

Form **990**

## Return of Organization Exempt From Income Tax

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

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>B</b> Check if applicable:<br><br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>C</b> Name of organization<br><b>PATIENT ADVOCATE FOUNDATION</b>  |  | <b>D</b> Employer identification number<br><b>54-1806317</b>   |   |   |
|  | Doing business as  |  | <b>E</b> Telephone number<br><b>800.532.5274</b>   |   |   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>421 BUTLER FARM ROAD</b> |  | <b>G</b> Gross receipts \$ <b>161,505,789.</b>   |   |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>HAMPTON, VA 23666</b>                 |  | <b>H(a)</b> Is this a group return for subordinates? ..... <b>Yes X No</b><br><b>H(b)</b> Are all subordinates included? <b>Yes No</b><br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |   |   |
| <b>F</b> Name and address of principal officer: <b>ALAN J. BALCH</b><br><b>421 BUTLER FARM ROAD, HAMPTON, VA 23666</b>                                   |  |  |  |   |   |
| <b>I</b> Tax-exempt status: <b>X</b> 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or 527  |  |  |  |   |   |
| <b>J</b> Website: ▶ <b>WWW.PATIENTADVOCATE.ORG</b>   |  |  |  |   |   |
| <b>K</b> Form of organization: <b>X</b> Corporation Trust Association Other ▶  |  |  |  | <b>L</b> Year of formation: <b>1996</b> | <b>M</b> State of legal domicile: <b>VA</b> |

| Part I Summary  |   |                           |              |     |
|---|---|---------------------------|--------------|-----|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>PATIENT ADVOCATE FOUNDATION (PAF) IS A NATIONAL 501 (C) (3) NON-PROFIT ORGANIZATION THAT PROVIDES</b> |                           |              |     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  |              | 18  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  |              | 15  |
|   | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b>                  |              | 220 |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  |              | 2   |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 |              | 0.  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   |                           | 0.           |     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | Current Year |     |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 70,512,193.               | 156,959,512. |     |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 5,070,725.                | 3,302,498.   |     |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 402,974.                  | 712,057.     |     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 35,020.                   | 0.           |     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 76,020,912.               | 160,974,067. |     |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 28,381,018.               | 51,129,953.  |     |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0.                        | 0.           |     |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 10,360,662.               | 10,428,214.  |     |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,169,671.</b>  | 0.                        | 0.           |     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 4,969,839.                | 7,669,624.   |     |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 43,711,519.               | 69,227,791.  |     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | 32,309,393.   | 91,746,276.               |              |     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |     |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 84,425,651.               | 182,470,919. |     |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 5,986,911.                | 12,276,922.  |     |
|   |   | 78,438,740.               | 170,193,997. |     |

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

|                  |   |                       |
|------------------|---|-----------------------|
| <b>Sign Here</b> | ▶  Signature of officer   | Date <b>1/23/2017</b> |
|                  | ▶ <b>ALAN J. BALCH, CHIEF EXECUTIVE OFFICER</b><br>Type or print name and title |                       |

|                               |  |                                |      |                               |                          |
|-------------------------------|--|--------------------------------|------|-------------------------------|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JAMES M. HAGGARD</b>                                    | Preparer's signature           | Date | Check if self-employed        | PTIN<br><b>P00100566</b> |
|                               | Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b>  | Firm's EIN ▶ <b>56-0747981</b> |      | Phone no. <b>757.873.1033</b> |                          |
|                               | Firm's address ▶ <b>701 TOWN CENTER DRIVE, SUITE 700<br/>NEWPORT NEWS, VA 23606-4295</b> |                                |      |                               |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PATIENT ADVOCATE FOUNDATION (PAF) IS A NATIONAL 501 (C)(3) NON-PROFIT ORGANIZATION THAT PROVIDES PROFESSIONAL CASE MANAGEMENT AND FINANCIAL AID SERVICES TO AMERICANS WITH CHRONIC, LIFE THREATENING AND DEBILITATING ILLNESSES. PAF CASE MANAGERS SERVE AS ACTIVE LIAISONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 57,268,665. including grants of \$ 51,095,231. ) (Revenue \$ ) LAUNCHED IN 2004, PATIENT ADVOCATE FOUNDATION'S CO-PAY RELIEF PROGRAM (CPR) PROVIDES FINANCIAL ASSISTANCE WITH CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES REQUIRED BY A PATIENT'S INSURER FOR PHARMACEUTICAL TREATMENTS AND/OR PRESCRIPTION MEDICATIONS PRESCRIBED TO TREAT AND/OR MANAGE THE PATIENT'S DISEASE. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS THROUGH THE USE OF CALL COUNSELORS; PERSONALLY GUIDING PATIENTS THROUGH THE ENROLLMENT AND BENEFIT PROCESS.

IN FY2015/2016, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH TWENTY ONE (21) DISEASE SPECIFIC FUNDS INCLUDING BLADDER CANCER, BREAST CANCER, CERVICAL CANCER, CHRONIC PAIN, ELECTROLYTE IMBALANCE, HEPATITIS C, HEPATITIS B, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL

4b (Code: ) (Expenses \$ 6,227,120. including grants of \$ 34,722. ) (Revenue \$ ) THE FOUNDATION PROVIDES SUSTAINED, ONE ON ONE, CASE MANAGEMENT SERVICES TO PATIENTS THROUGHOUT THE COUNTRY WHO ARE EXPERIENCING ACCESS TO CARE ISSUES. THE PROFESSIONAL CASE MANAGEMENT STAFF WORKS WITH A PATIENT'S INSURERS, EMPLOYERS AND/OR CREDITORS IN AN EFFORT TO RESOLVE ACCESS TO CARE, DEBT CRISIS AND JOB RETENTION ISSUES THAT ARE A RESULT OF A LIFE THREATENING AND/OR DEBILITATING ILLNESS. THE FOUNDATION'S PROFESSIONAL CASE MANAGEMENT STAFF DIRECTLY ASSISTED 18,138 INDIVIDUALS IN FY2015/2016. ON AVERAGE, CASE MANAGERS MADE 19 CONTACTS ON BEHALF OF EACH PATIENT TO RELEVANT STAKEHOLDERS IN ORDER TO BRING RESOLUTION TO THE PATIENT'S ACCESS ISSUE.

DURING FY2015/2016, PAF ADMINISTERED FIVE (5) FINANCIAL AID FUNDS,

4c (Code: ) (Expenses \$ 3,367,408. including grants of \$ ) (Revenue \$ 3,302,498. ) IN FY2008/2009, THE FOUNDATION ENTERED INTO A TRANSPARENT SERVICE ADMINISTRATION CONTRACT WITH A NATIONAL NONPROFIT ORGANIZATION. THE FOUNDATION HAS BEEN CONTRACTED TO PROVIDE FULL SERVICE, TRANSPARENT ADMINISTRATION SERVICES TO QUALIFIED PATIENTS THAT ENTER THEIR CO-PAY ASSISTANCE PROGRAM. THE FOUNDATION CONTINUED TO PROVIDE THIS CONTRACTUAL SERVICE DURING FY2015/2016 AND WAS PAID ADMINISTRATION FEES ON A MONTHLY BASIS THROUGH THIS SERVICE CONTRACT. THE FOUNDATION ADMINISTERED SERVICES TO 17,565 PATIENTS IN FY2015/2016 THROUGH THIS CONTRACT.

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

4e Total program service expenses 66,863,193.

**Part IV Checklist of Required Schedules**

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

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | <b>1a</b> 18   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 15   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **VA, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CORPORATE OFFICE - 757-873-6668**  
**421 BUTLER FARM ROAD, HAMPTON, VA 23666**

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

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

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

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

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

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

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DEBORAH PARHAM HOPSON<br>BOARD PRESIDENT                | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) ALAN J. BALCH<br>CHIEF EXECUTIVE OFFICER                | 20.00<br>20.00  | X   |                       | X       |              |                              |        | 163,534.   | 125,000.  | 13,075.   |
| (3) F. MARC STEWART<br>BOARD MEMBER, IMMEDIATE PAST PRESIDE | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) NANCY DAVENPORT-ENNIS<br>FOUNDER AND CHAIR EMERITA      | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) DIANE MAUK<br>BOARD SECRETARY                           | 5.00<br>5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) JOHN L. MURPHY<br>FINANCE COMMITTEE CHAIR               | 5.00<br>5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) AL BENSON III<br>BOARD MEMBER                           | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) CHRISTOPHER BOONE<br>BOARD MEMBER                       | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) CHRISTIAN G. DOWNS<br>BOARD MEMBER                      | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) BRIAN GAROFALO<br>BOARD MEMBER                         | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) LOVELL JONES<br>BOARD MEMBER                           | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) OTIS MAYNARD<br>BOARD MEMBER                           | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) ANDY MILLER<br>BOARD MEMBER                            | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) EDITH MITCHELL<br>BOARD MEMBER                         | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) PEARL MOORE<br>BOARD MEMBER                            | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) ROBERT M. RIFKIN<br>BOARD MEMBER                       | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) LORI WILLIAMS<br>BOARD MEMBER                          | 5.00<br>5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |  |   |   |
| (18) W. JACKSON WISDOM<br>BOARD MEMBER                         | 5.00  | X   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| (19) WILLIAM J. NASON<br>CHIEF FINANCIAL OFFICER               | 40.00   |   |                       | X       |              |                              | 182,210.   | 0.   | 22,663.   |   |
| (20) FRANCES CASTELLOW<br>PRESIDENT OF OPERATIONS              | 40.00   |   |                       | X       |              |                              | 192,679.   | 0.   | 8,768.  |   |
| (21) BETH MOORE<br>EVP OF PROGRAM STRATEGY                     | 40.00   |   |                       |         | X            |                              | 126,349.   | 0.   | 11,390.   |   |
| (22) ANDREW WEBER<br>EVP OF EXTERNAL RELATIONS, DATA INTE      | 40.00   |   |                       |         | X            |                              | 155,596.   | 0.   | 21,704.   |   |
| (23) ANGELA M. WALKER<br>CHIEF OF TALENT MANAGEMENT            | 40.00   |   |                       |         | X            |                              | 151,652.   | 0.   | 7,313.  |   |
| (24) ERIN SINGLETON<br>CHIEF OF MISSION DELIVERY               | 40.00   |   |                       |         | X            |                              | 134,076.   | 0.   | 8,020.  |   |
| (25) ALAN RICHARDSON<br>EVP OF STRATEGIC PATIENT SOLUTIONS     | 40.00   |   |                       |         | X            |                              | 115,517.   | 0.   | 16,298.   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              | 1,221,613. | 125,000.   | 109,231.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.         | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 1,221,613. | 125,000.   | 109,231.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| KELLY SERVICES, INC.<br>999 WEST BIG BEAVER ROAD, TROY, MI 48084                      | TEMPORARY LABOR                | 366,291.            |
| MARATHON CONSULTING LLC, 4876-118 PRINCESS ANNE RD, PMB 310, VIRGINIA BEACH, VA 23462 | SOFTWARE CONSULTING            | 255,218.            |
|   |                                |                     |
|   |                                |                     |

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



**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |          |
|---|---|--|--------------------------------|---|---|--|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                                |   |   |  |          |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  | 162,500.                       |   |   |  |          |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>  | 234,101.                       |   |   |  |          |
|   | <b>d</b> Related organizations .....  | <b>1d</b>  |                                |   |   |  |          |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  | 671,759.                       |   |   |  |          |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 155,891,152.                   |   |   |  |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 25,314.                        |   |   |  |          |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 156,959,512.                   |   |   |  |          |
|   | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> SERVICE CONTRACTS .....                             | <b>Business Code</b><br>541900 | 3,302,498.                                      | 3,302,498.                              |  |          |
| <b>b</b> .....  |   |  |                                |   |   |  |          |
| <b>c</b> .....  |   |  |                                |   |   |  |          |
| <b>d</b> .....  |   |  |                                |   |   |  |          |
| <b>e</b> .....  |   |  |                                |   |   |  |          |
| <b>f</b> All other program service revenue .....                              |   |  |                                |   |   |  |          |
| <b>g Total.</b> Add lines 2a-2f .....   |   |  | 3,302,498.                     |   |   |  |          |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 713,599.                       |   |   | 713,599.   |          |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                                |   |   |  |          |
|   | <b>5</b> Royalties .....  |  |                                |   |   |  |          |
|   | <b>6 a</b> Gross rents .....  | (i) Real   |                                |   |   |  |          |
|   |   | (ii) Personal  |                                |   |   |  |          |
|   |   | <b>b</b> Less: rental expenses .....                           |                                |   |   |  |          |
|   |   | <b>c</b> Rental income or (loss) .....                         |                                |   |   |  |          |
|   | <b>d</b> Net rental income or (loss) .....  |  |                                |   |   |  |          |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   |                                | 475,811.  |   |  |          |
|   |   | (ii) Other   |                                |   |   |  |          |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                                | 477,353.  |   |  |          |
|   |   | <b>c</b> Gain or (loss) .....                                  |                                | <1,542.>  |   |  | <1,542.> |
|   | <b>d</b> Net gain or (loss) .....   |  | <1,542.>                       |   |   | <1,542.>   |          |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 234,101. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 54,369.                        |   |   |  |          |
|   |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>                       | 54,369.   |   |  |          |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   |  | 0.                             |   |   |  |          |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  |  |                                |   |   |  |          |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   |                                |   |   |  |          |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  |                                |   |   |  |          |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  |  |                                |   |   |  |          |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   |                                |   |   |  |          |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  |                                |   |   |  |          |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |                                |   |   |  |          |
| <b>11</b>   | <b>a</b> .....  |  |                                |   |   |  |          |
|   | <b>b</b> .....  |  |                                |   |   |  |          |
|   | <b>c</b> .....  |  |                                |   |   |  |          |
|   | <b>d</b> All other revenue .....  |  |                                |   |   |  |          |
|   | <b>e Total.</b> Add lines 11a-11d .....   |  |                                |   |   |  |          |
| <b>12 Total revenue.</b> See instructions. ....                               |   |  | 160,974,067.                   | 3,302,498.                                      | 0.                                      | 712,057.   |          |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 51,129,953.           | 51,129,953.                     |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 599,706.              | 166,717.                        | 255,800.                               | 177,189.                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 7,776,468.            | 6,838,491.                      | 384,519.                               | 553,458.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 219,775.              | 196,175.                        | 8,831.                                 | 14,769.                     |
| <b>9</b> Other employee benefits   | 1,167,316.            | 1,086,586.                      | 43,512.                                | 37,218.                     |
| <b>10</b> Payroll taxes  | 664,949.              | 546,522.                        | 54,858.                                | 63,569.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 347,570.              | 345,110.                        | 1,382.                                 | 1,078.                      |
| <b>c</b> Accounting  | 94,074.               | 9,700.                          | 84,374.                                |                             |
| <b>d</b> Lobbying  | 700,000.              | 651,420.                        | 33,670.                                | 14,910.                     |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 1,280,653.            | 1,135,048.                      | 62,222.                                | 83,383.                     |
| <b>12</b> Advertising and promotion  | 196,746.              | 194,816.                        | 123.                                   | 1,807.                      |
| <b>13</b> Office expenses  | 1,881,620.            | 1,741,297.                      | 92,284.                                | 48,039.                     |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 864,918.              | 797,022.                        | 38,143.                                | 29,753.                     |
| <b>17</b> Travel   | 138,603.              | 68,239.                         | 3,276.                                 | 67,088.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 768,367.              | 692,301.                        | 30,998.                                | 45,068.                     |
| <b>20</b> Interest   | 154,812.              | 138,488.                        | 12,953.                                | 3,371.                      |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 1,170,006.            | 1,112,820.                      | 28,681.                                | 28,505.                     |
| <b>23</b> Insurance  | 72,255.               | 12,488.                         | 59,301.                                | 466.                        |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> _____   |                       |                                 |  |                             |
| <b>b</b> _____   |                       |                                 |  |                             |
| <b>c</b> _____   |                       |                                 |  |                             |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 69,227,791.           | 66,863,193.                     | 1,194,927.                             | 1,169,671.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|---|--|--------------------------|--------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 3,425,252.               | <b>1</b>     | 9,949,251.         |
|   | <b>2</b> Savings and temporary cash investments .....  | 72,022,026.              | <b>2</b>     | 163,016,738.       |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,603,086.               | <b>3</b>     | 1,368,354.         |
|   | <b>4</b> Accounts receivable, net .....  | 453,172.                 | <b>4</b>     | 327,572.           |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>     |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>     |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                    |
|   | <b>8</b> Inventories for sale or use .....   | 57,869.                  | <b>8</b>     | 29,290.            |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 355,231.                 | <b>9</b>     | 459,093.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 8,874,838.    |              |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 3,090,790.    | <b>10c</b>   | 5,784,048.         |
|   | <b>11</b> Investments - publicly traded securities .....   | 1,933,371.               | <b>11</b>    | 1,486,242.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>    |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>    |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>    |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 53,331.                  | <b>15</b>    | 50,331.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 84,425,651.  | <b>16</b>                | 182,470,919. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 907,630.                 | <b>17</b>    | 1,291,405.         |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                    |
|   | <b>19</b> Deferred revenue .....   | 3,246,672.               | <b>19</b>    | 9,461,776.         |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>    |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 1,280,000.               | <b>23</b>    | 1,062,907.         |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 552,609.                 | <b>25</b>    | 460,834.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 5,986,911.               | <b>26</b>    | 12,276,922.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                    |
|   | <b>27</b> Unrestricted net assets .....  | 3,680,105.               | <b>27</b>    | 5,801,066.         |
|   | <b>28</b> Temporarily restricted net assets .....  | 72,825,264.              | <b>28</b>    | 162,906,689.       |
|   | <b>29</b> Permanently restricted net assets .....  | 1,933,371.               | <b>29</b>    | 1,486,242.         |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |              |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>    |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>    |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>    |                    |
|   | <b>33</b> Total net assets or fund balances .....  | 78,438,740.              | <b>33</b>    | 170,193,997.       |
|   | <b>34</b> Total liabilities and net assets/fund balances .....   | 84,425,651.              | <b>34</b>    | 182,470,919.       |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 160,974,067. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 69,227,791.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 91,746,276.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 78,438,740.  |
| 5  | Net unrealized gains (losses) on investments   | 5  | 7,439.       |
| 6  | Donated services and use of facilities   | 6  |              |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 1,542.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 170,193,997. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

|   |  |
|---|--|
| <b>Name of the organization</b><br><p style="text-align: center;">PATIENT ADVOCATE FOUNDATION</p> | <b>Employer identification number</b><br><p style="text-align: center;">54-1806317</p> |
|---|--|

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011    | (b) 2012    | (c) 2013    | (d) 2014    | (e) 2015    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 37,041,936. | 39,039,469. | 35,867,506. | 59,477,193. | 92,569,903. | 263,996,007. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 37,041,936. | 39,039,469. | 35,867,506. | 59,477,193. | 92,569,903. | 263,996,007. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |             |             |             |             |             | 181,201,849. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 82,794,158.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011    | (b) 2012    | (c) 2013    | (d) 2014    | (e) 2015              | (f) Total                |
|--|-------------|-------------|-------------|-------------|-----------------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 37,041,936. | 39,039,469. | 35,867,506. | 59,477,193. | 92,569,903.           | 263,996,007.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 288,925.    | 196,564.    | 258,390.    | 402,970.    | 713,599.              | 1,860,448.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |             |             |             |             |                       |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |             |             |             |             |                       |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |             |             |             |             |                       | 265,856,455.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |             |             |             |             | <b>12</b> 22,614,185. |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |             |             |             |             |                       | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 31.14 %                             |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....  | <b>15</b> | 38.53 %                             |
| <b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/>            |
| <b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input checked="" type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

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

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

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

|  |     |    |
|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |     |    |

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

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

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

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d  | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

|  |   |
|--|---|
| Name of organization<br><b>PATIENT ADVOCATE FOUNDATION</b> | Employer identification number<br><b>54-1806317</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>3,749,167.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ <u>34,681,250.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ <u>10,068,875.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ <u>27,488,792.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ <u>58,156,567.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ <u>5,657,344.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| <b>Name of organization</b><br><br><b>PATIENT ADVOCATE FOUNDATION</b> | <b>Employer identification number</b><br><br><b>54-1806317</b> |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/> <hr/>           | \$ <u>5,099,958.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>PATIENT ADVOCATE FOUNDATION</b> | Employer identification number<br><br><b>54-1806317</b> |
|--|---|

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

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



|  |   |
|--|---|
| Name of organization<br><b>PATIENT ADVOCATE FOUNDATION</b> | Employer identification number<br><b>54-1806317</b> |
|--|---|

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

**If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

|  |   |
|--|---|
| Name of organization<br><b>PATIENT ADVOCATE FOUNDATION</b> | Employer identification number<br><b>54-1806317</b> |
|--|---|

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 700,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   | 700,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   | 68,527,791.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 69,227,791.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 1,000,000.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 485,000.   | 790,000.   | 880,000.   | 700,000.   | 2,855,000. |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           |            |            |            |            |            |

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

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

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

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

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

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

**Part IV Supplemental Information**

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,933,371.       | 1,909,422.     | 1,846,290.         | 1,920,715.           | 1,943,750.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 64,986.          | 23,949.        | 63,132.            | <74,425.>            | <23,035.>           |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 512,115.         |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,486,242.       | 1,933,371.     | 1,909,422.         | 1,846,290.           | 1,920,715.          |

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

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

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

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

|  | Yes | No |
|--|-----|----|
| (i) unrelated organizations  |     | X  |
| (ii) related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 82,605.                         | 12,381.                      | 70,224.        |
| d Equipment  |                                      | 8,792,233.                      | 3,078,409.                   | 5,713,824.     |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 5,784,048.     |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ACCRUED VACATION  | 214,117.       |
| (3) LEASE OBLIGATION  | 73,912.        |
| (4) LONG-TERM LEASE LIABILITY   | 62,755.        |
| (5) IBNR RESERVE  | 110,050.       |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 460,834.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |           |              |
|---|---|----|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1         | 161,057,086. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |              |
|   | a Net unrealized gains (losses) on investments                                  | 2a | 8,981.    |              |
|   | b Donated services and use of facilities  | 2b | 19,669.   |              |
|   | c Recoveries of prior year grants   | 2c |           |              |
|   | d Other (Describe in Part XIII.)  | 2d |           |              |
|   | e Add lines 2a through 2d   | 2e |           | 28,650.      |
| 3 | Subtract line 2e from line 1  |    | 3         | 161,028,436. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |           |              |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b              | 4a |           |              |
|   | b Other (Describe in Part XIII.)  | 4b | <54,369.> |              |
|   | c Add lines 4a and 4b   | 4c |           | <54,369.>    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5         | 160,974,067. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |         |             |
|---|--|----|---------|-------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1       | 69,301,829. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |             |
|   | a Donated services and use of facilities   | 2a | 19,669. |             |
|   | b Prior year adjustments   | 2b |         |             |
|   | c Other losses   | 2c |         |             |
|   | d Other (Describe in Part XIII.)   | 2d | 54,369. |             |
|   | e Add lines 2a through 2d  | 2e |         | 74,038.     |
| 3 | Subtract line 2e from line 1   |    | 3       | 69,227,791. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |         |             |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |         |             |
|   | b Other (Describe in Part XIII.)   | 4b |         |             |
|   | c Add lines 4a and 4b  | 4c |         | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5       | 69,227,791. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENT FUND OF PATIENT ADVOCATE FOUNDATION WAS ESTABLISHED IN 2001 TO FURTHER ITS EXEMPT PURPOSE BY SUPPORTING DIRECT PATIENT SERVICES. THE ENDOWMENT FUND BUILDS LONG-TERM STABILITY FOR THE FUTURE OF THE FOUNDATION BY PROVIDING AN ADDITIONAL SOURCE OF INCOME TO MEET AN INCREASING DEMAND FOR NATIONAL PROGRAMS AND SERVICES. IT PROVIDES FOR INTEREST INCOME TO BE USED BY PAF AND RESTRICTS ACCESS TO PRINCIPAL BASED UPON BOARD APPROVAL.

**PART X, LINE 2:**

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT -54,369.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT 54,369.



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

|  |   | (a) Event #1                       | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|------------------------------------|--------------|------------------------|--|
|  |   | PROMISE OF<br>HOPE<br>(event type) | (event type) | NONE<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 288,470.                           |              |                        | 288,470.   |
|  | <b>2</b> Less: Contributions .....  | 234,101.                           |              |                        | 234,101.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 54,369.                            |              |                        | 54,369.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                                    |              |                        |  |
|  | <b>5</b> Noncash prizes .....   |                                    |              |                        |  |
|  | <b>6</b> Rent/facility costs .....  | 22,849.                            |              |                        | 22,849.  |
|  | <b>7</b> Food and beverages .....   | 29,253.                            |              |                        | 29,253.  |
|  | <b>8</b> Entertainment .....  | 1,795.                             |              |                        | 1,795.   |
|  | <b>9</b> Other direct expenses .....  | 472.                               |              |                        | 472.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                    |              |                        | 54,369.  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                                    |              | 0.                     |  |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

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







**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 12                       | 34,722.                  | 0.                                |   |  |
| CO PAY RELIEF ASSISTANCE        | 35335                    | 51,095,231.              | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

PART I, LINE 2:

THROUGH PATIENT ADVOCATE FOUNDATIONS SCHOLARSHIP FOR SURVIVORS, 12 SCHOLARSHIPS WERE AWARDED TO STUDENTS WHOSE STUDIES WERE INTERRUPTED OR DELAYED BY A DIAGNOSIS OF A LIFE THREATENING, CHRONIC OR DEBILITATING DISEASE. THE STUDENTS MUST BE ENROLLED FULL-TIME, MAINTAINING GPA OF 3.0 OR BETTER AND COMPLETE 20 HOURS OF COMMUNITY SERVICE DURING THE ACADEMIC YEAR.

PATIENT ADVOCATE FOUNDATION (PAF) CO-PAY RELIEF PROGRAM (CPR) CURRENTLY PROVIDES DIRECT FINANCIAL SUPPORT TO INSURED PATIENTS WHO MUST FINANCIALLY

**Part IV** Supplemental Information

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

Lined area for supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**PATIENT ADVOCATE FOUNDATION**

Employer identification number

**54-1806317**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2015

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

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

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

| (A) Name and Title                                       |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) ALAN J. BALCH<br>CHIEF EXECUTIVE OFFICER             | (i)  | 163,534.   | 0.                                  | 0.                                  | 11,550.  | 1,525.                  | 176,609.                        | 0.  |
|  | (ii) | 125,000.   | 0.                                  | 0.                                  | 0.   | 0.                      | 125,000.                        | 0.  |
| (2) WILLIAM J. NASON<br>CHIEF FINANCIAL OFFICER          | (i)  | 176,583.   | 5,627.                              | 0.                                  | 7,284.   | 15,379.                 | 204,873.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) FRANCES CASTELLOW<br>PRESIDENT OF OPERATIONS         | (i)  | 186,907.   | 5,772.                              | 0.                                  | 7,503.   | 1,265.                  | 201,447.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) ANDREW WEBER<br>EVP OF EXTERNAL RELATIONS, DATA INTE | (i)  | 150,652.   | 4,944.                              | 0.                                  | 6,400.   | 15,304.                 | 177,300.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) ANGELA M. WALKER<br>CHIEF OF TALENT MANAGEMENT       | (i)  | 147,155.   | 4,497.                              | 0.                                  | 5,960.   | 1,353.                  | 158,965.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |





**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 |
| ALAN J. BALCH                 | CHIEF EXECUTIVE OFF   | 916,813.                  | ALAN BALCH                     |   | X  |
| FRANCES CASTELLOW             | PRESIDENT, OPERATIO   | 206,125.                  | FRANCES CAS                    |   | X  |
| BETH MOORE                    | EXECUTIVE VICE PRES   | 143,729.                  | BETH MOORE                     |   | X  |
| SHAWN NASON                   | SPECIAL EVENTS DIRE   | 67,470.                   | SHAWN NASON                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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: ALAN J. BALCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHIEF EXECUTIVE OFFICER

(D) DESCRIPTION OF TRANSACTION: ALAN BALCH IS THE CHIEF EXECUTIVE

OFFICER OF PATIENT ADVOCATE FOUNDATION. HE IS ALSO THE CHIEF EXECUTIVE

OFFICER OF NATIONAL PATIENT ADVOCATE FOUNDATION. NATIONAL PATIENT

ADVOCATE FOUNDATION HAS A CONSULTING AGREEMENT IN WHICH PATIENT ADVOCATE

FOUNDATION PAYS NATIONAL PATIENT ADVOCATE FOUNDATION FEES TO REPRESENT

THE POLICY INTERESTS OF PATIENT ADVOCATE FOUNDATION. THE CONSULTING FEES

FOR FY 2015/2016 WERE \$700,000. NATIONAL PATIENT ADVOCATE FOUNDATION ALSO

REIMBURSES PATIENT ADVOCATE FOUNDATION FOR SERVICES PROVIDED BY ALAN

BALCH. SALARY REIMBURSEMENT IS \$125,000 PER YEAR. NATIONAL PATIENT

ADVOCATE FOUNDATION ALSO REIMBURSED PATIENT ADVOCATE FOR \$91,813 OF OTHER

EXPENSES IN FY 2015/2016.

(A) NAME OF PERSON: FRANCES CASTELLOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT, OPERATIONS PAF

(D) DESCRIPTION OF TRANSACTION: FRANCES CASTELLOW IS THE DAUGHTER OF

**Part V Supplemental Information**

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

NANCY DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PAF.

(A) NAME OF PERSON: BETH MOORE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT, PROGRAM STRATEGY OF PAF

(D) DESCRIPTION OF TRANSACTION: BETH MOORE IS THE DAUGHTER OF NANCY

DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PAF.

(A) NAME OF PERSON: SHAWN NASON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPECIAL EVENTS DIRECTOR

(D) DESCRIPTION OF TRANSACTION: SHAWN NASON IS THE WIFE OF WILLIAM

NASON, CHIEF FINANCIAL OFFICER OF PAF.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   | X                          | 5   | 1,128.   | RETAIL VALUE  |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 3,458.   | RETAIL VALUE  |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  | X                          | 8   | 90.  | RETAIL VALUE  |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( GIFT CARDS & )                                  | X                          | 62  | 12,214.  | RETAIL VALUE  |
| 26 Other ▶ ( JEWELRY & ACC )                                 | X                          | 16  | 5,278.   | RETAIL VALUE  |
| 27 Other ▶ ( APPLIANCES & )                                  | X                          | 8   | 1,135.   | RETAIL VALUE  |
| 28 Other ▶ ( TRAVEL SUPPLI )                                 | X                          | 5   | 785.   | RETAIL VALUE  |

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

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....   |     | X  |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2015)

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

**PART I, OTHER TYPES OF PROPERTY:**

**HEALTH & BEAUTY PRODUCTS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 5
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 618.
- (D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

**WINE**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 3
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 272.
- (D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

**PET SUPPLIES**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 200.
- (D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

**CHILDREN'S TOYS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 136.
- (D) METHOD OF DETERMINING REVENUE: RETAIL VALUE



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

PROFESSIONAL CASE MANAGEMENT AND FINANCIAL AID SERVICES TO AMERICANS

WITH CHRONIC, LIFE THREATENING AND DEBILITATING ILLNESSES. PAF CASE

MANAGERS SERVE AS ACTIVE LIAISONS BETWEEN THE PATIENT AND THEIR

INSURER, EMPLOYER AND/OR CREDITORS TO RESOLVE INSURANCE, JOB RETENTION

AND/OR DEBT CRISIS MATTERS AS THEY RELATE TO THEIR DIAGNOSIS. PATIENT

ADVOCATE FOUNDATION SEEKS TO SAFEGUARD PATIENTS THROUGH EFFECTIVE

MEDIATION ASSURING ACCESS TO CARE, MAINTENANCE OF EMPLOYMENT AND

PRESERVATION OF THEIR FINANCIAL STABILITY.

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

BETWEEN THE PATIENT AND THEIR INSURER, EMPLOYER AND/OR CREDITORS TO

RESOLVE INSURANCE, JOB RETENTION AND/OR DEBT CRISIS MATTERS AS THEY

RELATE TO THEIR DIAGNOSIS. PATIENT ADVOCATE FOUNDATION SEEKS TO

SAFEGUARD PATIENTS THROUGH EFFECTIVE MEDIATION ASSURING ACCESS TO CARE,

MAINTENANCE OF EMPLOYMENT AND PRESERVATION OF THEIR FINANCIAL

STABILITY.

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

HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC

COLORECTAL CANCER, METASTATIC GASTRIC CANCER, METASTATIC PROSTATE

CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS, MYELODYSPLASTIC SYNDROME,

NON-SMALL CELL LUNG CANCERS (NSCLC), OSTEOPOROSIS, OVARIAN CANCER,

PERIODIC PARALYSIS AND RENAL CELL CARCINOMA.

**CURRENTLY, THE FOUNDATION'S CO-PAY RELIEF PROGRAM OFFERS A DEDICATED,**

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

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

532211  
09-02-15

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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. AS WELL, CPR 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.

IN FY2015/2016, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO 35,335 QUALIFIED PATIENTS THROUGH THE 21 ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 129,602 TELEPHONE CALLS AND PROCESSED CLAIMS TOTALING OVER \$51 MILLION DOLLARS IN SUPPORT OF QUALIFIED PATIENTS OUT OF POCKET EXPENSES FOR REQUIRED CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES. SINCE ITS INCEPTION IN 2004, THE FOUNDATION HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 180,000 INDIVIDUALS ALLOCATING MORE THAN \$358 MILLION DOLLARS IN CO-PAYMENT AWARDS.

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

PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR PRACTICAL COST OF LIVING EXPENSES FACED BY PATIENTS. IN FY2015/2016, PAF SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 667 PATIENTS, PROVIDING OVER \$379,500 IN FINANCIAL RELIEF TO QUALIFIED PATIENTS. THE SMALL GRANTS RANGE FROM \$300-\$1000 PER PATIENT AND ARE DESIGNED TO DEFRAY THE COSTS OF TRANSPORTATION AND COST OF LIVING EXPENSES THE PATIENTS FACE. THE FINANCIAL AID FUND PROGRAMS INCLUDE:

- LEISHLINE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS, TSS AND/OR SEPSIS

- METASTATIC BREAST CANCER FINANCIAL AID FUND: SERVING PATIENTS

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DIAGNOSED WITH STAGE III OR STAGE IV BREAST CANCER

- MULTIPLE MYELOMA TRANSPORTATION FINANCIAL AID FUND

- TRANSPORTATION FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH METASTATIC MELANOMA OR METASTATIC LUNG CANCER

- HEART VALVE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH A VALVULAR CONDITION

ADDITIONALLY, AS A RECIPIENT OF A COOPERATIVE AGREEMENT WITH THE CENTER FOR DISEASE CONTROL, IN FY2015/2016 PAF HAS BEEN SUCCESSFUL IN ADVANCING ITS' HEALTH EQUITY PLATFORM THROUGH THE SELFMADE HEALTH NETWORK. THE SELFMADE HEALTH NETWORK (SMHN) IS A MEMBER OF THE CDC'S CONSORTIUM OF NATIONAL NETWORKS TO IMPACT POPULATIONS EXPERIENCING TOBACCO-RELATED AND CANCER HEALTH DISPARITIES. SPECIFICALLY, THE SMHN FOCUSES ON POPULATIONS WITH LOW SOCIO-ECONOMIC STATUS (SES) CHARACTERISTICS (INCLUDING VULNERABLE, UNDERSERVED AND LOW-RESOURCED POPULATIONS) RESIDING IN RURAL, URBAN AND FRONTIER REGIONS.

THIS NATIONAL NETWORK REPRESENTS ORGANIZATIONS, AGENCIES AND BUSINESSES WITH POLICY, RESEARCH OR MARKET EXPERTISE IN TOBACCO AND CANCER PREVENTION, TREATMENT AS WELL AS SURVIVORSHIP; OR THAT PROVIDE DIRECT SERVICES OR RESOURCES TO THESE VULNERABLE POPULATIONS NOTED ABOVE. SINCE OUR MEMBERSHIP LAUNCH IN JANUARY 2016, MORE THAN 20 NATIONAL ORGANIZATIONS HAVE SIGNED ON AS SMHN CORE MEMBER ORGANIZATIONS.

THE PURPOSE OF SELFMADE HEALTH NETWORK IS TO:

- PROVIDE MORE "IN-DEPTH" INSIGHT LEADING TO THE CREATION OF RECOMMENDATIONS, MESSAGES AND STRATEGIES THAT WILL BE RELEVANT TO AND HAVE RESONANCE WITH LOW SES POPULATIONS RESULTING IN SUSTAINABLE

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TOBACCO CESSATION/PREVENTION AS WELL AS CANCER PREVENTION AND CONTROL

FOR SOME OF THE NATION'S LEADING TOBACCO-RELATED CANCERS;

- DISSEMINATE INFORMATION AND RESOURCES TO PROMOTE THE ADOPTION OF BEST PRACTICES AND INNOVATIVE SOLUTIONS TO BROADEN REACH AND MORE POSITIVELY IMPACT ENVIRONMENTS AND SERVICE SETTINGS INVOLVING LOW SES POPULATIONS NATIONWIDE AND;

- FOSTER AND SUPPORT NEW PARTNERSHIPS FOR A MORE EFFECTIVE, NATIONALLY INTEGRATED PREVENTION AND DISEASE CONTROL SYSTEM FOR THOSE MOST IN NEED.

THE DEVELOPMENT AND DELIVERY OF EDUCATIONAL MATERIALS THAT ARE APPROPRIATE FOR BOTH THE PATIENT COMMUNITY AND THE GENERAL PUBLIC IS AN IMPORTANT OBJECTIVE FOR PAF. EACH YEAR, PAF CREATES AND DISTRIBUTES A WIDE ARRAY OF PATIENT EDUCATION MATERIALS, PRINTED AND ELECTRONIC, DESIGNED WITH THE MISSION OF PROVIDING ADDITIONAL GUIDANCE FOR PATIENTS CONTACTING OUR FOUNDATION, AS WELL AS MAKING MATERIALS AVAILABLE FOR THE GENERAL PUBLIC VISITING OUR WEBSITE AND CONNECTING WITH PAF. PAF'S PATIENT EDUCATION MATERIALS ARE ROUTINELY UTILIZED BY OTHER ORGANIZATIONS AND FACILITIES WHO SHARE THEM WITH THEIR PATIENTS. THE FOUNDATION MAINTAINS AN EXTENSIVE LIBRARY OF PAF AUTHORED PATIENT EDUCATIONAL PUBLICATIONS, AS WELL AS A CULTIVATED GROUP OF MATERIALS FROM OTHER INDUSTRY EXPERTS, ALL OF WHICH ARE AVAILABLE FREE OF CHARGE TO PATIENTS.

THE COVERAGE ACCESS GUIDE, A NEW PUBLICATION DEVELOPED IN FY2015/2016, SEEKS TO SUPPORT A PATIENT THROUGH ALL STAGES OF INSURANCE FROM BEGINNING TO END WAS MADE AVAILABLE IN PRINT SUPPLY AND ELECTRONIC FORM, AND WAS LATER TRANSLATED FOR NATIVE SPANISH-SPEAKERS. BEGINNING

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WITH TIPS FOR ENROLLMENT AND PLAN SELECTION, THIS GUIDE COVERS TOPICS RELEVANT TO EVERY INSURED PATIENT. THE GUIDE CONCLUDES WITH ARTICLES THAT HELP UNDERSTAND FEDERAL DISABILITY ENROLLMENT AND VARIOUS PATHWAYS TO MEDICARE AND MEDICAID INSURANCE FOR THOSE WITH AGE OR DISABILITY ELIGIBILITY. A COMPANION NEW MOBILE PHONE APP FOR APPLE PHONES AND TABLETS, COVERAGE ACCESS GUIDE: A CONSUMER'S GUIDE TO INSURANCE WAS LAUNCHED, WHICH PROVIDES MOBILE ARTICLES THAT SUPPORT A PATIENT THROUGH ALL STAGES OF INSURANCE FROM BEGINNING TO END. THIS APP IS POPULATED WITH CONTENT SIMILAR TO THE PRINTED COVERAGE ACCESS GUIDE, BUT IS ENHANCED WITH ADDITIONAL MOBILE-ONLY CONTENT. THE MOBILE APP INCLUDES IN-DEPTH ARTICLES ON VOCABULARY, EMBEDDED VIDEOS AND ANIMATED SEGMENTS, ACTIONABLE LINKS TO OUTSIDE RESOURCES, AND HAS THE ABILITY TO BE UPDATED TO COVER BREAKING-NEWS HEALTHCARE TOPICS IF NEEDED. THE SECOND NEW PUBLICATION DEVELOPED DURING FY2015/2016, THE METASTATIC BREAST CANCER GUIDE, IS A CONNECTED DISEASE-SPECIFIC INSERT THAT IS DISTRIBUTED ALONGSIDE THE COVERAGE ACCESS GUIDE TO PROVIDE PATIENTS MORE IN-DEPTH AND CUSTOM GUIDANCE BASED ON THE SPECIFICS OF THEIR CONDITION. TOPICS INCLUDE GENOMIC AND GENETIC TESTING, DISEASE-SPECIFIC VOCABULARY AND TREATMENT TERMINOLOGY, PERSONALIZED MEDICINE, COMPASSIONATE ALLOWANCE FOR DISABILITY ELIGIBILITY; WORKPLACE CHALLENGES WHILE SICK, LIVING WILLS, PALLIATIVE CARE AND OTHERS.

IN JANUARY 2016, THE SELFMADE HEALTH NETWORK (SMHN) LAUNCHED ITS RESOURCE PORTFOLIO, AS A COLLECTION OF TOOLS DESIGNED TO GUIDE/ASSIST STATE CANCER AND TOBACCO PROGRAMS, COMMUNITY BASED ORGANIZATIONS AND HEALTH SYSTEMS TO IMPLEMENT AND ADOPT EVIDENCE BASED STRATEGIES TO SUPPORT POPULATIONS EXPERIENCING CANCER AND TOBACCO RELATED DISPARITIES. INCLUDED IN THE PORTFOLIO ARE INFOGRAPHICS, FACT SHEETS,

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WEBCASTS AND THE SMHN WEBSITE. THE INAUGURAL SMHN INFOGRAPHICS DEBUTED AT THE 2015 CDC OFFICE OF SMOKING AND HEALTH NATIONAL PARTNER MEETING. THE THREE PART DOCUMENT OUTLINES PRACTICAL STRATEGIES THAT STATE TOBACCO AND CANCER PROGRAMS COULD APPLY TO ADDRESS CANCER AND TOBACCO RELATED DISPARITIES AMONG POPULATIONS WITH LOW SES CHARACTERISTICS. AS A FOLLOW-UP TO THE INFO GRAPHICS, SMHN LAUNCHED A FOUR PART; FACT SHEET SERIES FOCUSED ON THE SOCIAL DETERMINANTS WHICH HAS RESULTED IN MORE THAN 1,000 DOWNLOADS. NEARLY 300 PROFESSIONALS HAVE PARTICIPATED IN THREE SMHN WEBCASTS ON TOPICS RANGING FROM LUNG CANCER TO LINKING ASIAN TOBACCO USERS TO TOBACCO CESSATION. IN THE FIRST MONTH THE WEBSITE WAS LIVE TO THE PUBLIC, THE SITE RECORDED 444 SESSIONS WITH AN AVERAGE VISIT LENGTH OF OVER 3 MINUTES.

A TWITTER PRESENCE FOR SELFMADE HEALTH NETWORK WAS CREATED AND LAUNCHED WITH THE HANDLE @SELFMADEHEALTH. FOR THE PERIOD JULY 2015- APRIL 2016, SMHN POSTED 400 TWEETS RESULTING IN MORE THAN 80,000 IMPRESSIONS. THE SMHN HASH TAG (@SELFMADEHEALTH) HAS PARTICIPATED IN NUMEROUS TWITTER CHATS INCLUDING PCORI'S #CANCERTALK EVENT ON SEPTEMBER 29TH, 2015, #EQUITYCHAT ON JULY 14, 2015. IN SEPTEMBER 2015, THE SELFMADE HEALTH NETWORK COORDINATED TWO SEPARATE MEDIA AWARENESS REGIONAL CAMPAIGNS TO BOLSTER THE SUPPLY OF CDC TARGETED CAMPAIGNS IN AREAS OF DISPARATE POPULATIONS AFFECTED BY BREAST CANCER AND COLORECTAL CANCER. ADVERTISING MATERIALS WERE SUPPLIED BY THE 'BRING YOUR BRAVE" BREAST CANCER SCREENING CAMPAIGN AND THE "SCREEN FOR LIFE" COLORECTAL CANCER AWARENESS CAMPAIGN. IN TENNESSEE, MATERIALS WERE DESIGNED TO REACH AND TARGET AFRICA-AMERICAN WOMEN IN THE MEMPHIS GEOGRAPHICAL REGION IMPACTED BY FACTORS OF LOW SOCIOECONOMIC STATUS, AND WERE DISTRIBUTED VIA ONLINE VIDEOS, BUS POSTERS AND TRANSIT SHELTERS, RADIO, COMMUNITY

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NEWSPAPER AND OUTDOOR SIGNS. IN WEST VIRGINIA, MATERIALS WERE SELECTED AND DESIGNED TO IMPACT MALES AND FEMALES STATEWIDE IN AREAS WITH HIGH POPULATIONS OF LOW SOCIOECONOMIC STATUS FACTORS, INCLUDING LOW INCOME, LOW EDUCATION, AND RURAL GEOGRAPHIC AREAS. IN WEST VIRGINIA, A MIX OF RADIO, INTERIOR BUS SIGNAGE, COMMUNITY NEWSPAPERS, ONLINE VIDEO USING YOUTUBE WERE USED TO BRING THE MESSAGES TO THE AUDIENCE.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

IN FY 2015/2016, EXPERT WEBCAST EVENTS WERE HOSTED TO PROVIDE ADDITIONAL BREAST CANCER SPECIFIC GUIDANCE FOR PATIENTS LIVING WITH THIS DIAGNOSIS, AS WELL AS THE PROVIDERS THAT WORKED ON THEIR BEHALF. THESE TWO WEBCAST EVENTS CONTINUE TO BE AVAILABLE ON-DEMAND TO MEET THE NEEDS OF THE METASTATIC BREAST CANCER COMMUNITY. THE METASTATIC BREAST CANCER GUIDE IS ALSO AVAILABLE FOR SPANISH-SPEAKING AUDIENCES AND IS SUPPLIED IN PRINT AND ELECTRONIC VERSIONS.

IN ADDITION TO THE PAF REGULARLY CONDUCTED SPECIALIZED WEBINARS, PAF LAUNCHED A NEW BRANDED INTERACTIVE WEBINAR SERIES CALLED PATIENT EMPOWERMENT SERIES. PRESENTED LIVE AS WELL AS AVAILABLE ON-DEMAND, THESE MONTHLY SESSIONS COVER TOPICS THAT HELP PATIENTS PREVENT AND RESOLVE CHALLENGES THAT OFTEN PRESENT DURING ONE'S HEALTHCARE JOURNEY. GEARED TOWARD THE PATIENT AND CAREGIVER COMMUNITY, THESE FREE SESSIONS ARE ALSO APPROPRIATE FOR PROFESSIONAL ADVOCATES, CASE WORKERS, COMMUNITY SOCIAL WORKERS, NONPROFIT STAFF AND OTHER PATIENT SERVICE GROUPS. WITHIN THE 12 EDUCATIONAL TOPICS COVERED THIS YEAR WERE IMPORTANT HEALTHCARE ADVICE CENTERED AROUND OPEN ENROLLMENT, ACCESSING SECOND OPINIONS, CLINICAL TRIALS, GENOMIC VS. GENETIC TESTING, WORKPLACE BENEFITS AND PROTECTIONS, DISABILITY BENEFITS, PREVENTIVE

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BENEFITS, UNDERSTANDING PRESCRIPTION DRUG COVERAGE AND OTHERS IMPORTANT HEALTH AND INSURANCE RELATED ISSUES. EACH SESSION SOUGHT TO ENGAGE THE AUDIENCE THROUGH INTERACTIVE ELEMENTS EMBEDDED WITHIN THE WEBCAST, INCLUDING POLLS, LIVE INDIVIDUAL AND GROUP Q&A, ELECTRONIC HANDOUT MATERIAL, SESSION SURVEYS AND DOWNLOADABLE SLIDES.

THE FOUNDATION'S CASE MANAGEMENT STAFF PROVIDED FOLLOW UP EDUCATIONAL MATERIALS TO ALL PATIENTS SERVED BY THE FOUNDATION BY SELECTING APPROPRIATE EDUCATIONAL MATERIALS FROM OVER 400 PUBLICATIONS AVAILABLE IN THE FOUNDATION'S 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 22,313 PIECES OF EDUCATIONAL MATERIAL IN CUSTOMIZED PATIENT EDUCATION PACKETS TO THOSE PATIENTS SERVED IN FY2015/2016.

DURING FY2015/2016, THE FOUNDATION'S CASE MANAGEMENT AND CO-PAY RELIEF TEAMS 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 AND INCLUDED THE AFRICAN AMERICAN POPULATION AND HISPANIC/LATINO POPULATIONS. IN FY2015/2016, THE FOUNDATION DISTRIBUTED OVER 5,100 EDUCATIONAL PUBLICATIONS THROUGH OUTREACH EVENTS.



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THE SCHOLARSHIP FOR SURVIVORS PROGRAM WAS ESTABLISHED TO HONOR INDIVIDUALS THAT HAVE EXPERIENCED THE IMPACT OF A CHRONIC ILLNESS OR LIFE THREATENING DISEASE ON ONE'S SECONDARY EDUCATION. THESE STUDENTS HAVE, DESPITE THEIR DISEASE/CONDITION, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO PURSUE A SECONDARY EDUCATION. SINCE THE PROGRAM'S INCEPTION, PAF HAS AWARDED 71 SCHOLARSHIPS TOTALING OVER \$470,000; OF THE 71 STUDENTS, 45 HAVE ACHIEVED FULLY DEGREED GRADUATION AND 12 ARE STILL PURSUING THEIR COURSE OF STUDY. IN FY2015/2016, PAF AWARDED 12 SCHOLARSHIPS TO STUDENTS THROUGH THIS PROGRAM.

FORM 990, PART VI, SECTION A, LINE 2:

JOHN L. MURPHY, BOARD MEMBER AND FINANCE COMMITTEE CHAIR OF PATIENT ADVOCATE FOUNDATION, IS THE BROTHER-IN-LAW OF NANCY DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PATIENT ADVOCATE FOUNDATION.

FRANCES CASTELLOW, PRESIDENT, OPERATIONS OF PATIENT ADVOCATE FOUNDATION, IS THE DAUGHTER OF NANCY DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PATIENT ADVOCATE FOUNDATION.

BETH MOORE, EXECUTIVE VICE PRESIDENT, PROGRAM STRATEGY OF PATIENT ADVOCATE FOUNDATION, IS THE DAUGHTER OF NANCY DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA 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

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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 AND ANNUALLY COMPLETE AN UPDATED CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. EACH MEMBER MUST DISCLOSE ANY/ALL KNOWN CONFLICTS OF INTEREST AT THAT TIME. IF ANY CONFLICTS OF INTEREST ARE NOTED MORE INFORMATION WILL BE GATHERED BY THE EXECUTIVE COMMITTEE AND A DETERMINATION ON THE EXISTENCE OF A MATERIAL CONFLICT WILL BE ISSUED. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH ENFORCEMENT OF THIS POLICY.

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 AT LEAST 4 INDEPENDENT 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 10 YEARS OF FORM 990S, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS AND CURRENT LIST OF BOARD MEMBERS ON THE ORGANIZATION'S WEBSITE, WWW.PATIENTADVOCATE.ORG UNDER THE

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"MEET PAF" SECTION. ADDITIONALLY, PAF MAKES AVAILABLE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ARCHIVED FORM 990S (OLDER THAN 10 YEARS) AND AUDITED FINANCIAL STATEMENTS (OLDER THAN 10 YEARS) UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON 990 - RECORDED AS UNREALIZED LOSS ON FINANCIALS 1,542.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity      | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|---|---|-------------------------------|---|--|--|----|
|   |   |   |                               |   |  | Yes  | No |
| NATIONAL PATIENT ADVOCATE FOUNDATION (NPAF)<br>- 54-1839226, 725 15TH STREET, WASHINGTON,<br>DC 20005 | SEEKS TO REMOVE OBSTACLES<br>TO HEALTHCARE ACCESS FOR<br>PATIENTS | VIRGINIA  | 501(C)(4)                     |   | NPAF IS THE<br>SISTER<br>ORGANIZATION TO |  | X  |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

SEE PART VII FOR CONTINUATIONS

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

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   |     | X  |

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

| (a)<br>Name of related organization      | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) NATIONAL PATIENT ADVOCATE FOUNDATION | M                             | 700,000.               |  |
| (2) NATIONAL PATIENT ADVOCATE FOUNDATION | O                             | 125,000.               |  |
| (3) NATIONAL PATIENT ADVOCATE FOUNDATION | Q                             | 91,813.                |  |
| (4)                                      |                               |                        |  |
| (5)                                      |                               |                        |  |
| (6)                                      |                               |                        |  |



**Part VII** Supplemental Information

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: NPAF IS THE SISTER ORGANIZATION TO PAF.

MR.BALCH IS CEO OF AND PAID BY BOTH.



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

|  |  |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>PATIENT ADVOCATE FOUNDATION</b>                  | Employer identification number (EIN) or<br><b>54-1806317</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>421 BUTLER FARM ROAD</b>                | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>HAMPTON, VA 23666</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**CORPORATE OFFICE**

- The books are in the care of ▶ **421 BUTLER FARM ROAD - HAMPTON, VA 23666**  
Telephone No. ▶ **757-873-6668** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.