

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PATIENT ADVOCATE FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 421 BUTLER FARM ROAD City or town, state or country, and ZIP + 4 HAMPTON, VA 23666 F Name and address of principal officer: NANCY DAVENPORT-ENNIS 421 BUTLER FARM ROAD, HAMPTON, VA 23666	D Employer identification number 54-1806317 E Telephone number 800.532.5274 G Gross receipts \$ 35,882,273. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.PATIENTADVOCATE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: VA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PATIENT ADVOCATE FOUNDATION IS A NATIONAL NON-PROFIT ORGANIZATION THAT SEEKS TO SAFEGUARD PATIENTS		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	171
	6 Total number of volunteers (estimate if necessary)	6	31
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		20,317,628.	33,316,237.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		331,927.	1,731,075.
11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)		528,500.	303,329.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,908.	109,778.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,187,963.	35,460,419.
14 Benefits paid to or for members (Part IX, column (A), line 4)		10,363,785.	13,535,559.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,958,162.	8,086,038.
16a Professional fundraising fees (Part IX, column (A), line 11e)		3,000,757.	4,137,675.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 875,442.		19,322,704.	25,759,272.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,865,259.	9,701,147.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	26,656,402.	36,953,148.
	21 Total liabilities (Part X, line 26)	2,876,508.	3,468,557.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,779,894.	33,484,591.

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 NANCY DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature GOODMAN & COMPANY, LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see Instructions) EIN ▶ Phone no. ▶ 757.873.1033

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
PATIENT ADVOCATE FOUNDATION IS A NATIONAL NON-PROFIT ORGANIZATION THAT SEEKS TO SAFEGUARD PATIENTS THROUGH EFFECTIVE MEDIATION ASSURING ACCESS TO CARE, MAINTENANCE OF EMPLOYMENT AND PRESERVATION OF THEIR FINANCIAL STABILITY RELATIVE TO THEIR DIAGNOSIS OF LIFE THREATENING OR

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 5,915,465. including grants of \$ 150,688.) (Revenue \$ 57,538.)
PATIENT ADVOCATE FOUNDATION PROVIDES SUSTAINED, ONE ON ONE, CASE MANAGEMENT SERVICES TO PATIENTS THROUGHOUT THE COUNTRY WHO ARE EXPERIENCING ACCESS TO CARE ISSUES. THE PROFESSIONAL CASE MANAGEMENT STAFF WORKS WITH PATIENT'S INSURERS, EMPLOYERS AND/OR CREDITORS IN AN EFFORT TO RESOLVE ACCESS TO CARE, DEBT CRISIS AND JOB RETENTION ISSUES THAT ARE A RESULT OF A LIFE THREATENING AND/OR DEBILITATING ILLNESS. THE PAF PROFESSIONAL CASE MANAGEMENT STAFF DIRECTLY ASSISTED 26,396 INDIVIDUALS IN FY09/10. ON AVERAGE, CASE MANAGERS MADE 15.3 CONTACTS ON BEHALF OF EACH PATIENT TO RELEVANT STAKEHOLDERS IN ORDER TO BRING RESOLUTION TO THE PATIENTS ACCESS ISSUE.

PAF HAS AN ESTABLISHED PUBLICATIONS COMMITTEE THAT IS RESPONSIBLE FOR

4b (Code:) (Expenses \$ 16190409. including grants of \$ 13384871.) (Revenue \$ 44,964.)
LAUNCHED IN 2004, THE PATIENT ADVOCATE FOUNDATION (PAF) CO-PAY RELIEF PROGRAM (CPR) CURRENTLY PROVIDES DIRECT FINANCIAL SUPPORT TO INSURED PATIENTS, INCLUDING PRIVATELY INSURED, EMPLOYER SPONSORED AND MEDICARE PART D BENEFICIARIES, WHO FINANCIALLY AND MEDICALLY QUALIFY TO FULFILL THEIR OUT OF POCKET CO-PAYMENT RESPONSIBILITIES, THUS, INSURING ACCESS TO NEEDED THERAPIES. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS THROUGH THE USE OF CALL COUNSELORS; PERSONALLY GUIDING PATIENTS THROUGH THE ENROLLMENT AND BENEFIT PROCESS.

PAF'S CO-PAY RELIEF PROGRAM (CPR) CURRENTLY ASSISTS INSURED PATIENTS WHO ARE FINANCIALLY AND MEDICALLY QUALIFIED AND ARE BEING TREATED FOR SELECT AUTOIMMUNE DISORDERS: BREAST CANCER, CHEMOTHERAPY INDUCED ANEMIA

4c (Code:) (Expenses \$ 1,492,920. including grants of \$) (Revenue \$ 1,731,075.)
IN FY08/09 PAF ENTERED INTO A TRANSPARENT SERVICE ADMINISTRATION CONTRACT WITH A NATIONAL NON-PROFIT ORGANIZATION. PAF HAS BEEN CONTRACTED TO PROVIDE FULL SERVICE, TRANSPARENT ADMINISTRATION SERVICES TO QUALIFIED PATIENTS THAT ENTER THEIR CO-PAY ASSISTANCE PROGRAM. PAF CONTINUED TO PROVIDE THIS CONTRACTUAL SERVICE DURING FY09/10 AND WAS PAID ADMINISTRATION FEES ON A MONTHLY BASIS THROUGH THIS SERVICE CONTRACT. PAF ADMINISTERED SERVICES TO 9,333 PATIENTS IN FY09/10 THROUGH THIS CONTRACT.

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

4e Total program service expenses \$ 23,598,794.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. 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?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **VA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CORPORATE OFFICE - 757-873-6668**
421 BUTLER FARM ROAD, HAMPTON, VA 23666

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
NANCY DAVENPORT-ENNIS CHIEF EXECUTIVE OFFICER	40.00	X		X			142,221.	120,000.	9,036.	
JOHN H. ENNIS CHIEF DEVELOPMENT OFFICE	40.00	X					113,590.	0.	9,036.	
CHRISTIAN DOWNS PRESIDENT	5.00	X		X			0.	0.	0.	
LEAH ARNETT SECRETARY	5.00	X		X			0.	0.	0.	
JOHN L. MURPHY FINANCE COMMITTEE	5.00	X					0.	0.	0.	
WILLIAM T. MCGIVNEY BOARD MEMBER	5.00	X					0.	0.	0.	
BRUCE AVERY BOARD MEMBER	5.00	X					0.	0.	0.	
RENE S. CABRAL-DANIELS BOARD MEMBER	5.00	X					0.	0.	0.	
DENNIS A. GASTINEAU BOARD MEMBER	5.00	X					0.	0.	0.	
PEARL MOORE FINANCE COMMITTEE	5.00	X					0.	0.	0.	
ALAN J. BALCH BOARD MEMBER	5.00	X					0.	0.	0.	
VENUS GINES BOARD MEMBER	5.00	X					0.	0.	0.	
ROY RAMTHUN BOARD MEMBER	5.00	X					0.	0.	0.	
JONATHAN B. PERLIN BOARD MEMBER	5.00	X					0.	0.	0.	
REED V. TUCKSON BOARD MEMBER	5.00	X					0.	0.	0.	
LOVELL JONES BOARD MEMBER	5.00	X					0.	0.	0.	
DEBORAH PARHAM HOPSON BOARD MEMBER	5.00	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	(C) Position (check all that apply)						(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			
MARTHA E. GAINES BOARD MEMBER	5.00	X					0.	0.	0.	
FRAN CASTELLOW PRESIDENT, OPERATIONS	40.00			X			136,547.	0.	1,500.	
BETH PATTERSON PRESIDENT, MISSION DELIV	40.00			X			112,361.	0.	7,505.	
DYNELLE LUNSFORD CHIEF FINANCIAL OFFICER	40.00			X			104,615.	18,900.	4,475.	
WILLIAM NASON CHIEF OPERATIONS OFFICER	40.00			X			118,060.	0.	10,834.	
SALLY BLANCHARD FORMER CHIEF HUMAN RESOU	40.00					X	119,169.	0.	10,499.	
1b Total							846,563.	138,900.	52,885.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	241,115.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	951,386.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,123,736.			
	g Noncash contributions included in lines 1a-1f: \$		425,039.			
	h Total. Add lines 1a-1f		33,316,237.			
Program Service Revenue	2 a SERVICE CONTRACTS	Business Code 541900	1731075.	1731075.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1731075.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		300,613.		300,613.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	380000.			
		(ii) Other	3,750.			
		b Less: cost or other basis and sales expenses	380831.	203.		
		c Gain or (loss)	-831.	3,547.		
	d Net gain or (loss)		2,716.		2,716.	
	8 a Gross income from fundraising events (not including \$ 241,115. of contributions reported on line 1c). See Part IV, line 18	a	48,096.			
		b Less: direct expenses	40,820.			
c Net income or (loss) from fundraising events			7,276.		7,276.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	42,038.				
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory		42,038.	42,038.		
Miscellaneous Revenue		Business Code				
11 a LITIGATION REIMBURSEME	541900	44,964.	44,964.			
b DATA SALES	541900	15,500.	15,500.			
c						
d All other revenue						
e Total. Add lines 11a-11d		60,464.				
12 Total revenue. See instructions.		35,460,419.	1833577.	0.	310,605.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,545.	5,545.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,530,014.	13,530,014.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	944,248.	861,154.	49,101.	33,993.
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	5,890,007.	4,914,269.	537,761.	437,977.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	88,966.	80,959.	5,338.	2,669.
9 Other employee benefits	641,425.	561,978.	60,746.	18,701.
10 Payroll taxes	521,392.	443,795.	42,629.	34,968.
11 Fees for services (non-employees):				
a Management				
b Legal	51,461.	33,088.	1,434.	16,939.
c Accounting	57,650.	26,558.	30,420.	672.
d Lobbying	600,000.	528,235.	44,245.	27,520.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	102,883.	69,086.	13,758.	20,039.
12 Advertising and promotion	227,659.	203,083.	7,095.	17,481.
13 Office expenses	1,391,241.	1,222,016.	71,597.	97,628.
14 Information technology				
15 Royalties				
16 Occupancy	528,594.	465,920.	47,308.	15,366.
17 Travel	259,493.	195,289.	963.	63,241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	291,707.	176,333.	35,480.	79,894.
20 Interest	53,246.	26,360.	25,968.	918.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	260,795.	242,395.	11,356.	7,044.
23 Insurance	50,430.	12,717.	37,321.	392.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a LOSS ON ABANDONMENT OF	262,516.		262,516.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	25,759,272.	23,598,794.	1,285,036.	875,442.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,903,744.	1	2,688,952.
	2	Savings and temporary cash investments	21,201,906.	2	31,143,707.
	3	Pledges and grants receivable, net	45,325.	3	120,611.
	4	Accounts receivable, net	189,124.	4	312,373.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	76,237.	8	69,359.
	9	Prepaid expenses and deferred charges	75,867.	9	260,049.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,802,565.		
	10b	Less: accumulated depreciation	624,334.		
			895,208.	10c	1,178,231.
	11	Investments - publicly traded securities	1,253,528.	11	1,065,492.
	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	15,463.	15	114,374.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	26,656,402.	16	36,953,148.	
Liabilities	17	Accounts payable and accrued expenses	360,238.	17	494,944.
	18	Grants payable		18	
	19	Deferred revenue	1,957,297.	19	2,407,856.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	558,973.	25	565,757.
	26	Total liabilities. Add lines 17 through 25	2,876,508.	26	3,468,557.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,225,417.	27	1,275,392.
	28	Temporarily restricted net assets	20,579,341.	28	30,234,822.
	29	Permanently restricted net assets	1,975,136.	29	1,974,377.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	23,779,894.	33	33,484,591.	
34	Total liabilities and net assets/fund balances	26,656,402.	34	36,953,148.	

Part XI Financial Statements and Reporting

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

Form 990 (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **PATIENT ADVOCATE FOUNDATION** Employer identification number **54-1806317**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,663,454.	9,421,995.	12,635,463.	12,260,926.	19,914,737.	55,896,575.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,663,454.	9,421,995.	12,635,463.	12,260,926.	19,914,737.	55,896,575.
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)						22,865,770.
6 Public support. Subtract line 5 from line 4.						33,030,805.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,663,454.	9,421,995.	12,635,463.	12,260,926.	19,914,737.	55,896,575.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	416,176.	953,827.	796,707.	532,116.	303,332.	3,002,158.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						58,898,733.
12 Gross receipts from related activities, etc. (see instructions)					12	11,673,696.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	56.08 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	50.97 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	600,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	600,000.													
d	Other exempt purpose expenditures	25159273.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	25759273.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	760,000.	675,000.	490,000.	600,000.	2,525,000.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/08	2d

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1975136.	1937483.			
b Contributions					
c Net investment earnings, gains, and losses	-759.	37,653.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1974377.	1975136.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Term endowment %

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

	Yes	No
3a(i) unrelated organizations		X
3a(ii) related organizations		X
3b		

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,549.	314.	73,235.
d Equipment		1,349,906.	594,163.	755,743.
e Other		379,110.	29,857.	349,253.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,178,231.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,460,419.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,759,272.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,701,147.
4	Net unrealized gains (losses) on investments	4	3,550.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,550.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,704,697.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	35,582,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,550.
b	Donated services and use of facilities	2b	80,780.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-3,547.
e	Add lines 2a through 2d	2e	80,783.
3	Subtract line 2e from line 1	3	35,501,239.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-40,820.
c	Add lines 4a and 4b	4c	-40,820.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,460,419.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,877,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	80,780.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	40,820.
e	Add lines 2a through 2d	2e	121,600.
3	Subtract line 2e from line 1	3	25,755,725.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	3,547.
c	Add lines 4a and 4b	4c	3,547.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,759,272.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUND OF PATIENT ADVOCATE FOUNDATION WAS

ESTABLISHED IN 2001 TO FURTHER ITS EXEMPT PURPOSE BY SUPPORTING DIRECT

PATIENT SERVICES. THE ENDOWMENT FUND BUILDS LONG-TERM STABILITY FOR THE

FUTURE OF THE FOUNDATION BY PROVIDING AN ADDITIONAL SOURCE OF INCOME TO

MEET AN INCREASING DEMAND FOR NATIONAL PROGRAMS AND SERVICES. IT PROVIDES

FOR INTEREST INCOME TO BE USED BY PAF AND RESTRICTS ACCESS TO PRINCIPAL

EXCEPT IN THE EVENT OF A CATASTROPHIC EVENT SUCH AS TOTAL FINANCIAL

COLLAPSE OF FUNDING RECEIVABLES.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSET: -3547.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT: -40820.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT: 40820.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS: 3547.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PROMISE OF HOPE		NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	281,028.		281,028.
	2	Less: Charitable contributions	241,115.		241,115.
	3	Gross income (line 1 minus line 2)	39,913.		39,913.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	396.		396.
	7	Food and beverages	35,424.		35,424.
	8	Entertainment	5,000.		5,000.
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-907.

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

		(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			
Direct Expenses	2	Cash prizes			
	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. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated 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?			
15a			
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 ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?			
17a			
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 III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	11	31,500.	0.		
CO PAY RELIEF ASSISTANCE	11161	13,384,871.	0.		
COLORECTAL CARE LINE AWARDS	538	113,643.	0.		

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

SCHEDULE I, PART I, LINE 2: THROUGH PATIENT ADVOCATE FOUNDATIONS

SCHOLARSHIP FOR SURVIVORS, 11 SCHOLARSHIPS ARE AWARDED TO STUDENTS WHOSE STUDIES WERE INTERRUPTED OR DELAYED BY A DIAGNOSIS OF A LIFE THREATENING, CHRONIC OR DEBILITATING DISEASE. THE STUDENTS MUST BE ENROLLED FULL-TIME, MAINTAINING GPA OF 3.0 OR BETTER AND COMPLETE 20 HOURS OF COMMUNITY SERVICE DURING THE ACADEMIC YEAR.

PATIENT ADVOCATE FOUNDATION (PAF) CO-PAY RELIEF PROGRAM (CPR) CURRENTLY

PROVIDES DIRECT FINANCIAL SUPPORT TO INSURED PATIENTS WHO MUST FINANCIALLY

Part IV Supplemental Information

AND MEDICALLY QUALIFY TO ACCESS PHARMACEUTICAL CO-PAYMENT ASSISTANCE. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS THROUGH THE USE OF CALL COUNSELORS; PERSONALLY GUIDING PATIENTS THROUGH THE ENROLLMENT PROCESS.

PATIENT ADVOCATE FOUNDATION'S COLORECTAL CARELINE PROVIDES A FINANCIAL ASSISTANCE GRANT UP TO \$400 FOR COLORECTAL PATIENTS IN NEED OF DEBT CRISIS ASSISTANCE RELATED TO TEMPORARY HOUSING ASSISTANCE AS A RESULT OF TREATMENT, TRANSPORTATION TO AND FROM TREATMENT, CHILDCARE NECESSITATED BY TREATMENT AND FOOD COSTS INCURRED AS A RESULT OF OUT OF TOWN TREATMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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.

Name of the organization **PATIENT ADVOCATE FOUNDATION** Employer identification number **54-1806317**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art	X	27	6,541.	RETAIL VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		19,678.	RETAIL VALUE
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	X	62	10,264.	RETAIL VALUE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (FURNITURE / F)	X	0	367,277.	RETAIL VALUE
26	Other ▶ (GIFT BASKETS)	X	111	15,915.	RETAIL VALUE
27	Other ▶ (JEWELRY/ACCE)	X	74	5,364.	RETAIL VALUE
28	Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

THROUGH EFFECTIVE MEDIATION ASSURING ACCESS TO CARE, MAINTENANCE OF
EMPLOYMENT AND PRESERVATION OF THEIR FINANCIAL STABILITY RELATIVE TO
THEIR DIAGNOSIS OF LIFE THREATENING OR DEBILITATING DISEASES.

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

DEBILITATING DISEASES.

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

PUBLISHING NEW PATIENT EDUCATION MATERIALS THAT ARE WIDELY USED WITH
PAF PATIENTS AS WELL AS PROVIDED TO OTHER ORGANIZATIONS AND FACILITIES
FOR USE WITH PATIENTS. PAF HAS AUTHORED A TOTAL OF 27 PATIENT
EDUCATIONAL PUBLICATIONS. IN FY09/10, PAF PUBLISHED TWO NEW TITLES IN
THE PAF GREATER UNDERSTANDING SERIES, "PATIENTS: HOW TO DISCUSS THE
COST OF HEALTH CARE TREATMENTS WITH YOUR PROVIDER" AND "BACK TO BASICS:
A PRIMER OF QUESTIONS FOR PROVIDERS TO ASK WHEN DISCUSSING HEALTH CARE
TREATMENT COSTS WITH PATIENTS". ADDITIONALLY, IN FY09/10 PAF PUBLISHED
THE FOLLOWING FULL LENGTH PATIENT EDUCATIONAL PUBLICATIONS, "A NEW
APPROACH: A SIMPLE DIALOGUE BETWEEN THE PATIENT AND PROVIDER ABOUT THE
COST OF MEDICAL CARE", "YOUR WELL-BEING: A HEALTH GUIDE FOR THE
HISPANIC/LATINO COMMUNITY" AND "THE NATIONAL UNDERSINSURED RESOURCE
DIRECTORY" (ONLINE CUSTOM RESOURCE TOOL AVAILABLE AT
[HTTP://WWW.PATIENTADVOCATE.ORG/HELP4U.PHP](http://www.patientadvocate.org/help4u.php) AS WELL AS PRINTED VERSION OF
RESOURCE DIRECTORY). THE PAF PUBLICATIONS COMMITTEE ALSO DEVELOPED
EDUCATIONAL CONTENT THAT HAS BEEN UTILIZED IN THE NEWLY REDESIGNED PAF
WEBSITE ([WWW.PATIENTADVOCATE.ORG](http://www.patientadvocate.org)). LASTLY, THE FOLLOWING PAF

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

Schedule O (Form 990) 2009

932211
02-03-10

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PUBLICATIONS WERE REVIEWED AND REVISED DURING FY09/10 BY THE PUBLICATIONS COMMITTEE RESULTING IN NEW EDITIONS OF, "A GREATER UNDERSTANDING: CLINICAL TRIALS GUIDE", "GREATER UNDERSTANDING: DISCOVERING YOUR ROLE AS A VOLUNTEER", "GREATER UNDERSTANDING: THE MEDICARE MODERNIZATION ACT OF 2003", "GREATER UNDERSTANDING: SOCIAL SECURITY DISABILITY VS. SUPPLEMENTAL SECURITY INCOME AND SUBSEQUENT ENTITLEMENTS" AND "PROMOTING A HEALTHIER AMERICAN INDIAN & ALASKA NATIVE COMMUNITY".

THE PAF DIRECT PATIENT SERVICES STAFF PROVIDED FOLLOW UP EDUCATIONAL MATERIALS TO ALL PATIENTS SERVED BY PAF. THE PAF CASE MANAGEMENT STAFF SELECTS APPROPRIATE EDUCATIONAL MATERIALS FROM OVER 300 PUBLICATIONS AVAILABLE IN THE PAF RESOURCE CENTER. THESE PUBLICATIONS INCLUDE THOSE AUTHORED BY PAF AS WELL AS MATERIALS PUBLISHED BY GOVERNMENT AGENCIES, VARIOUS NON-PROFIT HEALTHCARE ORGANIZATIONS, ACADEMIC INSTITUTIONS, HEALTHCARE PROVIDERS AND FACILITIES AS WELL AS FOR PROFIT HEALTHCARE COMPANIES. PAF DISTRIBUTED OVER 25,000 CUSTOM PATIENT EDUCATION PACKETS TO THOSE WE SERVED IN FY09/10.

DURING FY09/10, THE PAF DIRECT PATIENT SERVICES TEAM ALSO CONDUCTED EDUCATIONAL OUTREACH AT THE LOCAL, REGIONAL AND NATIONAL LEVELS WITH THE GOAL OF EDUCATING HEALTHCARE PROFESSIONALS, NON-PROFIT ORGANIZATIONS AND THE GENERAL PUBLIC ABOUT THE SERVICES OFFERED BY PAF. THIS OUTREACH WAS, IN SOME CASES, TARGETED TO A SPECIFIC POPULATION THAT IS KNOWN TO BE CONSIDERED DISPARATE IN HEALTHCARE ACCESS AND DISEASE OUTCOMES DATA. THESE TARGETED OUTREACH POPULATIONS INCLUDE THE

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AFRICAN AMERICAN POPULATION, HISPANIC/LATINO POPULATIONS AND THE
HEMATOLOGIC CANCER PATIENT POPULATION. IN FY09/10 PAF DISTRIBUTED OVER
35,000 EDUCATIONAL PUBLICATIONS THROUGH THESE OUTREACH EVENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND CHEMOTHERAPY INDUCED NEUTROPENIA, CHRONIC PAIN, COLON CANCER,
CUTANEOUS T-CELL LYMPHOMA, DIABETES, HEAD/NECK CANCERS, HEPATITIS C,
KIDNEY CANCER, LUNG CANCER, LYMPHOMA, MALIGNANT BRAIN TUMORS, MULTIPLE
MYELOMA, MYELOYDYSPLASTIC SYNDROME, (AND OTHER PRE-LEUKEMIA DISEASES),
OSTEOPOROSIS, PANCREATIC CANCER, AND PROSTATE CANCER.

CURRENTLY THE PAF CO-PAY RELIEF PROGRAM OFFERS A DEDICATED, SECURED WEB
SITE FOR MEDICAL PROVIDERS TO ENROLL ELECTRONICALLY FOR THE CPR PROGRAM
ON BEHALF OF THEIR PATIENTS. AS WELL, WE OFFER A DEDICATED, SECURED
WEB BASED APPLICATION FOR PATIENTS TO ENROLL ELECTRONICALLY FOR THE
CO-PAY RELIEF PROGRAM (CPR) DIRECTLY FROM THE CPR WEBSITE.

IN FY09/10, PAF PROVIDED CO-PAYMENT ASSISTANCE TO 11,161 QUALIFIED
PATIENTS THROUGH THE CO-PAY RELIEF PROGRAM. SINCE ITS INCEPTION IN
2004, PAF HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 35,000 INDIVIDUALS
PROVIDING MORE THAN \$75,000 MILLION DOLLARS IN CO-PAYMENT AWARDS.

FORM 990, PART VI, SECTION A, LINE 2: JOHN L. MURPHY, BOARD MEMBER OF
PATIENT ADVOCATE FOUNDATION, IS THE BROTHER-IN-LAW OF NANCY
DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER OF PATIENT ADVOCATE FOUNDATION.

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FRANCES CASTELLOW, CHIEF OPERATING OFFICER OF PATIENT ADVOCATE FOUNDATION,
IS THE DAUGHTER OF NANCY DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER OF
PATIENT ADVOCATE FOUNDATION.

JACK ENNIS, CHIEF DEVELOPMENT OFFICER AND CO-FOUNDER OF PATIENT ADVOCATE
FOUNDATION, IS THE HUSBAND OF NANCY DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER
OF PATIENT ADVOCATE FOUNDATION.

BETH PATTERSON, CHIEF PROGRAM OFFICER OF PATIENT ADVOCATE FOUNDATION, IS THE
DAUGHTER OF NANCY DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER OF PATIENT
ADVOCATE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE OF THE BOARD
OF DIRECTORS RECEIVES A DRAFT COPY OF THE FORM 990 THEN SUBSEQUENTLY
REVIEWS IT FOR ACCURACY AND COMPLIANCE. ONCE IT IS APPROVED BY THE FINANCE
COMMITTEE, ALL MEMBERS OF THE EXECUTIVE BOARD OF DIRECTORS RECEIVE THE
FINAL COPY OF THE FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING AND IS
SO NOTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE PAF BOARD OF
DIRECTORS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY
UPON ESTABLISHING MEMBERSHIP ON THE BOARD AND AGAIN ANNUALLY AT THE
DIRECTION OF THE EXECUTIVE COMMITTEE. EACH MEMBER MUST DISCLOSE ANY/ALL
KNOWN CONFLICTS OF INTEREST AT THAT TIME. IF ANY CONFLICTS OF INTEREST ARE
NOTED MORE INFORMATION WILL BE GATHERED BY THE EXECUTIVE COMMITTEE AND A
DETERMINATION ON THE EXISTENCE OF A MATERIAL CONFLICT WILL BE ISSUED. THE

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PATIENT ADVOCATE FOUNDATION

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EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH ENFORCEMENT
OF THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15: PATIENT ADVOCATE FOUNDATION
COMMISSIONS INDEPENDENT COMPENSATION STUDIES THAT UTILIZE NATIONAL
COMPARABILITY DATA OF ORGANIZATIONS SIMILAR IN MISSION, SIZE AND REVENUES.
PAF HAS A COMPENSATION COMMITTEE WITHIN THE BOARD OF DIRECTORS THAT
CONSISTS OF FOUR (4) EXECUTIVE BOARD MEMBERS AND IS CHAIRED BY THE BOARD
PRESIDENT. THIS COMMITTEE IS PROVIDED WITH THE INDEPENDENTLY PRODUCED
COMPENSATION REPORT AND UTILIZES IT TO ESTABLISH THE CEO'S ANNUAL
COMPENSATION. THIS COMMITTEE ALSO REVIEWS THE COMPENSATION OF KEY
EMPLOYEES UTILIZING THE COMPENSATION REPORT. THIS PROCESS IS DOCUMENTED
THROUGH MINUTES OF THE COMPENSATION COMMITTEE MEETING.

FORM 990, PART VI, SECTION C, LINE 19: PATIENT ADVOCATE FOUNDATION MAKES
AVAILABLE THE LAST 5 YEARS OF FORM 990'S, ANNUAL REPORTS AND CURRENT LIST
OF BOARD MEMBERS ON THE ORGANIZATION WEBSITE, WWW.PATIENTADVOCATE.ORG UNDER
THE "MEET PAF" SECTION. ADDITIONALLY, PAF MAKES AVAILABLE THE GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, ARCHIVED FORM 990'S (OLDER THAN 5
YEARS) AND AUDITED FINANCIAL STATEMENTS (OLDER THAN 5 YEARS) UPON REQUEST.

PART XI, LINE 2C

OVERSIGHT / SELECTION PROCESS

NO CHANGES WERE MADE TO THE ORGANIZATION'S OVERSIGHT PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.

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Employer identification number

54-1806317

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NANCY DAVENPORT-ENNIS

(D) DESCRIPTION OF TRANSACTION: RELATED ENTITY - NANCY DAVENPORT-ENNIS

IS THE CHIEF EXECUTIVE OFFICER OF PATIENT ADVOCATE FOUNDATION. SHE IS
ALSO THE CHIEF EXECUTIVE OFFICER OF NATIONAL PATIENT ADVOCATE FOUNDATION,
A SISTER ORGANIZATION OF PATIENT ADVOCATE FOUNDATION. PATIENT ADVOCATE
FOUNDATION HAS A CONSULTING AGREEMENT WITH NATIONAL PATIENT ADVOCATE
FOUNDATION IN WHICH PATIENT ADVOCATE FOUNDATION PAYS NATIONAL PATIENT
ADVOCATE FOUNDATION FEES TO REPRESENT THE POLICY INTERESTS OF PAF.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) NATIONAL PATIENT ADVOCATE FOUNDATION	L	600,000.
(2)		
(3)		
(4)		
(5)		
(6)		

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See Instructions.

Name of exempt organization

Employer identification number

PATIENT ADVOCATE FOUNDATION

54-1806317

Name and title of officer

**NANCY DAVENPORT-ENNIS
CHIEF EXECUTIVE OFFICER**

Part I. Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>35460419</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GOODMAN & COMPANY, LLP to enter my PIN 23666
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Nancy Davenport-Ennis Date November 10, 2010

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 54058223606
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 11/15/10

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**