	** PUBLIC DISCLOSURE COPY **								
	0	m Income Tax	OMB No. 1545-0047						
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue						
Don	rtmont	of the Treasury	benefit trust or private foundation)		Open to Public				
		enue Service	The organization may have to use a copy of this return to satisfy st	tate reporting requirements	s. Inspection				
AI	or th	e 2012 calend	ar year, or tax year beginning $ { m JUL}1,2012$ and ending	JUN 30, 2013					
_			forganization	D Employer identif					
	Check If applicab		organization	D Zinproyor racina					
	Addre	פארי באיין פאניין פ פאניאניאניאניאניאניאניאניאניאניאניאניאניא	ENT ADVOCATE FOUNDATION						
	Chang Chang		terre	5/_1	806317				
	⊐Initial		usiness As and street (or P.O. box if mail is not delivered to street address) Room/s						
	return								
	Termi ated		BUTLER FARM ROAD		532.5274				
	Amen return	City, tow	n, or post office, state, and ZIP code	G Gross receipts \$	48,417,031.				
L	Applic tion pendi		TON, VA 23666	H(a) Is this a group r					
	point	F Name a	nd address of principal officer: ALAN BALCH	for affiliates?	Yes X No				
			UTLER FARM ROAD, HAMPTON, VA 23666	H(b) Are all affiliates in	cluded? Yes No				
11	fax-ex	empt status: L	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	a list. (see instructions)				
			PATIENTADVOCATE.ORG	H(c) Group exemption					
KF	orm o	f organization:	X Corporation Trust Association Other 🕨 📘	Year of formation: 1996	M State of legal domicile: VA				
Pa	art I	Summary							
۵	1	Briefly describ	e the organization's mission or most significant activities: PATIENT	ADVOCATE FOUN	IDATION IS A				
DC DC		NATIONA	L NON-PROFIT ORGANIZATION THAT SEEKS	TO SAFEGUARD	PATIENTS				
na	2	Check this bo	x Lif the organization discontinued its operations or disposed of i	more than 25% of its net a	ssets.				
0Ve	3	Number of vot	ing members of the governing body (Part VI, line 1a)	3	16				
Ğ			ependent voting members of the governing body (Part VI, line 1b)		15				
8 8			of individuals employed in calendar year 2012 (Part V, line 2a)		235				
itie			of volunteers (estimate if necessary)	······································	164				
Activities & Governance			business revenue from Part VIII, column (C), iine 12		0.				
Ă	L		business taxable income from Form 990-T, line 34		0.				
		Net unrelated	business taxable income nonri onn soon, inte 54	Prior Year	Current Year				
	8	Contributions	and grants (Part VIII, line 1h)	38,091,936.	43,514,469.				
Revenue				4,965,656.	4,619,416.				
Ver		+	ce revenue (Part VIII, line 2g)	251,249.	<145,436.				
В			come (Part VIII, column (A), lines 3, 4, and 7d)	90,330.	31,117.				
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,399,171.					
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,587,478.					
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	23,423,101.				
		•	o or for members (Part IX, column (A), line 4)	10,938,218.	÷ •				
ŝŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expense	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶908,388.		• 0.				
8				F 021 040	A E44 602				
			s (Part IX, column (A), lines 11a-11d, 11f-24e)	5,831,840.	4,544,602.				
		•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	56,357,536.	43,412,007.				
	19	Revenue less	expenses. Subtract line 18 from line 12	<12,958,365.	· · · ·				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
Set	20	Total assets (P	art X, line 16)	31,786,946.	38,319,179.				
tAS	21	Total liabilities	(Part X, line 26)	2,126,904.	4,126,003.				
Pur	22	Net assets or f	und balances. Subtract line 21 from line 20	29,660,042.	34,193,176.				
Part II Signature Block									
Unde	er pena	Ities of perjury, I	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y 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.									
		\mathbf{A}	unkhan	11-6	04=13				
Sigr		Signature	of officer	Date					
Here		ALAN	BALCH, CHIEF EXECUTIVE OFFICER						
. 101	-		int name and title						
		Print/Type prep		Date Check	PTIN				
Paid			• HAGGARD	lf self-employ	P00100566				
Prep		Firm's name	DIXON HUGHES GOODMAN LLP	Firm's EIN	56-0747981				
Use		Firm's address							
096	Jiny	rum s audress	NEWPORT NEWS, VA 23606-4295	Phone no. 7	57.873.1033				
	Ale 17								
			return with the preparer shown above? (see instructions)		Form 990 (2012)				
23200	1 12-1	0-12 LHA F	or Paperwork Reduction Act Notice, see the separate instructions.		Form 330 (2012)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

 If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? [vent if 'Yes,' describe the organization's program service complishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported. (a (code:) (beyenses \$ 5,626,433. including grants of \$ 38,196.) (Revenue \$ 29 DIRECT PATIENT AND EDUCATIONAL SERVICES: 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 MANAGEM STAFF WORK WITH PATIENTS INSURERS, EMPLOYERS AND JOB RETENTION IS THAT ARE A RESULT OF A LIFE THREATENING AND JOB RETENTION IS THAT ARE A RESULT OF A LIFE THREATENING AND JOB DEBLUITATING ILLNES THE FOUNDATIONS PROFESSIONAL CASE MANAGEMENT STAFF DIRECTLY ASSIST 26,285 INDIVIDUALS IN FY2012/2013. ON AVERAGE, CASE MANAGERS MADE 18.84 CONTACTS ON BEHALF OF EACH PATIENT TO RELEVANT STAKEHOLDERS ORDER TO BRING RESOLUTION TO THE PATIENTS ACCESS ISSUE. (begeness 32,514,888. including grante of 29,386,965.) (penenes 1 LAUNCHED IN 2004, THE PATIENT ADVOCATE FOUNDATION CO-PAY RELIEF PRI (CFR) CURRENTLY PROVIDES DIRECT FINANCIAL SUPPORT TO INSURED PATIE INCLUDING PRIVATELY INSURED, EMPLOYER SPONSORED AND MEDICARE PART NEEDED THERAPTES. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIE THROUGH THE USE OF CALL COUNSELORS; PERSONAL SERVICE TO ALL PATIENT THE ENROLLMENT AND BENEFIT PROCESS. THE FOUNDATIONS CO-PAY RELIEF PROGRAM CURRENTLY ASSISTS PATIENTS WARE BEING TREATED FOR BERAST CANCER, CHEMOTHERAPY INDUCED NEUTROPE CASTRATE RESISTANT PROSTATE CANCER, COLON CANCER, CUANEROUS T-CELL THE THE OUNDATIONS CO-PAY RELIEF PROGRAM CURRENTLY ASSISTS PATIENTS WA	R 3 01 5 X
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	NIA ,41 HE
	NIA ,41 HE T
CONTRACTUAL SERVICE DURING FY2012/2013 AND WAS PAID ADMINISTRATION	NIA ,41 HE T
ON A MONTHLY BASIS THROUGH THIS SERVICE CONTRACT. THE FOUNDATION	NIA ,41 HE F PAY
ADMINISTERED SERVICES TO 20,508 PATIENTS IN FY2012/2013 THROUGH TH	NIA ,41 HE F PAY
CONTRACT.	NIA ,41 HE F PAY FE
	NIA ,41 HE F PAY FE
	NIA ,41 HE F PAY FE
	NIA ,41 HE F PAY FE
4d Other program services (Describe in Schedule O.)	NIA ,41 HE F PAY FE
(Expenses \$ including grants of \$) (Revenue \$)	NIA ,41 HE F PAY FE
te Total program service expenses ► 40,871,765.	NIA ,41 HE F PAY FE
α are compared to α or α	NIA ,41 HE F PAY FEI
2-10-12 SEE SCHEDOLE O FOR CONTINOATION(S)	NIA ,41 HE F PAY FE
61029 781788 2040438000 2012.04040 PATIENT ADVOCATE FOUNDATION 204	NIA ,41 HE F PAY FEI

Form 990 (2012)			FOUNDATION				
Part V 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	の語識		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	,
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14-		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes, " complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

232003 12-10-12

Form 990 (2012)

PATIENT ADVOCATE FOUNDATION

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Pai	t V Checklist of Required Schedules (continued)	<u> </u>		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			77
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	Schedule J	23	X	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		i	77
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	-		77
	discualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X 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? If "Yes," complete Schedule L, Part III	27	- (Massier)	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		小家	
	instructions for applicable filing thresholds, conditions, and exceptions):		物酸	17
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>⊢</u> ≏-
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	┨
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	╂┈──
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N. Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	_34	X	+
3 5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35</u> a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		 	
	If "Yes." complete Schedule R. Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	1
	Note All Form 990 filers are required to complete Schedule O	38		

Form 990 (2012)

232004 12-10-12

	990 (2012) PATIENT ADVOCATE FOUNDATION		54-1806	317	Pa	ige 5		
Par				_				
Alex > serve	Check if Schedule O contains a response to any question in this Part V			<u></u>				
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	236		22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	- 0			ARXARDS S		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	sporta	ble gaming	News,		的 建。(1		
Ŭ	(gambling) winnings to prize winners?			1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Ale Hace	連節			
	filed for the calendar year ending with or within the year covered by this return	2a	235		199	S - 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	 ms?		2b	X			
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>		
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O			Зb				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			77		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	etani ila ili ili ili ili ili ili ili ili il	X		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		Con Lines	X		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	ne org	anization solicit	6a	х			
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts	0	х			
	were not tax deductible?	. <i>.</i>	, . ,,,,,,,.,.,.,.	6b		1000		
7	Organizations that may receive deductible contributions under section 170(c).		Querial and the the movies	》 7a	X			
a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_	Х			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luirea	7-		x		
	to file Form 8282?			7c	包裹胡			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	d	70	STORE OF			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	CT?	7e 7f				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	200 as required?	7g				
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orin o Intion i	Ele a Form 1098-C2	- <u>79</u> 7h				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	auon)id the :	supporting	AND AND	物制度	199752		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	anv tir	ne during the year?	2366865×	272 82 2	263735-5.52		
		any m	ne aanng me jeme		9.424			
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			9a	, C. CA SARANAN	1994APC 37 5		
	- the sector of			9b				
b					ġ.	Mary Contract		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		激闘		1998		
b -1-1	Section 501(c)(12) organizations. Enter:		· · · · · · · · · · · · · · · · · · ·	136 M	1977 (S. 1974) 1977 (S. 1974) 1966 (S. 1974)			
11		11a				i ku Manadari		
a h	a start of the sta							
b	amounts due or received from them.)	11b			$\mathcal{L}_{\mathcal{L}}$			
190	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a				
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>						
	to the standard to be a sublitized health plane in more than one state?			13 a				
a	Note. See the instructions for additional information the organization must report on Schedule O.			- 50				
b								
u	organization is licensed to issue qualified health plans	13b						
c	E	13c		24.		a and a stand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			<u>14a</u>		X		
1-70 h	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b				
				Forr	n 990	(2012)		

orm 990 -	(2012	?)
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232005 12-10-12

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	Form	990	(201)	2)
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PATIENT ADVOCATE FOUNDATION

54-1806317 Page 6

Form 990 (2012)				and the second se	
Part VI Governance.	Managemen	t, and Disclos	ure For each "Yes" resp	onse to lines 2 through 7b below	v, and for a "No" response
to line 8a, 8b, or 1	10b below. descri	be the circumstan	ces, processes, or chang	es in Schedule O. See instructio	ns.
	•••••••••••				T

	Check if Schedule O contains a response to any guestion in this Part VI	. , <u></u>		X				
Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year1a16	5	100					
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			ele tenal				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			위한 전 1년 2월 19일 - 1일				
	Enter the number of voting members included in line 1a, above, who are independent1b15							
a	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	17 121250	製約	िंहेन्				
2		2	X	i per per constances.				
	officer, director, trustee, or key employee?							
3								
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		XX				
	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X				
6	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		x				
	more members of the governing body?	10		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71		x				
	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	L. AND				
а	The governing body?	<u>8a</u>	X	├				
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		 				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			 				
·		~	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
h	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
129	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	The second second approximation and approximation and approximation compliance with the policy? If "Yes," describe							
C	in Schedule O how this was done	120	X					
13	Did the organization have a written whistleblower policy?	13	X					
	Did the organization have a written document retention and destruction policy?	14	X					
14 15	Did the process for determining compensation of the following persons include a review and approval by independent							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		4.66					
	The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	X					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100					
	It "Yes" to line too of too, describe the process in our equip of (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	- I STARYLLERY	X				
	taxable entity during the year?							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	報視						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	. interes	5 10				
	exempt status with respect to such arrangements?	100						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed VA	availa	ble					
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)	avana	DIG					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19	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.	- 1.1						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:						
	CORPORATE OFFICE - 757-873-6668			<u> </u>				
	421 BUTLER FARM ROAD, HAMPTON, VA 23666			0.0040				
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	6							

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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)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours per	box.	unies	ss pei	rson l	than « Is boti	h an	compensation	compensation	amount of
	week	offic	er an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	Ę						the	organizations	compensation
	hours for	rdîre				ted		organization	(W-2/1099-MISC)	from the
	related	ttee o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	el trus	nal tr		loyee	e Be				and related
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	puj	SUI	5.	Kei	뿔틩	<u>ë</u>		· ·	
(1) NANCY DAVENPORT-ENNIS SEE SCH O	40.00	x		x				411,603.	99,996.	9,707.
CHIEF EXECUTIVE OFFICER	40.00	Δ.		<u> </u>		-		411,003.		577074
(2) JOHN H. ENNIS	40.00	x		x				108,998.	0.	8,788.
CHIEF DEVELOPMENT OFFICER	5.00			⊢				100,990.		
(3) DENNIS A. GASTINEAU	5.00	x		x				0.	o.	0.
BOARD PRESIDENT	5.00	<u>^</u>		<u> </u>			-	.		
(4) LEAH LOCK-ARNETT	3.00	x		x				0.	0.	0.
BOARD SECRETARY	5.00	<u> </u>		1				```		
(5) ALAN J. BALCH	5.00	x						0.	0.	0.
BOARD MEMBER	5.00	⊢		<u> </u>	-	-	-			
(6) PEARL MOORE	5.00	x						0.	0.	0.
BOARD MEMBER	5.00	<u> </u> ^				-				
(7) JOHN L. MURPHY	<u> </u>	1 77					1	0.	0.	0.
FINANCE COMMITTEE CHAIR	- <u>- 00</u> -	<u> x</u>			-			<u>·</u>	<u>v</u> .	
(8) BRUCE AVERY	5.00]		İ.		0.	0.	ο.
BOARD MEMBER		<u> x</u>	<u> </u>	┣-		-	+			
(9) CHRISTIAN G. DOWNS	5.00	1.						0.	0.	0.
BOARD MEMBER		<u>x</u>			-		┢			
(10) DEBORAH PARHAM HOPSON	5.00						i i	0.	0.	0.
BOARD MEMBER	5.00	x	-		┢	+				
(11) LOVELL JONES	5.00	x						0.	. 0.	0.
BOARD MEMBER	F 00	<u> </u>	-						· · · · · · · · · · · · · · · · · · ·	
(12) ROBERT M. RIFKIN	5.00	x						0.	. 0.	0.
BOARD MEMBER	5.00	^			+		+			
(13) LORI WILLIAMS	5.00	x						0.	0.	0.
BOARD MEMBER	5.00	₽	╉╌		+		+			· · · · · · · · · · · · · · · · · · ·
(14) JOHN T. CALDWELL	5.00	x						0.		0.
BOARD MEMBER		≜	_	-		_	┥		·	<u>_</u>
(15) JOHN HARRINGTON	5.00							0	. 0.	0.
BOARD MEMBER		<u>x</u>		_	╬╌	-	+			
(16) DIANE MAUK	5.00	-			1	1		0	. 0.	0.
BOARD MEMBER		<u> </u>	-		-	+			·	· · · · ·
(17) OTIS MAYNARD	5.00	┥╦	1					0	. 0.	. 0.
BOARD MEMBER		X		<u> </u>					•	Form 990 (2012)
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Form	990	(2012)
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Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees	, and	d Hi	ghes	st C	ompensated Employe	es (continued)		
(A)	(B)	1		(0	Ċ)			(D)	(E)		(F)
Name and title	Average	(do	not o	Posi heck	ition ^{more}	i than o	one	Reportable	Reportable		Estimated
	hours per	box	, unle	as pe	rson l	is botł	n an	compensation	compensation		amount of
	week (list any		officer and a director/trustee>				,	from the	from related organizations		other compensation
	hours for	Individual trustee or director			1				(W-2/1099-MISC	>	from the
	related	e or c	stee		Í	nsater		(W-2/1099-MISC)	(~	organization
	organizations	trust	altru		iyee	admo					and related
	below	víciual	Institutional trustee	ية ا	Key employee	Highest compensated employee	ner				organizations
	line)	lndî	insti	Officer	Ke	Higt	For	<u> </u>	·		
(18) FRAN CASTELLOW	40.00				ļ						E 470
PRESIDENT, OPERATIONS				X	_	Ļ		139,065.	<u>.</u>	0.	5,472.
(19) WILLIAM NASON	40.00				1			156 964		0.	17,303.
CHIEF OPERATING OFFICER		-		X	<u> </u>			156,864.		<u>~</u> +	T1,000+
(20) BETH PATTERSON	40.00	-		x				134,056.		0.	10,189.
PRESIDENT, MISSION DELIVER	10.00		-	^	┨──	-		104,000.		 +	
(21) ERIN MOARATTY	40.00	-				x		123,869.		0.	12,132.
CHIEF OF MISSION DELIVERY	40.00		╉	-		┢	-	123,005.		 +	
(22) L. ALAN RICHARDSON	40.00	4				x		113,276.		0.	8,118.
CHIEF CORP DEV OPERATIONS	40.00	-				<u>^</u>		110,270.	· · · · · · · · · · · · · · · · · · ·	Ŭ.	0,2201
(23) ANGELA M WALKER	40.00	-			1	x		126,575.		0.	2,983.
CHIEF OF HUMAN RESOURCES	40.00			+	+	1		120/0/00		<u> </u> †	
(24) KEVIN J. COX CHIEF INFORMATION OFFICER	40.00	-				x		120,142.		0.	17,079.
CHIEF INFORMATION OFFICER			+ ·			+					* ·
		1									
		+									,,,,,,
		1									
1b Sub-total	I ·							1,434,448.	99,99		91,771.
c Total from continuation sheets to Part								0.		0.	0.
d Total (add lines 1b and 1c)					<u></u>	. 🕨		1,434,448.		_	91,771.
2 Total number of individuals (including bu	t not limited to t	hos	e list	ed a	abov	/e) w	ho i	received more than \$10	0,000 of reportable	Э	0
compensation from the organization								<u></u>			9
										г	Yes No
3 Did the organization list any former offic	er, director, or t	ruste	ee, k	ey e	mpl	oyee	, or	highest compensated	employee on		3 X
line 1a? If "Yes," complete Schedule J fo	r such individua	d						******			NEW BRACK
4 For any individual listed on line 1a, is the	sum of reporta	ble d	comp	bens	satio	in an	d of	ther compensation from	the organization		
and related organizations greater than \$	150,000? <i>If</i> "Yes	s," C	omp	lete	Sch	edul	le J	for such individual			4 X
5 Did any person listed on line 1a receive	or accrue comp	ensa	tion	fron	n an	iy un	rela	ted organization or indi	vidual for services	ľ	5 X
rendered to the organization? If "Yes," c	ompl <u>ete</u> Schedi	ile J	for s	such	i per	rson		<u></u>	·····		5 X
Section B. Independent Contractors							_		<u></u>		-ti-u frama
1 Complete this table for your five highest	compensated in	ndep	pend	lent	cont	tract	ors	that received more that	1 \$100,000 of com	pens	ation morn
the organization. Report compensation f	or the calendar	yeai	renc	ling	with	l or v	vith		<u>y</u> ear.		(C)
(A) Name and busine	ee address							(B) Description of	services	С	ompensation
							-				
UNICENTRIC, INC. 3127 PENN AVENUE, PITTS	BURCH F	Δ	15	20	1			SOFTWARE CON	ISULTANT		167,970.
5127 PENN AVENOL, FIIID	<u>Donon, 1</u>		10	20							
· · · · · · · · · · · · · · · · · · ·			_								<u></u>
2 Total number of independent contractor	rs (including but	not	limit	ed t	o th	ose	liste	ed above) who received	more than	a.	A Maria
\$100,000 of compensation from the org						1					
											Form 990 (2012)
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Form	990	(2	<u> </u>		CATE FOUN	DATION	<u>. </u>	54-1806	317 Page 9
Par	ŧ٧								
			Check if Schedule O conte	ains a respon	<u>se to any question</u>	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
arants			Federated campaigns Membership dues	1b	150,000.	and Maria Maria			
Contributions, Gifts, Grants and Other Similar Amounts	•	d	Fundraising events	1d	252,858. 351,748.				
Itribution Other Si	1	f	All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	s, and /e 1f	42,759,863. 29,519,				
and		-	Total. Add lines 1a-1f			43,514,469.	and a state of the second		ka sa
	2 :	a b	SERVICE CONTRACTS	_	Business Code 541900	4,619,416.	4,619,416.		
Program Service Revenue		c d e			-				
ጅ			All other program service reve			4 619 416			
			Total. Add lines 2a-2f			4,019,410.			
	3 4 5				d proceeds	196,564.			196,564.
	6		Gross rents Less: rental expenses	(i) Real	(ii) Personal				
		c d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Securitie					
			assets other than inventory Less: cost or other basis		342,000,			a trianci Angles	
		d	Gain or (loss) Net gain or (loss)	a overta (not	<342,000.	<342,000	•		<342,000.:
Other Revenue	8	а	Gross income from fundraisin including \$ 252 contributions reported on line	<u>,858.</u> of 1c). See					
Other			Part IV, line 18 Less: direct expenses Net income or (loss) from fund		b 55,465	12282333			1,478.
		b	Gross income from gaming ac Part IV, line 19 Less: direct expenses		b				
	10	а	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns					
			Less: cost of goods sold b Net income or (loss) from sales of inventory			3,399			and the second
	11	a	Miscellaneous Revenue		Business Code 541900	26,240	. 26,240		
		b c d							
		e	Total. Add lines 11a-11d			48,019,566	. 4,649,055		To the state of the state of the state of the
2320	12 9		Total revenue. See instructions.		P	1 -0,019,000	<u> </u>	<u>·</u>]	Form 990 (2012)

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PATIENT ADVOCATE FOUNDATION

a Compension on include abov, to disqualified persons (as defined under section 4986((3)(6)) a persons described in section 4986((3)(6)) a persons described in section 4986((3)(6)) a person factorized in section 4986((3)(6)) b legal 6,476,464,5,957,823,466,902,51,73 7 Other salaries and wages a person factorized in section 4986((3)(6)) b legal 6,476,464,5,957,823,466,902,51,73 9 Other employee benefits b legal 535,768,431,003,62,102,424,63 10 Payrol taxes 535,768,431,003,62,102,442,63 11 Fees for services (non-employees): a Management b legal 94,899,4,065,90,834, 110,346,7,192,103,154, 485,000,448,040,27,460,9,9,50 9 Other, (If the 11g amount scenes 10% of line 25, outurn (3, anount, list in 11g expenses on Sch 0, 23,166,19,093,2,415,1,66,30 95,076,22,73 10 Occupancy 848,903,763,651,60,949,24,30 116,477,46,30 11 Reset for any folgen, and mortization 134,080,84,143,50,932,49,00 124,49,000,144,125,56,291,1,22 11 Reset for any folgen, and mortization 329,918,271,917,34,390,23,657,67,86 329,918,271,917,34,390,23,65 11 Reset for any folgen and the organization for any folgen, and mortization 329,918,271,917,34,390,23,65 326,291,1,22 12 Adventision, depletion, and moritization 24 perses. Lemplase papeses in ling 24, if the organiza		on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
77. 80. 8., and 100 of Part Wit. Separates general expanses		Check if Schedule O contains a respor	nse to any question in th	is Part IX	(0)	(II)
arginizations in the United States. See Part IV, line 22 29, 425, 161. 29, 425, 161. 2 Grants and other assistance to governments, organizations, and individual cotatio the United States. See Part IV, line 15 and 15 29, 425, 161. 29, 425, 161. 3 Grants and other assistance to governments, organizations, and individual cotatio the United States. See Part IV, line 15 and 15 29, 425, 161. 29, 425, 161. 4 Bernific paid to or for members 5 Compensation of univert officers, directors, trustees, and way enclose escina 4986((1)) and parsons decided above, to disculled section 4086((3)) encloser contributions (include section 4086((4))			(A) Total expenses	Program service	Management and	Fundraising expenses
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 29,425,161. 29,425,161. 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 16 and 16. 29,425,161. 29,425,161. 4 Benefits paid out for members 5 5 5 5 5 Componention of curvent of fores, directors, traites, and key employees 1,527,081. 624,705. 376,806. 525,57 6 Componention of curvent of fores, directors, traites, and key employees 1,527,081. 624,705. 376,806. 525,57 7 Other safeline under scelin. 6,476,464. 5,957,823. 466,902. 51,733 9 Other employee benitis 6,476,464. 5,957,823. 466,902. 51,733 10 Payroll taxes 131,202. 121,461. 9,741. 90 9 Other employee benitis 110,346. 7,192. 103,154. 40,055. 90,834. 100,346. 91,930. 24,415. 1,65 9 Other (filme tig anount sceles t0% of ine 25, column (A) amount, Bit in 11g agress on 5h 0. 138,946. 201,1136. 95,076. 22,73 10 Other expenses 10						MAMIN'S CONTRACTORNAL SUCCESSION OF THE SECOND
the United States. See Part IV, line 22 29, 425, 161. 29, 425, 161. 29, 425, 161. 3 Grants and other assistance to government, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 40, 425, 161. 40, 425, 161. 4 Benefits and to or for memberse 5 Compensation of current officers, directors, trustees, and teles and wages 1, 527, 081. 624, 705. 376, 806. 525, 57 6 Compensation of included abox, to disputition persons (cs66)(3)(6) 131, 202. 121, 461. 9, 741. 466, 902. 51, 773 7 Other eatarles and wages 6, 476, 464. 5, 957, 823. 466, 902. 51, 773 9 Other employee benefits 595, 768. 491, 030. 62, 102. 42, 63 9 Pariot bias accurate accontitutions (include the eatarles and wages 94, 899. 4, 065. 90, 834. 9 Cher employee benefits 94, 899. 4, 065. 90, 834. 94, 899. 4, 065. 90, 834. 9 Cher, (filing fl ganount, filing fl ganount, filin		organizations in the United States. See Part IV, line 21				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part V, line 15 and 15. 4 Benefits paid to of formentbers 5 Compensation of current of fores, directors, trustees, and ley employees 6 Compensation of current of fores, directors, directors, trustees, and ley employees 7 Other employee bandits 9 Other employee contributions (Include section 4958(fr)(1) and parson texcile di section 4958(c)(3)(8) 9 Ther employee bandits 9 Other employee bandits 9 Other employee bandits 9 Ther employee bandits 9 Other employee bandits 9 Ther employee bandits 9 Cher employee bandits 9 Ther for services (non-employeee): 8 Management 9 The settin management free 9	2	Grants and other assistance to individuals in			16. 空間構成的中心意識	
organizations, and Individuals outside the United States. See Part IV, lines 15 and 16. Image: Compensation of current officers, directore, truetese, and laye employees 6 Compensation of current officers, directore, truetese, and laye employees 1,527,081. 624,705. 376,806. 525,57 7 Other salaries and vages 1,527,081. 624,705. 376,806. 525,57 8 Pension plan acrusis and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 5,476,464. 5,957,823. 466,902. 51,733 10 Parson plan acrusis and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 595,768. 491,030. 62,102. 42,63 11 Fees for services (non-employees): a 94,899. 4,065. 90,834. 94,899. 4,065. 90,834. 9,50 11 reset for services (non-employees): 318,946. 201,136. 95,076. 22,73 2 Adventing and promotion 1,716,205. 1,553,420. 116,477. 46,33 3 Other employees 318,946. 201,136. 9,932. 49,00		the United States. See Part IV, line 22	29,425,161.	29,425,161.		
United States. See Part IV, Ines 15 and 16. Access 4 Benefits paid to or for members Access 6 Compensation of current officers, directors, trustees, and key employees 1, 527, 081. 624,705. 376,806. 525,57 6 Componsition on thinkled above, to disgualities 1, 527, 081. 624,705. 376,806. 525,57 7 Componsition on thinkled above, to disgualities 6,476,464. 5,957,823. 466,902. 51,73 8 Pension plan accruis and contributions (include section 4958(0)(3)(8) 711,729. 602,484. 68,706. 40,53 9 Other employee benefits 711,729. 602,484. 68,706. 40,53 19 Payrol taxes 595,768. 491,030. 62,102. 42,63 10 Payrol taxes 595,768. 491,033. 52,076. 22,73 10 Data on employee benefits 94,839. 4,065. 90,834. 90,950 110.0,346. 7,192. 103,154. 90,834. 90,950 9,950,976. 22,77 20 Data filation tote	3	Grants and other assistance to governments,				
4 Benefits paid to of members 5 Compensation of current offloers, directors, trustees, and key employees 6 Compensation not included above, to disquified persons (as offled nuder section 4058((r)(1) and persons described in section 4058((r)(1) and 403(1) employer contributions) 7 Other endprove benefits 6,476,464.5,957,823.466,902.51,73 9 Person plana acruus and contributions (include section 4018(n) and 403(1) employer contributions) 131,202.121,461.9,741. 9 Other endprove benefits 94,899.4,065.902,834. 102,102.42,63 11 Fees for services (non-employees): a a a Management 94,899.4,065.90,834. 102,346.9,90 10 Integration and persons described in acrus and persons descri		organizations, and individuals outside the			- Bearing and State	MALL MARKED
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. a	- +		277,202.	203,683.	5,657.	67,862.
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on to 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 0.) a			, , , , , , , , , , , , , , , , ,			
19 Conferences, conventions, and meetings 184,080. 84,143. 50,932. 49,00 20 Interest 84,197. 78,546. 3,962. 1,68 21 Payments to affiliates 329,918. 271,917. 34,390. 23,61 23 Insurance 71,740. 14,215. 56,291. 1,23 24 Other expenses in time 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. 71,740. 14,215. 56,291. 1,23 26 All other expenses 43,412,007. 40,871,765. 1,631,854. 908,38 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 43,412,007. 40,871,765. 1,631,854. 908,38	10	-				
20 Interest 84,197. 78,546. 3,962. 1,68 21 Payments to affiliates 329,918. 271,917. 34,390. 23,61 22 Depreciation, depletion, and amortization 329,918. 271,917. 34,390. 23,61 23 Insurance 71,740. 14,215. 56,291. 1,22 24 amount, list line 24e expenses on Schedule 0.) 71,740. 14,215. 56,291. 1,22 34 amount, list line 24e expenses on Schedule 0.) 34,412,007. 40,871,765. 1,631,854. 908,38 25 Total functional expenses. Add lines 1 through 24e 43,412,007. 40,871,765. 1,631,854. 908,38 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 43,412,007. 40,871,765. 1,631,854. 908,38	10	•	184,080.	84,143.		49,005
Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a			84,197.	78,546.	3,962.	1,689.
22 Depreciation, depletion, and amortization 329,918. 271,917. 34,390. 23,61 23 Insurance 71,740. 14,215. 56,291. 1,23 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. 71,740. 14,215. 56,291. 1,23 a			······			
22 bop for expenses, it emize expenses on the 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 0.) 71,740. 14,215. 56,291. 1,23 a					34,390.	23,611
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 0.) a				14,215.		1,234
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 0.) a b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		Other expenses, Itemize expenses not covered	Kale of the second second	N. M.L.		
amount, list line 24e expenses on Schedule 0.) a b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				The second s Second second s
b		amount, list line 24e expenses on Schedule 0.)			THE REAL PROPERTY AND A DECK	
c	а				·	
c	b			· · · · · · · · · · · · · · · · · · ·		
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 43,412,007.40,871,765.1,631,854.908,38 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	c	-				<u></u>
25 Total functional expenses. Add lines 1 through 24e 43,412,007.40,871,765.1,631,854.908,38 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 908,38	d					
25 Total functional expenses, Add miss runougin 2-10 20 July 2-0 20 J	e					000 200
reported in column (B) joint costs from a combined	25		43,412,007.	40,871,765.	1,031,854.	300,308
	26		1			
educational campaign and fundraising solicitation						
		educational campaign and fundraising solicitation.				
Check here If following SOP 98-2 (ASC 958-720)		Check here Figure If following SOP 98-2 (ASC 958-720)				Form 990 (2012

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13261029 781788 2040438000

2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Form 990 (2012)

Total liabilities and net assets/fund balances 34

Par	t X	Balance Sheet				· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response to any question in this Part X	<u>.</u>			<u> </u>
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		1,415,140.		3,143,521.
	2	Savings and temporary cash investments		26,031,769.		30,812,296.
	3	Pledges and grants receivable, net		149,943.		453,417.
	4	Accounts receivable, net	499,862.	4	403,785.	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	te			
		Part II of Schedule L			5	an a
	6	Loans and other receivables from other disqualified persons (as defined				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	ibuting		語を	
		employers and sponsoring organizations of section 501(c)(9) voluntary				e transmission de transmission de transmission de la companya de la companya de la companya de la companya de l
		employees' beneficiary organizations (see instr). Complete Part II of Sch		6	·	
Assets	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use		94,500.		104,461
	9	Prepaid expenses and deferred charges		171,200.	9	226,540
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 2,462, Less: accumulated depreciation 10b 1,236,	228.		题题	COMMISSION AND
	b	Less: accumulated depreciation [10b] 1,236,	<u>990.</u>	1,400,184.		1,225,238
	11	Investments - publicly traded securities		1,920,717.	11	1,846,290
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14	102 621	
	15	Other assets. See Part IV, line 11	103,631.		103,631	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	••••	31,786,946.		38,319,179
	17	Accounts payable and accrued expenses	453,431.		681,349	
	18	Grants payable	1 001 000	18		
	19	Deferred revenue		1,261,366.	-	2,882,010
	20	Tax-exempt bond liabilities		·	20	··
8	21	Escrow or custodial account liability. Complete Part IV of Schedule D		and a state of the	21	A CONTRACTOR OF
	22	Loans and other payables to current and former officers, directors, trust	ees,		Reference	RECORD
Liabilities		key employees, highest compensated employees, and disqualified personal sectors and disqualified personal sectors and the sectors and the sectors are set of the sectors and the sectors are set of the sector	ons.	Maire Martin		
3		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 2	K of	410 107		562 644
		Schedule D		412,107		562,644
	26	Total liabilities. Add lines 17 through 25		2,126,904.	26	4,140,000
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🛣	and			
8		complete lines 27 through 29, and lines 33 and 34.		1 707 559		1,534,590
g	27	Unrestricted net assets		1,707,558		30,812,296
29 N	28	Temporarily restricted net assets	1,920,715		1,846,290	
P	29	Permanently restricted net assets	<u> </u>	• 29	1,040,200	
Ĵ		Organizations that do not follow SFAS 117 (ASC 958), check here	▶∟_			
ğ	1	and complete lines 30 through 34.		No. CANAL CONTRACTOR		
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund			31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		20 660 042	32	34,193,176
Z	33	Total net assets or fund balances		29,660,042		
	34	Total liabilities and net assets/fund balances		31,786,946	• 34	38,319,179

PATIENT ADVOCATE FOUNDATION

Form 990 (2012)

11

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Form 990 (2012) Part X: Balance Sheet

Form	990 (2012) PATIENT ADVOCATE FOUNDATION	54-2	1806317	Page 12
	X Reconciliation of Net Assets			
- Michael	Check if Schedule O contains a response to any question in this Part XI		. <u></u>	
1	Total revenue (must equal Part VIII, column (A), lins 12)	1	48,019	
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,412	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,660	
5	Net unrealized gains (losses) on investments	5	<74	4, <u>425.</u> >
6	Donated services and use of facilities	6	****	<u> </u>
7	Investment expenses	7	<u></u>	
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		24 10	2 4 H C
	column (B))	10	<u>34,19</u>	3,176.
Pa	t XII Financial Statements and Reporting			x
	Check if Schedule O contains a response to any question in this Part XII		·····	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a		Ninisas
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			6 6 8 864
b	Were the organization's financial statements audited by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,	にある。 「たい」の に、 に、 に、 に、 に、 に、 に、 に、 に、 に、	
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		X
	review, or compilation of its financial statements and selection of an independent accountant?		2 C	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			X
	Act and OMB Circular A-133?	المعام المحال	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	urea aud	ut 3b	x
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		990 (2012)
			Form	JJJ (2012)

SCHEDULE A	1
(Form 990 or 990-EZ)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.



Name of the organization

Department of the Treasury

Internal Revenue Service

	Employer	' iden	tification	number
j	5	$\Lambda = 1$	18063	17

	PATIENT ADVOCATE FOUNDATION 54-	<u>1806317</u>							
Part	Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The orga	nization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1 Ľ	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 nar	ne,						
	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 Ϊ	An organization that normally receives a substantial part of its support from a governmental unit or from the general pul	olic 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 fro	m gross inves	atment						
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after	er June 30, 19	75.						
	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 pu	rposes 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 - Non-fu								
e∟	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified pe		an						
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or se	ction SOB(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,	11g(i)	1						
	the governing body of the supported organization?	11g(ii)	+						
	(ii) A family member of a person described in (i) above?	11g(iii)	+						
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?	L . 19(11/1							
h	Provide the following information about the supported organization(s).								

(I) Name of supported organization	(ii) EIN	(described on lines 1-9	in col. (i) lis	sted in your	(v) Did you notify the organization in col.(l) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vil) Amount of monetary support	
			Yes	No	Yes	No	Yes	No		
······										
<u> </u>			<u> </u>	_				-,		
			ļ							
					. <u> </u>					
Total						1	神气流			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Schedule A (Form 990 or 990 EZ) 2012 PATIENT ADVOCATE FOUNDATION

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.)

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,260,926.	19,914,737.	22,345,618.	37,041,936.	39,039,469.	130,602,686.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3	12,260,926.	19,914,737.	22,345,618.	37,041,936.	39,039,469.	130,602,686.
5	The portion of total contributions						
	by each person (other than a	1. Sector			State State	State Parts	
	governmental unit or publicly	STITLE ST	CLAMP ST	THE ATTRACT	A CONTRACT OF	2. A. B. A. S. A.	
	supported organization) included		3. 关 尔特 达于		300 A 1 1 40	A MARTINE T	
	on line 1 that exceeds 2% of the		The Report of Co.	11.10月1月1日日			l
	amount shown on line 11,			的 新的公式会计			
	column (f)	Contract of the second	And the second se				66,528,394.
6	Public support. Subtract line 5 from line 4.	angen and Second Light	A State of the second state	調査という意識	erat an an an an	and the second	64,074,292.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	12,260,926.	19,914,737.	22,345,618.	37,041,936.	39,039,469.	130,602,686.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	532,116.	303,332.	271,544.	288,925.	196,564.	1,592,481.
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		F BERSHE					132,195,167.
12	Gross receipts from related activities	, etc. (see instructi	ions)			<u></u>	,091,285.
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectic	on 501(c)(3)	. —
	organization, check this box and sto	o here	<u></u>		<u></u>	<u></u>	<u> </u>
	ction C. Computation of Pub						10 17 0
	Public support percentage for 2012 (14	<u>48.47 %</u> 53.67 %
15	Public support percentage from 201	I Schedule A, Part	: II, line 14			15	
16a	33 1/3% support test - 2012. If the						
	stop here. The organization qualifies	as a publicly supp	ported organization	۱ 			
k	33 1/3% support test - 2011. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	st - 2012. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		
k	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	1/a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on <mark>did</mark> not check a	box on line 13, 16	a, 16b, 17a, <u>or 17</u>	b, check this box a	and see instructior	<u>18 , PLLI</u>

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

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 falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Totai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus- iness under section 513						
	*****************		· ·				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	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						
	Add lines 7a and 7b						
	Public support (Subtractline 7c from line 6.)						
	ction B. Total Support	ACCONTACT	2 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19				
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(4) 2000	(0) 2000		(-)		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
-	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
					-		
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2012 (line 8. column (f) c	livided by line 13.	column (fl)	,	15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inves				<u></u>		
					<u> </u>	17	%
	Investment income percentage for 20					18	<u>%</u>
18	Investment income percentage from	2011 Schedule A,	Part III, line 17	····			
19a	a 33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>n did not check a</u>	<u>box on line 14, 19</u>	9a, or 19b, check	this box and see in	structions	
	23 12-04-12				Sc	hedule A (Form 99	0 or 990-EZ) 2012

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2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

or 990-PF)	
Department of the Treasu	Ŋ
Internal Revenue Service	

Schedule B

(Form 990, 990-EZ

Name of the organization

54-180	06317

PA	TIENT	ADVOCATE	FOUNDATION
Organization type (check o	ne):		

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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 crueity 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., purpose. Los not complete any 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) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

54-1806317

PATIENT ADVOCATE FOUNDATION

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

A PAREN CONTRACTO			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$ <u>3,445,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>12,010,000</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,565,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u> 4 </u>	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,100,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 		\$875,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

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Employer identification number

54-1806317

PATIENT ADVOCATE FOUNDATION

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

No. Name, address, and ZIP + 4 Total contribution (pp of contribution) 7	(a)	(b)	(c)	(d) Type of contribution
image: second		Name, address, and ZIP + 4		
(a) Name, address, and ZIP + 4 Total contributions Type of contribution 8			\$9,225,000.	Payroll Noncash (Complete Part II if there
No. Name, address, and ZIP + 4 Total contributions Type of contribution 8	(a)	(d)		
o \$ 4,000,000. Payroll [] (a) (b) (c) (d) Noncesh Total contributions Type of contribution. (a) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Payroll (b) (c) (c) (d) Noncesh (a) (b) (c) (c) Payroll (a) (b) (c) (d) Noncesh (a) (b) (c) (d) Noncesh (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Payroll (b) (c) (c) (d) Noncesh (b) (b) (c) (d) Noncesh (b) Noncesh S Payroll Noncesh (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP			Total contributions	Type of contribution
(ii) Name, address, and ZIP + 4 Total contributions Type of contribution 9	8		\$ <u>4,000,000.</u>	Payroll Noncash (Complete Part II if there
No. Name, address, and ZIP + 4 Person X 9	(a)			
(a) Name, address, and ZIP + 4 Total contributions Type of contribution		Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II if there
NO. Henney deteredy each each each each each each each each	(a)		(c)	
(a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Total contributions Person Payroll				Person Payroll Payroll Noncash C (Complete Part II if there
			(c) Total contributions	
(a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Total contributions Type of contribution			\$	Payroll Noncash (Complete Part II if there
No. Name, address, and ZIP + 4 Total contributions Type of contribution		(b)		
Payroli \$ \$ (Complete Part II if there is a noncash contribution.)			Total contributions	Type of contribution
is a noncash contribution.			\$	Payroll Noncash
				is a noncash contribution.)

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2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Schedule B	(Form 990,	, 99 <u>0-</u> EZ,	or 990-PF)	(2012)

Employer identification number

54-1806317

PATIENT ADVOCATE FOUNDATION

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

(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)

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2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Vame of org	janization		Employer identification number
PATIEN	NT ADVOCATE FOUNDATION		54-1806317
PATIET Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, i Use duplicate copies of Part III if additic	lividual contributions to section 501(6)(7) the following line entry. For organizations etc., contributions of \$1,000 or less for the nal space is needed.), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter 9 year. (Enter this information once.) \$
(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.	(b) Burnono of diff	(c) Use of gift	(d) Description of how gift is held
from Part I	(b) Purpose of gift		
		(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
	<u> </u>		Schedule B (Form 990, 990-EZ, or 990-PF) (2012

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20 2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Schedule B (For

SCHEDULE C	Political Campaign and Lobbying Activities	
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	20
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions. 	Open to Inspe
	wered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activ	vities), then
 Section 501(c)(3) or 	anizations: Complete Parts I-A and B. Do not complete Part I-C.	

 Section 	501(c) (other than	section 501(c)(3)) c	rganizations: 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	Employer identification number
PATTENT ADVOCATE FOUNDATION	54-1806317
Part A Complete if the organization is exempt under section 501(c) or is a section 5	27 organization.
 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures 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?	
4a Was a correction made?	
b If "Yes," describe in Part IV.	501(0)(3)

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

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

_ Yes 4 Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization 5 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
		000 or 000 EZ	Sobadula	(Form 990) or 990-EZ) 2012

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

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Schedule C (Form 990 or 990 EZ) 2012	PATIEN	NT ADV	CATE FOUND	ATION	54-1	806317 Page 2
Part II A Complete if the org	anizatio	n is exen	npt under section	1 501(c)(3) and file	ed Form 5768	_
(election under sec	tion 501	(h)).				<u></u>
A Check if the filing organization	tion belong	ys to an affili	ated group (and list in	Part IV each affiliated	group member's name	ə, address, EIN,
expenses, and shar						
B Check 🕨 🔄 if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.	······	
		oying Exper eans amou	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
					······	
1a Total lobbying expenditures to influ					485,000.	
b Total lobbying expenditures to influ					485,000.	
c Total lobbying expenditures (add li					42,927,007.	
 d Other exempt purpose expenditure e Total exempt purpose expenditure 					43,412,007.	
 I otal exempt purpose expenditure f Lobbying nontaxable amount. Enter 					1,000,000.	
						经进行公司 网络学家
If the amount on line 1e, column (a) o	<u>u (u) is.</u>		bying nontaxable among the amount on line 1e.			
Not over \$500,000	0.000		0 plus 15% of the exc	ess over:\$500.000		
Over \$500,000 but not over \$1,000	,		0 plus 10% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 5% of the exce		STREED STREET	
Over \$1,500,000 but not over \$17,	,000,000	\$22 <u>3,00</u> \$1,000,0		33,0101 #11000,000.	a second second	
Over \$17,000,000				_		
g Grassroots nontaxable amount (er		f line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zero			••••		0.	
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this						Yes No
		4-Year Ave	raging Period Under	Section 501(h)		
(Some organiz	zations the	at made a s	ection 501(h) electior	n do not have to com	plete all of the five	
cc			e instructions for line		age 4.)	
	Lob	oying Exper	ditures During 4-Yea	ar Averaging Period		r
Calendar year (or fiscal year beginning in)	(a) :	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount						c 000 000
(150% of line 2a, column(e))						6,000,000.
	60	0 000	820,000.	662,500.	485,000.	2,567,500.
c Total lobbying expenditures	00	0,000.	020,000.	002,500.		
d Grassroots nontaxable amount	25	0,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount						
(150% of line 2d, column (e))			and the second			1,500,000.
					1	1

Schedule C (Form 990 or 990-EZ) 2012

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54-1806317 Page 3

Schedule C (Form 990 or 990 EZ) 2012 PATIENT ADVOCATE FOUNDATION 54-180633 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 (a) (b) of the lobbying activity. 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 (a) (b)
local legislation, including any attempt to influence public opinion on a legislative matter
or referendum, through the use of:
a Volunteers?
d Mailings to members, legislators, or the public?
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
 b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
the second did it file Form 4720 for this year?
d if the filing organization incurred a section 4912 tax, did it the Point 4720 for this year restriction 501(c)(5), or section 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
1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Bart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Description
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 1NO, OR (b) Part III-A, line 0, is answered "Yes."
1 Dues, assessments and similar amounts from members
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
b Carryover from last year
c Total
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
4 If potices 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
5 Taxable amount of lobbying and political expenditures (see instructions)
Port N/4 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 (affiliated group list); Part II-A, line 2
and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2012

232043 01-07-13

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. A s.

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Employer identification number

lame	of the organization <u>PATIENT</u> ADVOCATE FO	UNDATION	54-1806317
Part		Funds or Other Similar Fund	is 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	otal number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ad	vised tunds
	are the organization's property, subject to the organization's e	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	
	mpermissible private benefit?		
Par	II Conservation Easements. Complete if the orga	anization answered "Yes" to Porm 990	, Fait IV, mie 7.
1	Purpose(s) of conservation easements held by the organizatio	in (check all that apply)	historically important land area
	Preservation of land for public use (e.g., recreation or ec	, <u> </u>	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space	- I in the contribution in the fo	m of a conservation easement on the last
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the lot	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements	•••••••••••••••••••••••••••••••••••••••	
b	Total acreage restricted by conservation easements	icture included in (a)	
C	Number of conservation easements on a certiled instolic suc Number of conservation easements included in (c) acquired a	offer 8/17/06 and not on a historic str	ucture
d	Number of conservation easements included in (c) acquired a		2d
~	listed in the National Register	eased, extinguished, or terminated by	the organization during the tax
3			
4	year ▶	sement is located ►	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling	of
0	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easement	s during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements du	ring the year 🏲 \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	17U(n)(4)(B)(I)
Ŭ	and postion 170(b)(A)/B)(ii)?		
9	In Part VIII, describe how the organization reports conservation	on easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that descril	bes the organization's accounting for
	· · · · · · · · · · · · · · · · · · ·		
Pa	Conservation easements. Conservation easements. Conservation of the second se	f Art, Historical Treasures, o	r 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 (AS	SC 958), not to report in its revenue st	atement and palance sheet works of art,
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furth	herance of public service, provide, in Part X
	the text of the footnote to its financial statements that descri	ibes these items.	nent and balance sheet works of art historie
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stater	found and balance sneet works of an, motors
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of	Public service, provide the relief ing allow
	relating to these items:		► \$
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	an una ar other similar coasts for fina	ncial gain, provide
2	If the organization received or held works of art, historical tre	asures, or ouner summar assets for fina	Hold Brill Frontino
	the following amounts required to be reported under SFAS 1	To (ASC 300) relating to these items.	▶ \$
а	Revenues included in Form 990, Part VIII, line 1		b \$
b	Assets included in Form 990, Part X		
			Quite shale D (Form 000) 20

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Schedule D (Form 990) 2012

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2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Detected Drom 200 2012 PATIENT ADVOCATE FOUNDATION 1400 547 Page2 PartIII Organizations Maintaining Collections of At, Historical Treasures, or Other Similar Assets conduced 1 I bing the explantation as acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that top)); d Loan or exchange programs I bing the explantation as acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that top)); d Loan or exchange programs I bing the explantation as acquisition, accession, and explain how they further the organization's exempt purpose in Part XIII. Souring the year, (dith congranization solicetions of at, historical treasures, or other similar assets to be add to raise further ather than to be maintained as part of the organization's collection? Ves No. Perticitie Technow and Custofial Arrangements. Complete the organization's collection? Ves No. Perticitie Technow and Custofial Arrangements. Complete the following table. Amount Ves No. b 11 Yes, "explain the arrangement in Part XII and complete the following table. Amount Ves No. b 11 Yes, "explain the arrangement in Part XII and complete the following table. Amount Its congranization and annut on Form 990, Part X, Ine 21? Amount 10 datatione during the year 10 data schells the arrangement in Part XII and complete the following table. Amount Its co			יייי ד דיאייי	ADVOCATE	FOUND	ATION			54-18	306317	Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use on ac collection in the programs a Datio exhibition d Loan or exchange programs b Beholarly research e Other c Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. c Drowte a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. d Drowte a description of the organization and explain how they further the organization's exempt purpose in Part XIII. file Drowte a description of the organization and explain how they further the organization and explain the annount on Form 980, Part X, line 211 file In the organization and explain these, custactular or other intermediary for contributions or other assets not included on Form 980, Part X2 Prese d Additions during the year file Intelling analysis d Horogenization include an amount on Form 980, Part X, line 21? Diff they explain the aneagement in Part XIII and complete the following table: file Intelling analysis d Intoregnization include an amount on Form 980, Part X, line 21? <th>Sched</th> <th>ule D (Form 990) 2012</th> <th>PATIENT</th> <th>Abvoen11</th> <th>rt. Histo</th> <th>orical Tre</th> <th>asures, or</th> <th>⁻ Other</th> <th>Similar Ass</th> <th>ets(continue</th> <th>əd)</th>	Sched	ule D (Form 990) 2012	PATIENT	Abvoen11	rt. Histo	orical Tre	asures, or	⁻ Other	Similar Ass	ets(continue	əd)
check at that apply): d Loan or exchange programs a Pauloe exhibition d Loan or exchange programs b Scholarly research 0 Other	Par	III Organizations Ina		onections of A	ds check	any of the fo	llowing that	are a sig	nificant use of its	collection i	tems
a Public exhibition d □ Can or excharge programs b Scholarly research e Other			isition, accessio		03, 01001	uny or the t		Ū			
a		` 			н 🗍 н	oan or excha	ange prograf	ns			
Decomposed of the organization accelerations Decomposed in the organization accelerations and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solid consistence of art, historical treasures, or other similar assets to be solid or give funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part XI. Ine 9, or reported an anount on Form 990, Part X, Ine 21. Technology, Part XI. Ine 21. Technology, Part XII. Distributions during the year Technology, Part XII. Check there if the explanation thas been provided in Part XIII. Technology, Part XII. Tech											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. 5 During the year, did the organization's collections of art, historical treasures, or other eximitar assets to be soid to raise funds anter than to be maintained as part of the organization's collection? Yes No. Part/W Escrow and Custodial Arrangements. Complete if the organization answered Yes' to Form 900, Part IV, line 9, or reported an amount on Form 900, Part XI. line 21. Is the organization an agent, trustee, oustadian or other intermediary for contributions or other assets not included on Form 900, Part XZ 0 If the organization subject to the organization answered Yes' to Form 900, Part XV. Intermediary for contributions or other assets not included on Form 900, Part XZ 0 Beginning balance 10 11 14 10 10 10 10 10 11 Endowment 1 Part XIII and complete the following table: 10 11 11 12 Endowment 1 Part XIII. Check here if the explanation has been provided in Part XIII. Pert Y. So on part XZ No 13 Bif Yes ⁶ , vepin the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 10 10 10 14 Endowment Funds. Complete if the organization answered Yes' to Form 950, Part IV, line 10.	b				•						
 S. During the year, did the organization solicit or receive donations of att, historical treasures, or other similar assets to be solid to raise funds rating that the organization answered "Ves" to Form 980, Part IV, line 9, or reported an anount on Form 980, Part X, line 21. Part IV. Escrow and Custodial Arrangements. complete if the organization answered "Ves" to Form 980, Part IV, line 9, or reported an anount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization angement in Part XIII and complete the following table: Amount Id Andount Id Previous during the year Id Id Id Previous during the year Id Id Previous during the year Id Provide during adance Id Id Id Id Id	С	Preservation for future	generations	liantiana and ovoir	in how the	w further the	e organizatio	n's exem	pt purpose in Pa	art XIII.	
to be eadit or raise funds rather than to be maintained as part of the organization's collection? (198 100 Part IVI Escrew and Custodial Arrangements. Complete if the organization answered "Yes" to Form 980, Part IV. Ine 93, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 980, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the complete the explanation has been provided in Part XIII. Image: Complete the provement to the organization answered "Yes" to Form 990, Part X. Image: Complete the complete the complete the explanation has been provided in Part XIII. Image: Complete the explanation has been provided in Part XIII. Image: Complete the complete the explanation has been provided in Part XIII.	4	Provide a description of the o	rganization's co		of orthis	torical trass	ures or othe	r similar a	asets		
Earty M 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Arrount de /ul>	5	During the year, did the organ	Ization solicit of	receive donations	the organ	ization's col	lection?			Yes	No_
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, oustoclian or other intermediary for contributions or other assets not included on Form 890, Part X, line 21. b if "Yee," explain the arrangement in Part XII and complete the following table: c Beginning balance d Additions during the year f Ending balance d Id d Diff "Yee," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. d Part M		to be sold to raise funds rathe	er than to be ma	antained as part of	late if the	organization	answered "	Yes" to F	orm 990, Part IV	line 9, or	
1a Is the organization an agent, trustee, oustoclian or other intermediary for contributions or other assets not included on Form 980, Part X7 Yes No b If 'Yes, 'explain the arrangement in Part XII and complete the following table: Arnount Id c Beginning balance 1d Id d Additions during the year Id Id e Distributions during the year Id Id d Ending balance 1f Id Id 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If 'Yes' 'cos' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No Dif 'Yes' cos' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ip organization answend 'Yes' to Form 990, Part X, line 10. Ip organization answend 'Yes' to Form 990, Part X, line 10. Carter so scholarships (a) Current year (b) Prory year (c) Two years back (c) Throe years back (c) form years back (c) Prory year (c) Two years back (c) Throe years back (c) Form years back (c) Prory year (c) Two years back (c) Throe years back (c) Form years back (c) Prory year (c) Two years back (c) Prory year (c) Prory year (c) Prory year (c) Pr	Rar	Escrow and Cusi	Dural Arrang	t X line 21.		organization	anonoroa				
on Form 990, Part X?				an or other interme	diany for c	ontributions	or other ass	ets not i	ncluded		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Ending balance 1d a Did the organization include an amount on Form 990, Part X, line 21? Ives." explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part M	1a	Is the organization an agent,	rusiee, cusious		sciary for c				[Yes	🗔 No
c Beginning balance io Antouni d Additions during the year id id e Distributions during the year id id a Did the organization include an amount on Form 990, Part X, line 21? iv iv iv 2a Did the organization include an amount on Form 990, Part X, line 21? iv iv iv iv 2a Did the organization include an amount on Form 990, Part X, line 10. iv iv iv iv iv Part V. Endowment Funds. Complete if the organization answered 'Ves' to Form 990, Part IV, line 10. iv iv< iv iv iv iv< iv< iv		on Form 990, Part X?	east in Part VIII	and complete the f	iollowing t	able [.]					
c Beginning balance 1d e Distributions during the year 1d e Distributions during the year 1f e Distributions 1 Part XIII. Check here if the explanation has been provided in Part XIII. Preview explanation has been provided in Part XIII. Part Vill Enclowment Funds. Complete if the organization answered "Yes" to Form 990. Part X, line 10. Part Vill 1,920,715 1,943,750 1,974,277 1,975,136 b Contributions 2,74,425 <23,035 <30,627 <759 37,653 c Net investment earnings, gains, and losses <74,425 <23,035 <30,627 <759 37,653 c Other expenditures for facilities 1,942,750 1,974,377 1,975,136 g End of year balance 1,942,290 1,920,715 1,943,750 1,974,377 1,975,136 g Forvide the estimated percentage of the ourrent year end balance (line fg, column (a)) held as: a Board designated or quasi-endowment	b	If "Yes," explain the arrangen	hent in Part Am a	and complete the	ollowing a					Amount	
d Additions during the year 10 e Distributions during the year 11 t Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21? 11 Part M. Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 11 Part M. Ending balance 1, 920, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 937, 483, 1, 937, 483, 1, 937, 483, 1, 937, 483, 1, 937, 433, 50, 1, 974, 377, 1, 975, 136, 1, 937, 483, 1, 930, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 937, 483, 1, 937, 483, 1, 937, 483, 1, 937, 483, 1, 937, 425, < 23, 935, < 30, 627, > <759, 37, 653, 37, 653, 0, 401 restment earnings, gaine, and losses c Antinistrative expenses 1, 940, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 937, 433, 1, 946, 290, 1, 920, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 937, 433, 1, 946, 290, 1, 920, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 937, 433, 1, 946, 290, 1, 920, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 937, 433, 1, 946, 290, 1, 920, 715, 1, 943, 750, 1, 974, 377, 1, 975, 136, 1, 947, 377, 1, 975, 1, 946, 1, 1, 947, 377, 1, 975, 136, 1, 947, 377, 1, 975, 1, 946,									10		
e Distributions during the year 1 t Ending balance 1 Bold the organization incluide an amount on Form 990, Part X, line 21? 1 Yes Part XM Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 10. Part XM Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 10. Part XM Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 10. t Beginning of year balance (b) Prior year (c) Two years back (d) Three years back t Did the organization answered "Yes" to Form 990, Part X, line 21. 1, 920, 715. 1, 943, 750. 1, 975, 136. 1, 937, 433. t Other expenditures for facilities	C	Beginning balance	••••••		••••••		•••••		1d		
f Ending balance IT Yes No Dif "rese; veplain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No Dif "ves; veplain the arrangement in Part XIII. Check here if the explanation answered "ves" to Form 990, Part XIII. Part XIII. Part XIII. Part V. Endowment Funds. Complete if the organization answered "ves" to Form 990, Part IV. Ime 10. (a) Current year (b) Prior year (c) Two years back (c) They ears back (c) They ears back (c) Two years back (c) Form 990, Fart Yea <th>d</th> <th>Additions during the year</th> <th>••••••</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>1e</th> <th></th> <th></th>	d	Additions during the year	••••••						1e		
2a Did the organization include an amount on Form 990, Part X, line 21?	е	Distributions during the year	•••••	•••••••••••••••••••••••••••••••					1f		
b. If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Line 10. Part W	f	Ending balance		orm 000 Part V lin		••••••				Yes	No
Park V Endowment Funds. Complete if the organization answered "Yes" to Form say, Fail IV, line to. (e) Four years back for the organization f	2 a	Did the organization include	an amount on Fe	Ohnek hara if the	evoianatio	n has heen	nrovided in F	Part XIII			
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Intree years back (c) Intre	b Doci	If "Yes," explain the arranger	de Complete i	f the organization :	answered	"Yes" to For	m 990. Part	IV, line 10).		
1a Beginning of year balance 1,920,715,1,943,750,1,974,377,1,975,136,1,977,136,1,977,4337,1,975,136,1,977,4377,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,136,1,974,1,975,1,974,1,975,1	89	Endowinent i di				rior year	(c) Two years	s back (d) Three years bac	k (e) Four y	ears back
a beginning of year dualities y y y b Contributions x y y y c Net investment earnings, gains, and losses x y y y d Grants or scholarships x y y y y e Other expenditures for facilities x y y y y and programs x y y y y y y g End of year balance 1,846,290,1,920,715,1,943,750,1,974,377,1,975,136, y	_		ļ	a sector and the sector of the							937,483.
c Net investment earnings, gains, and losses <74, 425, < <23, 035, > <30, 527, > <759, > 57,035, d Grants or scholarships		• -			·	<u>, , , , , , , , , , , , , , , , , , , </u>	· _	<u> </u>			
c Not investment earlings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1,846,290.1,920,715.1,943,750.1,974,377.1,975,136. g End of year balance g Mo g End of year balance g Mo g Mo g Mo g End or yearizations g In ercentages in lines 2a, 2b, and 2c should equal 100%. g Mo				<74 425		<23.035.	> <30	627.>	<75	9.>	37,653.
e Other expenditures for facilities and programs			1		·r				· ·		
and programs											
f Administrative expenses 1,846,290 1,920,715 1,943,750 1,974,377 1,975,136 g End of year balance 1,846,290 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 ▶ % mapped % % a for there endowment funds not in the possession of the organization that are held and administered for the organization by: % (i) unrelated organizations % iii) related organizations % g Describe in Part XIII the intended uses of the organization's endowment funds.	e	•									_
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g End of year balance	f	•		1 846 290		920 715.	1,943	3,750.	1,974,37	7. 1,	975,136.
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: (i) unrelated organizations (ii) related organizations 4 Describe in Part XII the intended uses of the organization's endowment funds. Part Vis Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 78,896. 6,296. 72,600. c Leasehold improvements 2,179,964. 1,230,694. 949,270. a Equipment 203,368. 1007.		End of year balance						!			
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2			Terri year erru bala	100 (iii0 1 %	g, oolanni (o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b Permanent encomment ↓ % 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 Yes (i) unrelated organizations	_		ndowment		/						
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(i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VIII Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 78,896. 6,296. 72,600. c Leasehold improvements 2,179,964. 1,230,694. 949,270. d Equipment 203,368. 203,368. 203,368.	3a		not in the posse	6331011 01 010 0190					-		
(ii) related organizations 3a(ii) 4 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 78,896. (c) Accumulated depreciation Part VIII Land, Buildings, and Equipment. See Form 990, Part X, line 10. (d) Book value (d) Book value Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 78,896. 6,296. 72,600. c Leasehold improvements 2,179,964. 1,230,694. 949,270. d Equipment 203,368. 203,368. 203,368.		by:								3a(i)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 30 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VII 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 1a Land		(i) unrelated organizations	•••••			•••••				3a(ii)	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VIII 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		(II) related organizations	ted exercise tion	n lietod ac require	d on Sche	dule B?				3b	
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 d Equipment 78,896. 6,296. 72,600. 2,179,964. 1,230,694. 949,270. 203,368. 203,368. 1003.000.		If "Yes" to 3a(ii), are the rela	ted organization	o organization's er	dowment	funds	••••••				
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Land asis (investment) basis (other) depreciation 1a Land 78,896. 6,296. 72,600. c Leasehold improvements 2,179,964. 1,230,694. 949,270. d Equipment 203,368. 203,368. 1000.000.00000000000000000000000000000		STAR I'M PROG					or other	(c) A	cumulated	(d) Book	value
1a Land		Description of pro	Jerty					•••			
1a Land 5 Buildings c Leasehold improvements 78,896. 6,296. 72,600. d Equipment 2,179,964. 1,230,694. 949,270. e Other 203,368. 203,368. 1000000000000000000000000000000000000	<u> </u>						<u> </u>				
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c Leasehold improvements 2,179,964. 1,230,694. 949,270. d Equipment 203,368. 203,368. 203,368.	b	• • • • • • • • • • • • • • • • • • • •			, ·	7	8,896.		6,296.	7:	2,600.
d Equipment 203,368. 203,368.	c							1,	230,694.		
						20	3,368.				
	e	Uner	olumn (d) must	equal Form 990_P	art X, colu					1,22	5, <u>238</u> .

Schedule D (Form 990) 2012

232052 12-10-12

Schedule D ((Form 990)) 2012

PATIENT ADVOCATE FOUNDATION

Part VII Invest	tments - Other Securities. See	Form 990, Part X, line	12	
(a) Description of sec	Curity or Category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
1) Financial derivati	ives			
	ity interests			
3) Other	· · · · · · · · · · · · · · · · · · ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		· · · · · · · · · · · · · · · · · · ·		
(G)				
(H)				
()		<u>.</u>		
Totai. (Coi. (b) must e	qual Form 990, Part X, col. (B) line 12.) 🕨		AN PLANE CONTRACTOR OF CONTRACT	
Part VIII Inves	tments - Program Related. Se	e Form 990, Part X, line (b) Book value	13.	t or end of-year market value
(a) Desc	cription of investment type	(b) BOOK Value	(c) Method of Valuation, occ	
(1)				
(2)				·
(3)		<u> </u>		
(4)				
(5)				
(6)				
(7)		····	_	
(8)		· · · · · · · · · · · · · · · · ·		
(9)				
	LEven OOD Deatly and (D) line 12.)	· · · · · · · · · · · · · · · · · · ·		
Total. (Col. (D) must e	qual Form 990, Part X, col. (B) line 13.) ► r Assets. See Form 990, Part X, line	15	NEW CONSIGNOUT AND AND AND AND AND AND	
				(b) Dealership
	(8)	Description		(b) Book value
	(a)	Description		(b) Book value
(1)	(a)	Description		
(2)	(a)	Description		
(2)	(a)	Description		
(2) (3) (4)	(a)	Description		
(2) (3) (4) (5)	(a)			
(2) (3) (4) (5) (6)	(a)			
(2) (3) (4) (5) (6) (7)	(a)			
(2) (3) (4) (5) (6) (7) (8)	(a)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a)			
(2) (3) (4) (5) (6) (7) (8) (9) (10)				
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) /	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X,	ie 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Part X Othe	nust equal Form 990, Part X, col. (B) lin	ie 15.)	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) the Part X Othe 1. (1) Federal inc	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes	ie 15.)		
(2) (3) (4) (5) (6) (7) (8) (10) Total. (Column (b) r (10) Total. (Column (b) r Part X Other 1. (1) Federal inc	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes	ie 15.)	380,199.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Part X Othe 1. (1) Federal inc (2) ACCRUE (3) LEASE	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) the Part X Other 1. (1) Federal inco (2) ACCRUE (3) LEASE (3) LEASE	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes 2D VACATION	re 15.)	380,199.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Part X Othe 1. (1) Federal inc (2) ACCRUI (3) LEASE (4) LONG-5	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Part X Othe 1. (1) Federal inc (2) ACCRUI (3) LEASE (4) LONG- (5)	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) the Part X Othe 1. (1) Federal inc (2) ACCRUE (3) LEASE (4) LONG- (5) (6)	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Part X Other 1. (1) Federal inc (2) ACCRUE (3) LEASE (4) LONG-1 (5) (6) (7)	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (10) Total. (Column (b) (10) Part X Other 1. (1) Federal inc. (2) ACCRUE (3) LEASE (4) LONG-5 (5) (6) (7) (8)	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Pait X Other 1. (1) Federal inc (2) ACCRUE (3) LEASE (4) LONG-1 (5) (6) (7)	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	re 15.)	<u>380,199.</u> 37,866.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) / Part X Other 1. (1) Federal inc. (2) ACCRUE (3) LEASE (4) LONG-5 (5) (6) (7) (8) (9) (10) (11)	nust equal Form 990, Part X, col. (B) lin r Liabilities. See Form 990, Part X, (a) Description of liability ome taxes ED VACATION OBLIGATION	line 25.	<u>380,199.</u> 37,866.	

Schedule D (Form 990) 2012 PATIENT ADVOCATE FOUNDATION	ſ	54-1806317 Page 4
Schedule D (Form 990) 2012 PATTENT ADVOCATE FOUNDATION Part XI Reconciliation of Revenue per Audited Financial Statement	nts With Revenue per F	Return
		1 48,418,438.
a set the set of the set of Form 000 Part V/II line 12:		
the standard and the second	2a <74,425	
ment to write an end was of facilities	2b 75,832	
	20	
	2d	
e Add lines 2a through 2d		2e 1,407.
and the second sec		3 48,417,031.
 Subtract line 2e from line 1 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 XIII.)		
•		4c < <u>397,465.</u> >
This must equal Form 990 Part I, line 12.)		5 48,019,566.
Part XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return
		1 43,885,304.
A second se		
	2a 75,832	•
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	207 465	•
d Other (Describe in Part XIII.)		2e 473,297.
e Add lines 2a through 2d		3 43,412,007.
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		4c 0.
c Add lines 4a and 4b	•••••••••••••••••••••••••••••••••••••••	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	······	
Part XIII Supplemental Information	I lines to and 4: Part IV lines	1b and 2b: Part V, line 4: Part
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	n, illies ta anu 4, Part IV, illies Intervide any additional inform	ation
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		DATTON WAS
PART V, LINE 4: THE ENDOWMENT FUND OF PATIEN	I ADVOCATE FOOL	
ESTABLISHED IN 2001 TO FURTHER ITS EXEMPT PU	RPOSE BY SUPPOR	TING DIRECT
PATIENT SERVICES. THE ENDOWMENT FUND BUILDS	TONG-IEVW PINDI	
FUTURE OF THE FOUNDATION BY PROVIDING AN ADD	ITIONAL SOURCE	OF INCOME TO
MEET AN INCREASING DEMAND FOR NATIONAL PROGR		
FOR INTEREST INCOME TO BE USED BY PAF AND RE		
EXCEPT IN THE EVENT OF A CATASTROPHIC EVENT	SUCH AS TOTAL E	<u>FINANCIAL</u>
COLLAPSE OF FUNDING RECEIVABLES.		

Schedule D (Form 990) 2012

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232054 12-10-12

27 0 2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

-342,000.

-397,465.

55,465.

342,000.

397,465.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER THE

PROVISIONS OF SECTION 501C3 OF THE INTERNAL REVENUE CODE. THE

ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL

UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT -55,465.

BASIS IN OTHER PROPERTY ABANDONED

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT

BASIS IN OTHER PROPERTY ABANDONED

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2012

232055 12-10-12

2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

SCHEDULE G	Supplemental Info	ormati	on	Regarding			OMB No, 1545-0047
(Form 990 or 990-EZ)	Fundraising or (-				2012
Pepartment of the Treasury or Iternal Revenue Service	te if the organization answered "Y if the organization entered more t ▶ Attach to Form 990 or Form 99	than \$15,0	00 on	Form 990-EZ, line	6a.	- İŋ	pen To Public spection
lame of the organization					Employ		tification number
	T ADVOCATE FOUNDA			Form 000, Bart IV, Ji	54-1		
Part required to complete this	es. Complete if the organization an part.	swered "Y	es" to	Form 990, Part IV, II			
 Indicate whether the organization a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 	e 🔛 Soli ons f 🛄 Soli g 🛄 Spe	citation of citation of cial fundra	non-go goveri ising e	overnment grants nment grants events			
 2 a Did the organization have a writte key employees listed in Form 990 b If "Yes," list the ten highest paid compensated at least \$5,000 by), Part VII) or entity in connection wi individuals or entitles (fundraisers) p	ith profess	onal f	undraising services?	·	Yes or is to I	No No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	ed by) er	(vi) Amount paid to (or retained by) organization
		Yes	No				
							·
·							
			<u> </u>				
3 List all states in which the organiz or licensing.	ration is registered or licensed to so	licit contril	oution	s or has been notifie	d it is exempt	from r	egistration
			,		····		
				<u> </u>			

29

 Schedule G (Form 990 or 990 EZ) 2012 PATIENT ADVOCATE FOUNDATION
 54-1806317
 Page

 Part II
 Fundralsing Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

 societe greater than \$5.000 e 1 and 6h List events with (

		of fundraising event contributions and	(a) Event #1 PROMISE OF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			HOPE (event type)	(event type)	(total number)	- col. (c))
	1	Gross receipts	200 001			309,801
		Less: Contributions				252,858
		Gross income (line 1 minus line 2)	= = = = = = = =			56,943
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	12,089.			12,089
-	7	Food and beverages				32,526
	8	Entertainment		·····	,	10,850
1	9 10	Other direct expenses	L ough 9 in column (d)	1		(55,465
ĺ.	44	Not income summary Combine line 3, co	lumn (d), and line 10			1,478
ai	r t a	Gaming. Complete if the organizat	ion answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		tt > Dull tabalingtont		(d) Total gaming (add
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
				Bingorprogradura binge		
	1	Gross revenue				
1	<u> </u>	Glosa Tevendo				
	2	Cash prizes				
·	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			·	
			Yes%		└ Yes %	6
	6	Voluntoor labor	No	IL No		
	6	Volunteer labor				
	6 7					
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		▶	
	7		ough 5 in column (d)		▶	
,	7 8 En	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine l</u> iter the state(s) in which the organization o	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _		▶	
a	7 8 En Is	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine I</u> iter the state(s) in which the organization o the organization licensed to operate gamin	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _ ng activities in each of these	states?	▶	
a	7 8 En Is	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine l</u> iter the state(s) in which the organization o	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _ ng activities in each of these	states?	▶	
a	7 8 En Is	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine I</u> iter the state(s) in which the organization o the organization licensed to operate gamin	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _ ng activities in each of these	states?	▶	
a b	7 8 Is If	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine I</u> ater the state(s) in which the organization o the organization licensed to operate gamin "No," explain:	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _ ng activities in each of these	states?		Yes N
a b)a	7 En Is If	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine I</u> iter the state(s) in which the organization o the organization licensed to operate gamin	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _ ng activities in each of these res revoked, suspended or t	states? erminated during the tax	year?	Yes N
a b	7 En Is If	Direct expense summary. Add lines 2 thr <u>Net gaming income summary. Combine I</u> ater the state(s) in which the organization o the organization licensed to operate gamin "No," explain:	ough 5 in column (d) ine 1, column d, and line 7 perates gaming activities: _ ng activities in each of these res revoked, suspended or t	states? erminated during the tax	year?	Yes N

Schedule G (Form 990 or 990 EZ) 2012 PATIENT	ADVOCA	TE FOUN	DATION		54-180	6317	Page 3
11 Does the organization operate gaming activities w	ith nonmembe	ers?				Yes	No
12 Is the organization a grantor, beneficiary or trustee	e of a trust or a	a member of a	a partnership or c	other entity formed	_	_	
to administer charitable gaming?					L	_ Yes	L No
13 Indicate the percentage of gaming activity operate	əd in:						
a The organization's facility						3a	<u>%</u> %
b An outside facility					L		
14 Enter the name and address of the person who p	repares the or	ganization's g	jaming/special ev	ents books and rea	Jorus.		
Name					.		
Address ►	<u> </u>				<u> </u>		
15a Does the organization have a contract with a third						Yes	No No
b If "Yes," enter the amount of gaming revenue rec	eived by the o	organization 🕽	▶\$	and the a	mount		
of gaming revenue retained by the third party \blacktriangleright	\$	<u> </u>					
c If "Yes," enter name and address of the third part	ty:						
Name 🕨							
Address							
16 Gaming manager information:							
Name 🕨			<u> </u>				
Gaming manager compensation 🕨 \$	<u> </u>						
Description of services provided 🕨							
	ə	Indepen	dent contractor				
17 Mandatory distributions:	al a shawkabla	- dietributione	from the gaming	nroceeds to			
a is the organization required under state law to m					[Yes	🗌 No
retain the state gaming license? b Enter the amount of distributions required under	state law to b	oe distributed	to other exempt	organizations or sp	ent in the		
an anti-stanta our event activities during the t	ay year 🕨 \$						
Dart IV Supplemental Information, Complete	this part to pro	ovide the exp	lanations require	d by Part I, line 2b,	columns (iii) a	nd (v), ar	nd Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b,	as applicable	e. Also comple	ete this part to pro	ovide any additiona	I Information	see msu	uctions).
·····							
·	,	<u>.</u>					<u> </u>
· · · ·							
							, ·,
			·	Sche	dule G (Form	990 or 9	90-EZ) 201
232083 01-07-13			31		-		

SCHEDULE I Form 990)			Grants and (Governments,	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations, n the United Stat	8		OMB No. 1545-0047
Department of the Treasury nternal Revenue Service		Comple	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	I answered "Yes" to Fol ★ Attach to Form 990.	to Form 990, Part n 990.	t IV, line 21 or 22.		Open to Public Inspection
Vame of the organization	PATIENT	ADVOCATE FC	FOUNDATION					Employer identification number 54 – 1806317
Partil General In	General Information on Grants and Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	stance?		مراجع في مناطقة المراجعة الم مراجعة المراجعة l Ctatac				
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use or grant runds in the United States.	Generation in the second secon	Organizations in the	Inited States Cr	i olales. Amolete if the orda	nization answered "Y	es" to Form 990. Part	IV, line 21, for any
	Grants and Uther Assistance to Governments and Organizations in the Univer States. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	55,000. Part II can t	Dr gamizauons in une be duplicated if additic	onal space is need	ompiere i uno orga led.			
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(9)	(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
2 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				
	Enter total number of other organizations listed in the line 1 table	is listed in the line 1	i table					
17	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	», see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

12-18-12

C ADVOCATE	E FOUNDATION	NOID			54-1806317 Page 2
	ited States. Com	plete if the organiza	tion answered "Yes"	to Form 990, Part IV, line 22.	
(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	10	28,500.	0.		
CO PAY RELIEF ASSISTANCE	18437	29,386,965.	0.		
CANCER PREMIUM ASSISTANCE PUNDING	6	9,696.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informatio	n required in Part I,	line 2, Part III, colum	in (b), and any other additional ir	formation.
SCHEDULE I, PART I, LINE 2: THROUGH	GH PATIENT	T ADVOCATE	FOUNDATIONS	SN	
SCHOLARSHIP FOR SURVIVORS, 10 SCH	SCHOLARSHIPS	WERE	AWARDED TO STU	STUDENTS WHOSE	
STUDIES WERE INTERRUPTED OR DELAYED	BY A	DIAGNOSIS OF	A LIFE	THREATENING,	
CHRONIC OR DEBILITATING DISEASE.	THE STUDE	STUDENTS MUST E	BE ENROLLED	FULL-TIME,	
MAINTAINING GPA OF 3.0 OR BETTER	AND COMPLETE	20	HOURS OF COMM	COMMUNITY SERVICE	
DURING THE ACADEMIC YEAR.					
r.					
PATIENT ADVOCATE FOUNDATION (PAF)	CO-PAY	RELIEF PROC	PROGRAM (CPR)	CURRENTLY	
PROVIDES DIRECT FINANCIAL SUPPORT	더	KED PATIEN	INSURED PATIENTS WHO MUST	FINANCIALLY	
232102 12-18-12		33			Schedule I (Form 990) (2012)

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232102 12-18-12

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 COMMERCIALLY 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.



232291 05-01-12

(Form 990) For carcial Officera, Directora, Trustesa, Koy Employesa, and Highest Composite Employee 2012 Director of the Treating Warran Andreas Barbin > Attach to Form 900, base securate instructions. Director Directora, Trustesa, Koy Employees, and Highest Composite It the Treating Marran Other Organization Employee Identification number 54-1806317 Part I SUP ADVOCATE FOUNDATION Employee Identification number 54-1806317 Part I Support ADVOCATE FOUNDATION 54-1806317 Part I Support I Device any relevant Information regarding these terms. Yes Part I Support I Device any relevant Information regarding these terms. Yes Part I Support I Device any relevant Information regarding these terms. Yes Part I Support I Device any relevant Information regarding these terms. Yes Part I Support I Device any relevant Information regarding these terms. Part I Device any relevant Information regarding these terms. I Device I Devic	SCH	IEDULE J	Compensation Information		o. 1545-004	47
			For certain Officers, Directors, Trustees, Key Employees, and Highest	21	112	,
Department of the finality Attach to Form 990. See segurate instructions. Employer identification number 54 - 180 631.7 PART IENT ADVOCATE POUNDATION Employer identification number 54 - 180 631.7 Part IENT ADVOCATE POUNDATION Employer identification number 54 - 180 631.7 Part IENT ADVOCATE POUNDATION Employer identification number 54 - 180 631.7 Part IENT ADVOCATE POUNDATION Yes None of the organization for information regarding these items. Image of the organization provided any of the following to or for a person listed in Form 690, Part VII, Section A, Ine 1a. Complete Part III to provide any retwork information regarding these items. Image of the information and gross up payments information regarding these items. Image of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or neinbursement or provision of all of the expenses described above? If "No," complete Part III to explain trustees, and the CEO/Executive Director, regarding the items checked in the 1a" 2 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 apph, to not check any boxes for methods used by a related organization 's CEO/Executive Director, check all that apph, to not check any boxes for methods used by a related organization 's CEO/Executive Director, check all that apph, to not check any boxes for methods used by a related organization 's CEO/Executive Director, check all that apph, to not check any boxes for methods used by a related organization t	•	-	Compensated Employees Complete if the organization answered "Yes" to Form 990.		/ / //	1 \$\$\$\$\$\$\${}
Interm of the organization Attach to Form 980. ► See separate instructions. Intervalue control instructions. Name of the organization PATIENT ADVOCATE FOUNDATION Enclosed instructions. Enclosed instructions. See separate instructions. Enclosed instructions. See separate instructions. Enclosed instructions. See separate instructions. Enclose instructions. See separate inst	Depar	tment of the Treasury	Part IV, line 23.	Open	to Publi	
PARTENT ADVOCATE FOUNDATION 54-1806317 Part I: Questions Regarding Compensation Yes No • Check the appropriate box(e) if the organization provided any of the following to or for a person listed in Form 990, Part VI, Section A, line 1.6. complete Part III to provide any relevant Information regarding these terms. Pravel for companions Pravel for companions Discretionary spending account Presenting and present relations Personal services (e.g., maid, charlfour, Cher) b fary of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the exponence described aboxel II''.Nu ² , complete Part III to explain. b fary of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the explane described aboxel II''.Nu ² , complete Part III to explain. Indicate which, if any, of the following the filing organization used to establish the compensation ormitte CLY compensation ormittee CLY compensation committee CLY compensation ormittee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization? Participate in, or reacker payment from, a supplicable amounts for each item in Part III. Only each organization? H "Yee'' to any of lines 4 ac, list the persons and provide the applicable amounts for each item in Part III. Oringeransitation? Participate in Form 990, P	Interna	al Revenue Service		SPECIAL CONTRACTOR OF A CONTRACTOR OF		<u>建新闻的</u> mher
Part F: Questions Regarding Compensation	Nam	e of the organizatio				
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. Image: Check the appropriate box(es) if the organization provide any relevant Information regarding these items. Image: Check the appropriate box(es) if the organization regarding these items. Image: Check the appropriate box(es) if the organization regarding these items. Image: Check the appropriate box(es) if the organization regarding these items. Image: Check the appropriate box(es) if the organization regarding the presenal residence or initiation fees Image: Check the appropriate box(es) if the organization follow a written policy regarding payment or relements appropriate box (box es) if the organization regule subtaintiation prior to relembursing or allowing expenses incurred by all officers, directors, trustees, and the CEC/Executive Director, payment for to relembursing or allowing be presented organization to establish the compensation of the organization to establish the compensation of the CEC/Executive Director, but explain in Part III. Image: Check the appropriate box(es) if the organization to establish the compensation contract if X independent compensation consultant if X compensation survey or study a related organization to establish compensation contract if X independent compensation consultant if X compensation survey or study approval by the board or compensation committee X 4 During the syser, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? Image: Check the appropriate box organisation committee X	DX					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Payments for business use of personal residence Discretionary spending account Personal services (e.g., mail, 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 "Na," complete Part III to explain. 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant X X Independent compensation consultant X X Compensation committee X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 7 <th>144 641</th> <th>uesuon</th> <th></th> <th></th> <th>Yes</th> <th>No</th>	144 641	uesuon			Yes	No
Tax Indemnification and gross up payments Health or social club dues or initiation fees Image: Club duescond structure in the sequence of the seq	1 a	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.	al use		
Dispretionary speerding account 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 to establish compensation committee 2 2 IM Compensation committee Image: the mage of the organization is a selecter or an esteric organization. 2 2 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 3 4a X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a X 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization are servirance payment form, an equily-based compensation amagement? 4a X 4 During the year, is the persons and provide the applicable amounts for each item in Part III. 6a X 5				dence		
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reinbursement 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, but explain in Part III. 2 3 Compensation committee Image:		Discretionary	spending account	iet)		新行
trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filling 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 committee Indipendent compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation committee Image: Stabilish compensation Image: Stabilish compensation Ima		reimbursement or	provision of all of the expenses described above? If "No," complete Part III to explain			
 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEC/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEC/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Compensation or a related organization: Beceive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation ontingent on the revenues of: For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of: The organization? Any related organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of: The organization? Any related organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of: The organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of: The organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of: The organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of: The organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or acc	2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormittee Independent compensation ormittee Image: Compensation committee Image: Imag		trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?			Windowski (
organization or a related organization: 4a X 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. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5a X c For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of: 5a X a The organization? 5a X 5b X b Any related organization? 5a X 5b X b Any related organization? 5a X 5b X b Any related organization? 5a X 5b X b Any related organization? <	3	CEO/Executive Dir establish compens X Compensatio X Independent	ector. Check all that apply. Do not check any boxes for methods used by a related organization ation of the CEO/Executive Director, but explain in Part III. In committee Written employment contract compensation consultant	on to		
a Hecelye a severate payment of change or control payment? b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c c Participate in, or receive payment from, an equity-based compensation arrangement? d if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. dc Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: fa a The organization? fa fa if "Yes" to line 6a or 5b, describe in Part III. 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: fa a The organization? fa fa if "Yes" to line 6a or 6b, describe in Part III. 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: fa a The organization? fa fa b Any related organization? fa fa "Yes" to line 6a or 6b, describe in Part III. fb 7 X 6b X if "Yes" to line 6a or 6b, describe in Part III. 7	4	organization or a r	elated organization:	A-		X
b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 6a 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? 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 pay or accrue any compensation contingent on the net earnings of: a The organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contr	a	Receive a severan	ce payment or change-of-control payment?			
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Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 5a X 6a X 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 6b X 6b X 7 X 8 X 9 If "Yes" to line 6, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described 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	С	Participate in, or re	nee to a list the persons and provide the applicable amounts for each item in Part III.			教任朝
a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6b X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 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 2 2	5	Only section 501(For persons listed	c)(3) and 501(c)(4) organizations must complete lines 5-9. in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	1997		
 b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	a	-		5	3	
 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 		Any related organi	zation?) 	X
contingent on the net earnings of: a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 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 2 2		If "Yes" to line 5a	or 5b, describe in Part III.			
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 b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 						
 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	b					2 12 1
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 0 0	_	It "Yes" to line 6a	or op, gescribe in Part III. In Form 000, Dart VIII, Section A, line 1a, did the creanization provide any non-fixed navments		112: 251(9 4),	
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 2	7				,	x
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 2	•	not described in li	res o and or it Tres, describe in Fart it		-	†
 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 	8	were any amounts	s reported in Form 330, Fait vii, paid of accrued pursuant to a contract that was subject to the option described in Regulations section 53 4958-4/a)(3)? If "Yes," describe in Part III	Ĩ le	;	x
	~	Initial contract exc	eption described in negativities section so. sous statistics, described in		+	1
Regulations section 53 4958-6(c)7	9		n 53.4958-6(c)?			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2012	i HA			Schedule J (F	orm 990)) 2012

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Schedule J (Form 990) 2012 PATIENT	E.	ADVOCATE F	FOUNDATION	and the set for the set of the se	54-1806317	317		Page 2
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. Section A, line 1a, applicable column (D) and (E) amounts for that individual. Note. The sum of columns (B)(i)-(ii) 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.	Form of the second seco	yees, and ruguest o borted in Schedule J, 990, Part VII. lividual must equal th	report compensation report compensation total amount of F	on from the organization of the organization o	ation on row (i) and froi ection A, line 1a, appli	m related organization	s, described in the inst (E) amounts for that inc	ructions, on row (ii). lividual.
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	suieueo	(a)-(0)(a)	in prior Form 990
(1) NANCY DAVENPORT-ENNIS SEE SCH O	ш о	131,603.	280,000.	.0	5,140.	5,586.	4	0.
EF EXECUTIVE OFFICER		966,996	• 0	•0				0
(2) WILLIAM NASON	Ξ	156,864.	.0		6,17	12,23	175,27	•0
CHIEF OPERATING OFFICER	Ξ	.0	•0	•0	.0	.0	.0	•0
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SCHEDU	JLE L
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Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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
2012
Open To Public Inspection

Employer identification number

Name of the organization

54-1806317

			FOUNDATION	
Part I	Excess Benefit Transa	ctions (section 5	01(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	(b) Relationship between disqualified			ected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
		······································		
		,		
2 Enter the amount of tax incurred	by the organization managers or disqualified pe	rsons during the year under		

section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part III Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22,

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
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Total				<u> </u>	▶ \$	<u> </u>		 []、]約	india (

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 of assistance	(d) Type of assistance	(e) Purpose of assistance
			······································	
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · ·	

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

Schedule L (Form 990 or 990-EZ) 2012

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	485,000.	RELATED ENI	1	X
		·	1 <u> </u>		
			·		
·			/		
					<u> </u>
					<u> </u>

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 L (Form 990 or 990-EZ) 2012

232132 12-03-12

13261029 781788 2040438000

2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

ZUIZ Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer	ident	ificati	on number
5	4-1	806	317

PATIENT ADV

Par	t I Types of Property					
		(a)	(b)	(C) Nanasah sentrikution		(d)
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on		od of determining contribution amounts
		applicable		Form 990, Part VIII, line 1g		
1	Art - Works of art	Х	11	3,490.	RETAIL	VALUE
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods	X		4,295.	RETAIL	VALUE
6	Cars and other vehicles	<u>_</u>				
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 -				ľ	
	Historic structures					
14	Qualified conservation contribution - Other		_			
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles	X	23	2,662.	RETAIL	VALUE
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts		1			
23	Scientific specimens					
24	Archeological artifacts					
2 5	Other ► (GIFT_BASKETS_)	X	101	12,877.		
26	Other (JEWELRY/ACCES)	X	40	6,195.	RETAIL	VALUE
27	Other ()					
28	Other ► ()					
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for a	contributions		
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		
						Yes No
3 0a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28 th	hat it must hole	d for
	at least three years from the date of the initial					for <u>stat</u>
	the entire holding period?					<u>30a X</u>
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	<u> </u>
	Does the organization hire or use third parties					
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is c	hecked,	
	describe in Part II.					

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Schedule M (Form 990) (2012)

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number

54-1806317

PATIENT ADVOCATE FOUNDATION

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:

THE FOUNDATION HAS AN ESTABLISHED PUBLICATIONS COMMITTEE THAT IS RESPONSIBLE FOR PUBLISHING NEW PATIENT EDUCATION MATERIALS THAT ARE WIDELY USED WITH FOUNDATION PATIENTS AS WELL AS PROVIDED TO OTHER THE FOUNDATION HAS ORGANIZATIONS AND FACILITIES FOR USE WITH PATIENTS. AUTHORED A TOTAL OF 30 PATIENT EDUCATIONAL PUBLICATIONS. IN FY2012/2013, THE FOUNDATION COMPLETED AND PUBLISHED TWO FULL LENGTH PUBLICATIONS: "2013 HEALTH CARE REFORM AND YOU: A USERS GUIDE TO HEALTH INSURANCE MARKETPLACES" AND "A CLEAR VIEW TO MEDICARE...MAKING THE MOST AS WELL, A COMPREHENSIVE OVERVIEW OF THE APPEAL OF YOUR BENEFITS". PROCESS WAS UPDATED WITH REFORMS IMPLEMENTED BY HEALTH CARE REFORM BY THE PAF TRAINING COORDINATOR TO BE USED WITH TRAINING INTERNAL PAF STAFF MEMBERS. IN THE FALL OF 2012, PAF SIMPLIFIED AND UPDATED THE USER INTERFACE FOR THE ONLINE SEARCH TOOLS, NATIONAL UNINSURED AND UNDERINSURED RESOURCE DIRECTORY AND NATIONAL FINANCIAL RESOURCE DIRECTORY ON OUR CORPORATE WEBSITE TO ENHANCE THE USERS EXPERIENCE. A COMPLETE ACCURACY REVIEW OF THE RESOURCE DATABASE WAS ALSO COMPLETED Schedule O (Form 990 or 990-EZ) (2012)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 40 2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
TO ENSURE INFORMATION DISPLAYED TO THE VIEWER WAS CORRECT	. ALLOWING
THE USER TO ACCESS THE RESOURCES HOUSED IN BOTH OF THESE	DIRECTORIES
WHEN ON-THE-GO, A FREE MOBILE APP, "MY RESOURCE SEARCH",	WAS DEVELOPED
AND LAUNCHED WITHIN BOTH THE APPLE AND ANDROID SMARTPHONE	MARKETPLACES
IN FEBRUARY 2013.	

THE FOUNDATIONS DIRECT PATIENT SERVICES STAFF PROVIDED FOLLOW UP EDUCATIONAL MATERIALS TO ALL PATIENTS SERVED BY THE FOUNDATION. THE FOUNDATIONS CASE MANAGEMENT STAFF SELECTS APPROPRIATE EDUCATIONAL MATERIALS FROM OVER 400 PUBLICATIONS AVAILABLE IN THE FOUNDATIONS RESOURCE CENTER. THESE PUBLICATIONS INCLUDE THOSE AUTHORED BY THE FOUNDATION AS WELL AS MATERIALS PUBLISHED BY GOVERNMENT AGENCIES, VARIOUS NONPROFIT HEALTHCARE ORGANIZATIONS, ACADEMIC INSTITUTIONS, HEALTHCARE PROVIDERS AND FACILITIES AS WELL AS FOR PROFIT HEALTHCARE COMPANIES. THE FOUNDATION DISTRIBUTED 74,425 PIECES OF EDUCATIONAL MATERIAL IN CUSTOMIZED PATIENT EDUCATION PACKETS TO THOSE PATIENTS SERVED IN FY2012/2013.

DURING FY2012/2013, THE FOUNDATIONS DIRECT PATIENT SERVICES TEAM ALSO CONDUCTED EDUCATIONAL OUTREACH AT THE LOCAL, REGIONAL AND NATIONAL LEVELS WITH THE GOAL OF EDUCATING HEALTHCARE PROFESSIONALS, NONPROFIT ORGANIZATIONS AND THE GENERAL PUBLIC ABOUT THE SERVICES OFFERED BY THE FOUNDATION. 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 AND THE HEMATOLOGIC CANCER PATIENT POPULATION. IN FY2012/2013, THE FOUNDATION DISTRIBUTED OVER 46,794 EDUCATIONAL PUBLICATIONS THROUGH Schedule O (Form 990 or 990-EZ) (2012) 41 Name of the organization

OUTREACH EVENTS.

THROUGH PATIENT ADVOCATE FOUNDATIONS SCHOLARSHIP FOR SURVIVORS, 10 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, MAINTAIN A 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: LYMPHOMA, ELECTROLYTE IMBALANCE, HEPATITIS C, HORMONE SUPPRESSION THERAPY, MULTIPLE MYELOMA, MYELODYSPLASTIC SYNDROME, NON-MUSCLE INVASIVE BLADDER CANCER, NON-SMALL CELL LUNG CANCER (NSCLC), OSTEOPOROSIS, PAIN, PROSTATE CANCER, RENAL CELL CARCINOMA, RHEUMATOID ARTHRITIS AND SARCOMA.

CURRENTLY THE FOUNDATIONS CO-PAY RELIEF PROGRAM OFFERS TWO DEDICATED, SECURED WEBSITES FOR MEDICAL PROVIDERS AND PHARMACY REPRESENTATIVES TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM ON BEHALF OF THE PATIENTS THEY ARE WORKING WITH. AS WELL, CPR OFFERS A DEDICATED, SECURE WEB BASED APPLICATION FOR PATIENTS AND/OR THEIR FAMILY MEMBERS TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM DIRECTLY FROM THE CO-PAY RELIEF PROGRAM WEBSITE.

IN FY2012/2013, THE FOUNDATION PROVIDED CO-PAYMENT ASSISTANCE TO 18,437 QUALIFIED PATIENTS THROUGH THE CO-PAY RELIEF PROGRAM. SINCE ITS INCEPTION IN 2004, THE FOUNDATION HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 100,000 INDIVIDUALS ALLOCATING MORE THAN \$195 MILLION DOLLARS IN 232212 01-04-13 13261029 781788 2040438000 2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

Page 2

Name of the organization

PATIENT ADVOCATE FOUNDATION

CO-PAYMENT AWARDS.

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

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 232212 01-04-13 43

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Schedule O (Form 990 or 990-EZ) (2012)	Page <u>2</u>
Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
DIRECTION OF THE EXECUTIVE COMMITTEE. EACH MEMBER MUST D	ISCLOSE ANY/ALL
KNOWN CONFLICTS OF INTEREST AT THAT TIME. IF ANY CONFLIC	TS OF INTEREST ARE
NOTED MORE INFORMATION WILL BE GATHERED BY THE EXECUTIVE	COMMITTEE AND A
DETERMINATION ON THE EXISTENCE OF A MATERIAL CONFLICT WIL	L BE ISSUED. THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED	WITH ENFORCEMENT
OF THIS POLICY.	

FORM 990, PART VI, SECTION B, LINE 15: PATIENT ADVOCATE FOUNDATION COMPLETES 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 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 9 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 9 YEARS) AND AUDITED FINANCIAL STATEMENTS (OLDER THAN 9 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

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 Schedule O (Form 990 or 990-EZ) (2012)

 01-04-13
 Schedule O (Form 990 or 990-EZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012)	Page <u>2</u>
Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
DAVENPORT-ENNIS, CEO, IN 2012 WAS INCLUSIVE OF A \$280,000	RETIREMENT
CATCH UP CONTRIBUTION ASSOCIATED WTIH HER SERVICES AS FOUL	NDER AND CEO
OVER THE PAST 17 YEARS. THE RETIREMENT CATCH UP CONTRIBU	TION LEVEL WAS
DEFINED AS APPROPRIATE THROUGH AN INDEPENDENT COMPENSATION	N AND
RETIREMENT STUDY THAT WAS COMPLETED BY AN INDEPENDENT COM	PENSATION AND
BENEFIT FIRM SELECTED BY THE BOARD OF DIRECTORS OF PAF AN	D NPAF. THE
STUDY WAS COMPLETED IN 2010 AND PRESENTED TO THE BOARD OF	DIRECTORS BY
THE INDEPENDENT PREPARERS FOR THEIR CONSIDERATION AND APP	ROVAL. THE
BOARD OF DIRECTORS APPROVED THE RETIREMENT CATCH UP CONTR	IBUTION IN
SEPTEMBER 2010 FOR PAYMENT BEGINNING IN DECEMBERR 2010 AN	D CONTINUING
FOR A 3 YEAR PERIOD ENDING DECEMBER 2012.	
PART XII, LINE 2C	
OVERSIGHT / SELECTION PROCESS	
NO CHANGES WERE MADE TO THE ORGANIZATIONS OVERSIGHT PROCE	SS OR
SELECTION PROCESS DURING THE TAX YEAR.	

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE R (Form 990)	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.	and Unrelated Partner es" to Form 990, Part IV, line 33, 3 See separate instructions.	tnerships le 33, 34, 35, 36, c ctions.	r 37.		OMB No. 1545-004/ 2012 Open to Public
Internal revenue service 1 Name of the organization PATIENT ADVOCATE	FOUNDA				Employer identification number 54-1806317	ation numbe 17
Part Hentification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes"	to Form 990, Part IV, line 33	(
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Prímary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part I Identification of Related Tax-Exempt Organizations (Complete organizations (Complete)	ations (Complete if the organization a	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one o	r more related tax-exer	npt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
of related organization		loreign courury)			•	Ϋ́
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 SISTER ORG TO NPAF. MS. ENNIS,	×
						<u>.</u>
For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CO	ns for Form 990. II FOR CONTINUATIONS	IS			Schedule R	Schedule R (Form 990) 2012

12-10-12 LHA

Schedule B (Form 990) 2012 PATIENT	ENT ADVOCATE		FOUNDATION						54-18	54-1806317	Page 2
Partition 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.)	ganizations Taxable a	as a Partno 1x year.)	ership (Complete if	the organizati	on answered "Y	'es" to Form 990,	Part IV, line:	34 because	it had one or m	ore relatec	
(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)	1	(f) Share of total 5 income er	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(1) Code V-UBi amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing te partner? 5) Yes No	(J) (K) General or Percentage managing ownership partner?
Particular 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.)	I rganizations Taxable orporation or trust duri	as a Corp ing the tax	oration or Trust (Cc year.)	omplete if the	organization an	swered "Yes" to I	Form 990, Pa	rt IV, line 3.	4 because it had	f one or me	ore related
(a) Name, address, and EIN of related organization	N E	Prin	lctivity	(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 p, income	f total ne	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
		:									
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Schedule R (Form 990) 2012 PATIENT ADVOCATE FOUNDATION			54-18	1806317		Page 3
h Related Organizations (Complete	rered "Yes" to Form 9	190, Part IV, line 34, 35b, c	r 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2 N
	With one of more rea			1a	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	×
				ę		X
		********************		۽		×
				₽		M
d Loans or loan guarantees to or for related organization(s)				4		×
e Loans or loan guarantees by related organization(s)						
				11		X
				Ę		X
g Sale of assets to related organization(s)				₽		×
				; =		M
				;		X
j Lease of facilities, equipment, or other assets to related organization(s)						
ls 1 area of facilities or nitioment or other assets from related organization(s)				¥		×
 Lease of lacings, equipment, or other access not reacted in the second se	nization(s)			=	M	
 Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)			₽	×	ļ
 Charing of facilities and immediate mailing lists or other assets with related organization(s) 	on(s)			۽	×	
				9	×	A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF
 Beimblinsement haid to related organization(s) for expenses 				-	×	
Province of the second of the related organization (s) for expenses				₽	×	5 - 10 March 19
 Other transfer of each or neonerty to related organization(s) 				-		×
						×
2 Until transfer of cash of property nonrelated organization of an activity instructions for information on who must complete this line, including covered relationships and transaction thresholds.	/ho must complete th	is line, including covered t	elationships and transaction thresholds.			
	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	int involved		
	type (a-s)					Ì
(1) NATIONAL PATIENT ADVOCATE FOUNDATION	W	485,000.				1
(3)						
(4)						
(c)						
(6)					2	2040
232163 12-10-12	48		OCUG	Schedule K (Form 390) 20 12	ines III	ZN IF

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12-10-12

PATIENT ADVOCATE FOUNDATION

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 SISTER ORG TO NPAF. MS. ENNIS,

FOUNDER/CEO OF BOTH IS PAID BY BOTH.

Schedule R (Form 990) 2012

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2012.04040 PATIENT ADVOCATE FOUNDATION 20404382

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