

Form **990**

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)

2011

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 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

| | | | |
|--|--|--------------------------------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PATIENT ADVOCATE FOUNDATION | | D Employer identification number 54-1806317 |
| | Doing Business As | | E Telephone number 800.532.5274 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 43,869,083. |
| | 421 BUTLER FARM ROAD | | 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) |
| City or town, state or country, and ZIP + 4 HAMPTON, VA 23666 | | H(c) Group exemption number ▶ | |
| F Name and address of principal officer: NANCY DAVENPORT-ENNIS 421 BUTLER FARM ROAD, HAMPTON, VA 23666 | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| 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

| | | |
|------------------------------------|--|------------|
| Activities & Governance | 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. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 14 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 257 |
| | 6 Total number of volunteers (estimate if necessary) | 39 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 | 0. |

| | | Prior Year | Current Year |
|--|--------------------|--|--------------------|
| | | 8 Contributions and grants (Part VIII, line 1h) | 40,570,618. |
| 9 Program service revenue (Part VIII, line 2g) | 3,915,224. | 4,965,656. | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 270,932. | 251,249. | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 252,197. | 90,330. | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 45,008,971. | 43,399,171. | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 19,119,842. | 39,587,478. | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,430,684. | 10,938,218. | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,082,918. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,291,913. | 5,831,840. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 35,842,439. | 56,357,536. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 9,166,532. | <12,958,365.> | |

| | | Beginning of Current Year | End of Year |
|--|--------------------|--|--------------------|
| | | 20 Total assets (Part X, line 16) | 46,120,293. |
| 21 Total liabilities (Part X, line 26) | 3,484,941. | 2,126,904. | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 42,635,352. | 29,660,042. | |

Part II Signature Block

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

| | | | |
|--|---|--------------------------------|---|
| Sign Here | ▶ Signature of officer | | Date |
| | ▶ NANCY DAVENPORT-ENNIS, CHIEF EXECUTIVE OFFICER | | Type or print name and title |
| Paid Preparer Use Only | Print/Type preparer's name JAMES M. HAGGARD | Preparer's signature | Date |
| | Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981 | Check if self-employed <input type="checkbox"/> PTIN P00100566 |
| Firm's address ▶ 701 TOWN CENTER DRIVE, SUITE 700 | | Phone no. 757.873.1033 | |
| NEWPORT NEWS, VA 23606-4295 | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.

4a (Code:) (Expenses \$ 6,707,174. including grants of \$ 93,850.) (Revenue \$ 78,804.) 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 WORK 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 31,333 INDIVIDUALS IN FY11/12. ON AVERAGE, CASE MANAGERS MADE 17.51 CONTACTS ON BEHALF OF EACH PATIENT TO RELEVANT STAKEHOLDERS IN ORDER TO BRING RESOLUTION TO THE PATIENTS ACCESS ISSUE.

4b (Code:) (Expenses \$ 43,800,408. including grants of \$ 39,493,628.) (Revenue \$) IN FY11/12, PAF PROVIDED CO-PAYMENT ASSISTANCE TO 36,989 QUALIFIED PATIENTS THROUGH THE CO-PAY RELIEF PROGRAM. SINCE ITS INCEPTION IN 2004, PAF HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 87,000 INDIVIDUALS ALLOCATING MORE THAN \$170,000 MILLION DOLLARS IN CO-PAYMENT AWARDS.

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

4c (Code:) (Expenses \$ 2,900,039. including grants of \$) (Revenue \$ 4,965,656.) 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 FY11/12 AND WAS PAID ADMINISTRATION FEES ON A MONTHLY BASIS THROUGH THIS SERVICE CONTRACT. PAF ADMINISTERED SERVICES TO 19,078 PATIENTS IN FY11/12 THROUGH THIS CONTRACT.

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

4e Total program service expenses 53,407,621.

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 15 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 14 | | |
| 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 governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| 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 | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 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 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NANCY DAVENPORT-ENNIS SEE SCH O CHIEF EXECUTIVE OFFICER | 40.00 | X | | X | | | 469,827. | 98,073. | 11,731. | |
| (2) DENNIS A. GASTINEAU BOARD PRESIDENT | 5.00 | X | | X | | | 0. | 0. | 0. | |
| (3) LEAH LOCK-ARNETT BOARD SECRETARY | 5.00 | X | | X | | | 0. | 0. | 0. | |
| (4) ALAN J. BALCH BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (5) PEARL MOORE BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (6) JOHN L. MURPHY FINANCE COMMITTEE CHAIR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (7) BRUCE AVERY BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (8) CHRISTIAN G. DOWNS BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (9) DEBORAH PARHAM HOPSON BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (10) LOVELL JONES BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (11) REED V. TUCKSON BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (12) ROBERT M. RIFKIN BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (13) LORI WILLIAMS BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (14) ROY RAMTHUM BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (15) MEG GAINES BOARD MEMBER | 5.00 | X | | | | | 0. | 0. | 0. | |
| (16) JOHN H. ENNIS CHIEF DEVELOPMENT OFFICER | 40.00 | | | X | | | 121,291. | 0. | 8,557. | |
| (17) FRAN CASTELLOW PRESIDENT, OPERATIONS | 40.00 | | | X | | | 152,369. | 0. | 6,095. | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) DYNELLE LUNSFORD CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 141,177. | 0. | 6,786. |
| (19) WILLIAM NASON CHIEF OPERATING OFFICER | 40.00 | | | X | | | | 169,312. | 0. | 18,320. |
| (20) BETH PATTERSON PRESIDENT, MISSION DELIVER | 40.00 | | | X | | | | 143,215. | 0. | 10,374. |
| (21) ERIN MOARATY CHIEF OF MISSION DELIVERY | 40.00 | | | | | X | | 110,798. | 0. | 11,034. |
| (22) ALAN RICHARDSON CHIEF CORP DEV OPERATIONS OFFICER | 40.00 | | | | | X | | 111,410. | 0. | 8,112. |
| (23) ANGELA M (WOOD) WALKER CHIEF OF HUMAN RESOURCES | 40.00 | | | | | X | | 138,566. | 0. | 6,202. |
| (24) JACK ESTEP CHIEF OF MISSION DEL | 40.00 | | | | | X | | 112,015. | 0. | 9,217. |
| (25) GEORGE EDWIN ANDERSON DIRECTOR OF INF TECH | 40.00 | | | | | X | | 110,447. | 0. | 13,122. |
| 1b Sub-total | | | | | | | | 1,780,427. | 98,073. | 109,550. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,780,427. | 98,073. | 109,550. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| AEROTEK PROFESSIONAL SERVICES 3689 COLLECTION CTR DR, CHICAGO, IL 60693 | TEMPORARY STAFFING | 632,021. |
| HEADWAY CORPORATE RESOURCES P.O. BOX 785381, PHILADELPHIA, PA 19178 | TEMPORARY STAFFING | 217,876. |
| SCHMIDT PUBLIC AFFAIRS, LLC 917 PRINCE STREET, ALEXANDRIA, VA 22314 | CONSULTING / PUBLIC RELATIONS | 146,557. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

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 200,000. | | | | | |
| | c Fundraising events | 1c 291,621. | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 507,562. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 37,092,753. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 37,345. | | | | | |
| | h Total. Add lines 1a-1f | | 38,091,936. | | | | |
| | Program Service Revenue | 2 a <u>SERVICE CONTRACTS</u> | Business Code 541900 | 4965656. | 4965656. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 4965656. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 288,925. | | | 288,925. | |
| | 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 | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 369686. | 37,990. | | |
| | | c Gain or (loss) | | 314. | <37990.> | | |
| | d Net gain or (loss) | | <37,676.> | <37,990.> | | 314. | |
| | 8 a Gross income from fundraising events (not including \$ 291,621. of contributions reported on line 1c). See Part IV, line 18 | a | 35,772. | | | | |
| | | b Less: direct expenses | b | 62,236. | | | |
| c Net income or (loss) from fundraising events | | | <26,464.> | | | <26,464.> | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 30,104. | | | | | |
| | b Less: cost of goods sold | b | 0. | | | | |
| | c Net income or (loss) from sales of inventory | | 30,104. | 30,104. | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a <u>DATA SALES</u> | 541900 | 86,690. | 86,690. | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 86,690. | | | | |
| 12 Total revenue. See instructions. | | 43,399,171. | 5044460. | 0. | 262,775. | | |

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).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 300. | 300. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 39,587,178. | 39,587,178. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,874,065. | 700,149. | 607,679. | 566,237. |
| 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 | 7,483,719. | 7,011,675. | 442,177. | 29,867. |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 127,219. | 117,497. | 6,995. | 2,727. |
| 9 Other employee benefits | 782,925. | 656,435. | 78,027. | 48,463. |
| 10 Payroll taxes | 670,290. | 547,627. | 76,413. | 46,250. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 77,009. | 5,555. | 67,204. | 4,250. |
| c Accounting | 68,477. | | 68,477. | |
| d Lobbying | 662,500. | 619,760. | 27,780. | 14,960. |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 1,098,860. | 869,314. | 128,895. | 100,651. |
| 12 Advertising and promotion | 151,868. | 124,077. | 17,312. | 10,479. |
| 13 Office expenses | 1,953,429. | 1,781,523. | 103,945. | 67,961. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 753,872. | 694,219. | 43,481. | 16,172. |
| 17 Travel | 340,461. | 246,165. | 3,499. | 90,797. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 177,195. | 62,828. | 55,934. | 58,433. |
| 20 Interest | 85,547. | 80,368. | 4,123. | 1,056. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 351,057. | 286,814. | 40,020. | 24,223. |
| 23 Insurance | 73,576. | 16,137. | 57,047. | 392. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a LOSS ON ABANDONMENT OF | 37,989. | 0. | 37,989. | 0. |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 56,357,536. | 53,407,621. | 1,866,997. | 1,082,918. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|-------------|--------------------|------------|
| Assets | 1 Cash - non-interest-bearing | 3,187,235. | 1 | 1,415,140. | |
| | 2 Savings and temporary cash investments | 39,301,787. | 2 | 26,031,769. | |
| | 3 Pledges and grants receivable, net | 102,925. | 3 | 149,943. | |
| | 4 Accounts receivable, net | 581,659. | 4 | 499,862. | |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | 86,957. | 8 | 94,500. | |
| | 9 Prepaid expenses and deferred charges | 235,869. | 9 | 171,200. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,337,039. | | | |
| | b Less: accumulated depreciation | 10b 936,855. | 1,542,011. | 10c | 1,400,184. |
| | 11 Investments - publicly traded securities | 973,310. | 11 | 1,920,717. | |
| | 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 | 108,540. | 15 | 103,631. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 46,120,293. | 16 | 31,786,946. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 631,953. | 17 | 453,431. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 2,322,968. | 19 | 1,261,366. | |
| | 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 530,020. | 25 | 412,107. | |
| | 26 Total liabilities. Add lines 17 through 25 | 3,484,941. | 26 | 2,126,904. | |
| 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 | 2,360,255. | 27 | 1,707,558. | |
| | 28 Temporarily restricted net assets | 38,331,347. | 28 | 26,031,769. | |
| | 29 Permanently restricted net assets | 1,943,750. | 29 | 1,920,715. | |
| | 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 | 42,635,352. | 33 | 29,660,042. | |
| 34 Total liabilities and net assets/fund balances | 46,120,293. | 34 | 31,786,946. | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|--|---|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 43,399,171. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 56,357,536. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <12,958,365.> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 42,635,352. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | <16,945.> |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 29,660,042. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 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 separate basis, consolidated 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 | |
| 3b | 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 (2011)

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

2011

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 |
|--|-----|----|
| (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 | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 12,635,463. | 12,260,926. | 19,914,737. | 22,345,618. | 37,041,936. | 104,198,680. |
| 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 | 12,635,463. | 12,260,926. | 19,914,737. | 22,345,618. | 37,041,936. | 104,198,680. |
| 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) | | | | | | 47,097,071. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 57,101,609. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|--------------------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4 | 12,635,463. | 12,260,926. | 19,914,737. | 22,345,618. | 37,041,936. | 104,198,680. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 796,707. | 532,116. | 303,332. | 271,544. | 288,925. | 2,192,624. |
| 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 | | | | | | 106,391,304. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 20,022,496. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | <input type="checkbox"/> | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 53.67 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 54.54 | % |
| 16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2011. 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 - 2010. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

PATIENT ADVOCATE FOUNDATION

54-1806317

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | _____ _____ _____ | \$ <u>840,148.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>2</u> | _____ _____ _____ | \$ <u>3,282,539.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>3</u> | _____ _____ _____ | \$ <u>6,145,313.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>4</u> | _____ _____ _____ | \$ <u>14,128,750.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>5</u> | _____ _____ _____ | \$ <u>931,587.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| <u>6</u> | _____ _____ _____ | \$ <u>1,584,162.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | <hr/> <hr/> <hr/> <hr/> | \$ <u>1,253,750.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| — | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35c (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 the filing organization made payments. 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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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 |
|--|--|----------------------------------|--|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 662,500. | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 662,500. | |
| d Other exempt purpose expenditures | | 49514181. | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 50176681. | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (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 | 490,000. | 600,000. | 820,000. | 662,500. | 2,572,500. |
| 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)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (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 1i)? .. | | | |
| 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? | | | |
| 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) 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; Part II-A; and Part II-B, line 1. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**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 education) 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 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 the 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 | 1,943,750. | 1,974,377. | 1,975,136. | 1,937,483. | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | <23,035.> | <30,627.> | <759.> | 37,653. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,920,715. | 1,943,750. | 1,974,377. | 1,975,136. | |

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

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

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

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

| | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 78,896. | 4,273. | 74,623. |
| d Equipment | | 1,916,143. | 932,582. | 983,561. |
| e Other | | 342,000. | | 342,000. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,400,184. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED VACATION | 357,156. |
| (3) LEASE OBLIGATION | 54,951. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 412,107. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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 | 43,399,171. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 56,357,536. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | <12,958,365.> |
| 4 | Net unrealized gains (losses) on investments | 4 | <16,945.> |
| 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 | <16,945.> |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | <12,975,310.> |

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 | 43,513,060. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | <16,945.> |
| b | Donated services and use of facilities | 2b | 68,598. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 51,653. |
| 3 | Subtract line 2e from line 1 | 3 | 43,461,407. |
| 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 | <62,236.> |
| c | Add lines 4a and 4b | 4c | <62,236.> |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 43,399,171. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 56,488,370. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 68,598. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 62,236. |
| e | Add lines 2a through 2d | 2e | 130,834. |
| 3 | Subtract line 2e from line 1 | 3 | 56,357,536. |
| 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 | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 56,357,536. |

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 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT -62,236.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT 62,236.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization
PATIENT ADVOCATE FOUNDATION

Employer identification number
54-1806317

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| | | | | | | |
| Total | | | | ▶ | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|---------------------------------|--------------|------------------------|--|
| | | PROMISE OF HOPE (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 327,393. | | | 327,393. |
| | 2 Less: Charitable contributions | 291,621. | | | 291,621. |
| | 3 Gross income (line 1 minus line 2) | 35,772. | | | 35,772. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 10,527. | | | 10,527. |
| | 7 Food and beverages | 41,209. | | | 41,209. |
| | 8 Entertainment | 10,500. | | | 10,500. |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (62,236) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | <26,464.> |

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)) |
|--|--------------------------------------|---|---|---|---|
| | | 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 | | | | | |

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity 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? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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

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

Schedule I (Form 990) (2011)

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.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-----------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS | 9 | 24,000. | 0. | | |
| CO PAY RELIEF ASSISTANCE | 36989 | 33,233,585. | 0. | | |
| CANCER PREMIUM ASSISTANCE FUNDING | 49 | 148,738. | 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, 9 SCHOLARSHIPS WERE 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 CANCER PREMIUM ASSISTANCE FUND PROVIDES CANCER PATIENTS WHO MEDICALLY AND FINANCIALLY QUALIFY WITH ASSISTANCE FOR THEIR INSURANCE PREMIUMS WHEN THEY CANNOT AFFORD THEM IN AN EFFORT TO MAINTAIN THEIR INSURANCE BENEFITS. THIS PROGRAM OFFERS PREMIUM ASSISTANCE TO CANCER PATIENTS WHO ARE COMMERCIALY INSURED AND/OR ARE PURSUING A HIGH RISK POOL OR COBRA BENEFIT. PATIENTS WHO ARE APPROVED FOR SUPPORT RECEIVE A MAXIMUM AWARD AMOUNT OF \$2,000, ENSURING THAT PREMIUM SUPPORT IS PROVIDED, IDEALLY, FOR A 4-6 MONTH PERIOD.

**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

2011

Open to Public Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 | 1b | |
| 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? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3) 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? | 5a | X |
| b Any related organization? | 5b | X |
| 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? | 6a | X |
| b Any related organization? | 6b | X |
| 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 | 7 | X |
| 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2011

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

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 NANCY DAVENPORT-ENNIS SEE SCH O | (i) | 139,827. | 330,000. | 0. | 8,040. | 4,704. | 482,571. | 0. |
| | (ii) | 98,073. | 0. | 0. | 0. | 0. | 98,073. | 0. |
| 2 FRAN CASTELLOW | (i) | 152,369. | 0. | 0. | 6,095. | 942. | 159,406. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 WILLIAM NASON | (i) | 169,312. | 0. | 0. | 7,020. | 12,286. | 188,618. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 BETH PATTERSON | (i) | 143,215. | 0. | 0. | 5,202. | 6,102. | 154,519. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4A: PART I, LINE 4A: DYNELLE LUNSFORD - CONFIDENTIAL BASED

ON TERMS OF EMPLOYMENT TERMINATION AGREEMENT

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
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- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
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Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| NANCY DAVENPORT-ENNIS | CEO-NPAF | 662,500. | RELATED ENT | | X |
| | | | | | |
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Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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 FOUNDER AND 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

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 or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 9 | 1,110. | RETAIL VALUE |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 11,936. | 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 | 26 | 4,640. | RETAIL VALUE |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>GIFT BASKETS</u>) | X | 97 | 10,772. | RETAIL VALUE |
| 26 Other ▶ (<u>JEWELRY/ACCE</u>) | X | 82 | 4,910. | RETAIL VALUE |
| 27 Other ▶ (<u>FURNITURE / F</u>) | X | 4 | 3,977. | 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 Acknowledgement **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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

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 30 PATIENT
EDUCATIONAL PUBLICATIONS. IN FY11/12, PAF COMPLETED WRITING TWO FULL
LENGTH PUBLICATIONS: "MEDICARE - ANSWERING YOUR QUESTIONS" AND "THE
NATIONAL UNINSURED RESOURCE DIRECTORY". AS WELL, A COMPREHENSIVE SIX
MODULE OVERVIEW OF THE PAF CASE MANAGEMENT PROGRAM WAS DEVELOPED BY THE
PAF TRAINING COORDINATOR TO BE USED WITH TRAINING INTERNAL PAF STAFF
MEMBERS. IN JUNE 2012, PAF COMPLETED A REVIEW OF OUR CORPORATE
WEBSITE, THAT SERVED TO MAKE THE WEBSITE MORE USER FRIENDLY AND
ACCURATE. THE LINKS TO THE PUBLICATIONS NOW ALL REFLECT THE MOST
CURRENT VERSION OF EACH, AND ARE ORGANIZED IN A WAY THAT MATCHES THE
FOCUS AREAS OF OUR MISSION. THIS PROJECT ALSO SIGNIFICANTLY ENHANCED
THE RESOURCES FOR OUR SPANISH SPEAKING AUDIENCE, AS OUR SPANISH AREAS
OF THE WEBSITE ARE NOW MORE PROMINENT WITH A FULL NAVIGATION STRUCTURE
FOR THE PAGES WITHIN SPANISH, AND COMPLETE LISTING WITHIN THE SITE MAP.

THERE IS ALSO A NEWLY CREATED PUBLICATIONS ORDER FORM FOR THOSE

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

PUBLICATIONS SPECIFICALLY AVAILABLE IN SPANISH. WE ALSO ADDED THE FUNCTIONALITY OF SPANISH WEB CHAT OFFERING PATIENTS THE ABILITY TO INTERACT WITH ONE OF OUR BILINGUAL CASE MANAGERS TO ADDRESS THE QUESTIONS OF OUR SPANISH PATIENTS.

THE FOUNDATION'S DIRECT PATIENT SERVICES STAFF PROVIDED FOLLOW UP EDUCATIONAL MATERIALS TO ALL PATIENTS SERVED BY PAF. THE FOUNDATION'S CASE MANAGEMENT STAFF SELECTS APPROPRIATE EDUCATIONAL MATERIALS FROM OVER 400 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 86,029 PIECES OF EDUCATIONAL MATERIAL IN CUSTOMIZED PATIENT EDUCATION PACKETS TO THOSE PATIENTS WE SERVED IN FY11/12.

DURING FY11/12, 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 AFRICAN AMERICAN POPULATION, HISPANIC/LATINO POPULATIONS, THE MEDICARE POPULATION AND THE HEMATOLOGIC CANCER PATIENT POPULATION. IN FY11/12 PAF DISTRIBUTED OVER 49,862 EDUCATIONAL PUBLICATIONS THROUGH THESE OUTREACH EVENTS.

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| Name of the organization PATIENT ADVOCATE FOUNDATION | Employer identification number 54-1806317 |
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THROUGH PATIENT ADVOCATE FOUNDATIONS SCHOLARSHIP FOR SURVIVORS, 9
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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PATIENTS THROUGH THE ENROLLMENT AND BENEFIT PROCESS.

CO-PAY RELIEF PROGRAM CURRENTLY ASSISTS PATIENTS WHO ARE BEING TREATED
FOR AUTOIMMUNE DISORDERS, BREAST CANCER, CHEMOTHERAPY INDUCED ANEMIA OR
NEUTROPENIA, COLON CANCER, CUTANEOUS T-CELL LYMPHOMA, ELECTROLYTE
IMBALANCE, HEPATITIS C, HORMONE SUPPRESSION THERAPY, MALIGNANT BRAIN
TUMORS, MULTIPLE MYELOMA, MYELODYSPLASTIC SYNDROME, NON-MUSCLE INVASIVE
BLADDER CANCER, NON-SMALL CELL LUNG CANCER (NSCLC), OSTEOPOROSIS, PAIN,
PROSTATE CANCER, RHEUMATOID ARTHRITIS AND SARCOMA.

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

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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| Name of the organization PATIENT ADVOCATE FOUNDATION | Employer identification number 54-1806317 |
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FRANCES CASTELLOW, PRESIDENT, OPERATIONS 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, PRESIDENT, MISSION DELIVERY 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 EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH ENFORCEMENT OF THIS POLICY.

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|---|--|
| Name of the organization PATIENT ADVOCATE FOUNDATION | Employer identification number 54-1806317 |
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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 8 YEARS OF FORM 990'S, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS AND CURRENT LIST OF BOARD MEMBERS ON THE ORGANIZATION'S 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 8 YEARS) AND AUDITED FINANCIAL STATEMENTS (OLDER THAN 8 YEARS) UPON REQUEST.

FORM 990 - PART VII - SECTION A - COLUMN D / FORM 990 - SCHEDULE J - PART I THE REPORTABLE COMPENSATION FROM THE ORGANIZATION PAID TO NANCY DAVENPORT-ENNIS, CEO, IN 2011 WAS INCLUSIVE OF A \$280,000 RETIREMENT CATCH UP CONTRIBUTION ASSOCIATED WITH HER SERVICES AS FOUNDER AND CEO OVER THE PAST 15 YEARS. THE RETIREMENT CATCH UP CONTRIBUTION LEVEL WAS DEFINED AS APPROPRIATE THROUGH AN INDEPENDENT COMPENSATION AND RETIREMENT STUDY THAT WAS COMPLETED BY AN INDEPENDENT COMPENSATION AND BENEFIT FIRM SELECTED BY THE BOARD OF DIRECTORS OF PAF AND NPAF. THE

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| Name of the organization PATIENT ADVOCATE FOUNDATION | Employer identification number 54-1806317 |
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STUDY WAS COMPLETED IN 2010 AND PRESENTED TO THE BOARD OF DIRECTORS BY THE INDEPENDENT PREPARERS FOR THEIR CONSIDERATION AND APPROVAL. THE BOARD OF DIRECTORS DEFINED AND APPROVED THE RETIREMENT CATCH UP CONTRIBUTION IN SEPTEMBER 2010 FOR PAYMENT BEGINNING IN DECEMBER 2010 AND CONTINUING FOR A 3 YEAR PERIOD ENDING IN DECEMBER 2012.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -16,945.

PART XII, LINE 2C

OVERSIGHT / SELECTION PROCESS

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

FORM 990, PAGE 1, BOX B

REASON FOR AMENDED RETURN:

THE FORM 990 WAS AMENDED TO REFLECT CHANGES MADE TO THE AUDIT REPORT FOR TEMPORARILY RESTRICTED GRANTS RECEIVED AND AN EQUAL CHANGE TO PROGRAM EXPENSES FOR CO-PAY RELIEF. PAGE 9 LINE 1F WAS MODIFIED TO INCREASE GRANTS BY \$6,180,855. PAGE 10 LINE 2 WAS MODIFIED TO INCREASE PROGRAM EXPENSES BY \$6,180,855. PAGE 2, DETAILING THE PROGRAM EXPENSES AND GRANTS WAS ALSO MODIFIED TO REFLECT THIS \$6,180,855 CHANGE IN CPR PROGRAM. SCHEDULE A, PART II, SEC A & B WERE MODIFIED TO REFLECT THESE SAME CHANGES. AS A RESULT, SCHEDULE A, PART II, SECTION C PERCENTAGE CHANGED FROM 51.81% TO 53.67%. SCHEDULE A EXCESS CONTRIBUTIONS WAS UPDATED TO REFLECT THE ADDITIONAL GRANTS RECEIVED AND SCHEDULE B WAS

Name of the organization
PATIENT ADVOCATE FOUNDATION

Employer identification number
54-1806317

UPDATED TO REFLECT THE SCHEDULE OF CONTRIBUTORS.

PAGE 2, LINE 4A REVENUE WAS DECREASED FROM \$116,794 TO \$78,804 TO
RECONCILE TO PAGE 9, LN 12, COL B.

THERE WERE NO CHANGES TO NET ASSETS.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| NATIONAL PATIENT ADVOCATE FOUNDATION (NPAF) - 54-1839226, 725 15TH STREET, WASHINGTON, DC 20005 | SEEKS TO REMOVE OBSTACLES TO HEALTHCARE ACCESS FOR PATIENTS | VIRGINIA | 501(C)(4) | | PAF IS A SISTER ORG TO NPAF. MS. ENNIS, CEO OF | | X |
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) NATIONAL PATIENT ADVOCATE FOUNDATION | L | 662,500. | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

NATIONAL PATIENT ADVOCATE FOUNDATION (NPAF)

DIRECT CONTROLLING ENTITY: PAF IS A SISTER ORG TO NPAF. MS. ENNIS, CEO OF BOTH IS PAID FROM EACH ENTITY