESTERN HEALTHCONNECT VENTURES, INC. - 80-0953654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057 | INVESTMENTS | WA | N/A | C CORP | N/A | N/A | N/A | | X |
| ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA - 95-2880495, 1301 20TH ST STE 280, SANTA MONICA, CA 90404 | HEALTHCARE | CA | N/A | S CORP | N/A | N/A | N/A | | X |
| GRADY BLOCKER LLC - 84-2092143 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 | HOLDING COMPANY | DE | N/A | C CORP | N/A | N/A | N/A | | X |
| PROVIDENCE ST. JOSEPH HEALTH NETWORK - 82-3771547, 20555 EARL ST, TORRANCE, CA 90503 | HEALTHCARE | CA | N/A | C CORP | N/A | N/A | N/A | | X |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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 |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s 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) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | | Yes | No | |
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