

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PATIENT ADVOCATE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 421 BUTLER FARM ROAD City or town, state or province, country, and ZIP or foreign postal code HAMPTON, VA 23666 F Name and address of principal officer: ALAN J. BALCH 421 BUTLER FARM ROAD, HAMPTON, VA 23666	D Employer identification number 54-1806317 E Telephone number 800.532.5274 G Gross receipts \$ 301,183,383. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PATIENTADVOCATE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PATIENT ADVOCATE FOUNDATION (PAF) IS A NATIONAL 501 (C) (3) NON-PROFIT ORGANIZATION THAT PROVIDES 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 236 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">234,013,794.</td> <td align="right">290,724,577.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">4,868,819.</td> <td align="right">6,518,710.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">5,511,734.</td> <td align="right">3,815,588.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">32,669.</td> <td align="right">6,278.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">244,427,016.</td> <td align="right">301,065,153.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	234,013,794.	290,724,577.	9 Program service revenue (Part VIII, line 2g)	4,868,819.	6,518,710.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,511,734.	3,815,588.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,669.	6,278.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,427,016.	301,065,153.							
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Part II Signature Block

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

Sign Here	Signature of officer ALAN J. BALCH, CHIEF EXECUTIVE OFFICER Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name HUGH BARLOW	Preparer's signature HUGH BARLOW	Date 11/02/20	Check <input type="checkbox"/> if self-employed PTIN P00422004
	Firm's name ▶ BROWN, EDWARDS & COMPANY, LLP Firm's address ▶ 701 TOWN CENTER DRIVE NEWPORT NEWS, VA 23606	Firm's EIN ▶ 54-0504608 Phone no. (757) 873-1033		

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

Part III Statement of Program Service Accomplishments

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 \$ 246,082,239. including grants of \$ 238,734,798.) (Revenue \$) LAUNCHED IN 2004, THE 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 MEDICATIONS PRESCRIBED TO TREAT AND/OR MANAGE THE PATIENT'S DISEASE. THE FOUNDATION OFFERS TELEPHONIC SUPPORT SERVICES TO PATIENTS WHO MIGHT NEED ASSISTANCE WITH VARIOUS ASPECTS OF THE PROGRAM.

CONTINUED LATER IN SCHEDULE O.

4b (Code:) (Expenses \$ 6,043,932. including grants of \$) (Revenue \$ 6,410,358.) IN 2009, THE FOUNDATION ENTERED INTO A TRANSPARENT SERVICE ADMINISTRATION AGREEMENT WITH A NATIONAL NONPROFIT ORGANIZATION. THE FOUNDATION HAS BEEN ENGAGED TO PROVIDE FULL SERVICE, TRANSPARENT ADMINISTRATION SERVICES TO QUALIFIED PATIENTS THAT ENTER THEIR CO-PAY ASSISTANCE AND PATIENT FINANCIAL AID PROGRAMS. THE FOUNDATION CONTINUED TO PROVIDE THIS CONTRACTUAL SERVICE DURING 2020. THE FOUNDATION ADMINISTERED SERVICES TO 66,510 AND 34,521 PATIENTS IN 2020 AND 2019, RESPECTIVELY, THROUGH THIS SERVICE AGREEMENT.

4c (Code:) (Expenses \$ 5,553,195. including grants of \$ 75,000.) (Revenue \$ 107,614.) FOR OVER 24 YEARS, THE FOUNDATION HAS PROVIDED CASE MANAGEMENT SERVICES TO CRITICALLY OR CHRONICALLY ILL PATIENTS FROM ACROSS THE COUNTRY. PAF HELPS THEM MAINTAIN ACCESS TO AND AFFORD HEALTHCARE THROUGH VARIOUS MEANS INCLUDING LOCATING RESOURCES TO SUPPORT COST-OF- LIVING EXPENSES WHILE IN TREATMENT, EVALUATING HEALTH INSURANCE COVERAGE AND BETTER MANAGING, OR REDUCING, THE OUT-OF-POCKET MEDICAL AND COST OF LIVING DEBT THEY FACE. THE FOUNDATION PROVIDES FREE, ONE-ON-ONE PROFESSIONAL CASE MANAGERS WHO WORK ALONGSIDE PATIENTS, THEIR LOVED ONES, OR MEDICAL PROFESSIONALS TO RESOLVE COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY CHALLENGES ENCOUNTERED IN THE HEALTHCARE SYSTEM.

CONTINUED LATER IN SCHEDULE O.

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

4e Total program service expenses 257,679,366.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 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>	15	X
16 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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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>	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 236		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with 'X'.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH PARHAM HOPSON, PHD, RN, IMMEDIATE PAST BOARD PRESIDENT	5.00	X		X				0.	0.	0.
(2) DIANE MAUK PAST BOARD SECRETARY	5.00	X		X				0.	0.	0.
(3) JOHN L. MURPHY FINANCE COMMITTEE CHAIR	5.00	X		X				0.	0.	0.
(4) AL BENSON III, MD, FACP BOARD MEMBER	5.00	X						0.	0.	0.
(5) BRIAN GAROFALO BOARD MEMBER	5.00	X						0.	0.	0.
(6) NORMAN HUBBARD BOARD MEMBER	5.00	X						0.	0.	0.
(7) DAVID JACKMAN, MD BOARD MEMBER	5.00	X						0.	0.	0.
(8) AARON LYSS, MBA BOARD MEMBER	5.00	X						0.	0.	0.
(9) OTIS MAYNARD, ESQ BOARD VICE PRESIDENT	5.00	X		X				0.	0.	0.
(10) ANDY MILLER, MHSE, MCHES BOARD MEMBER	5.00	X						0.	0.	0.
(11) EDITH MITCHELL, MD, FACP BOARD MEMBER	5.00	X						0.	0.	0.
(12) PEARL MOORE, RN, MN, FAAN BOARD PRESIDENT	5.00	X		X				0.	0.	0.
(13) ROBERT M. RIFKIN, MD, FACP BOARD MEMBER	5.00	X						0.	0.	0.
(14) LARRI SHORT, JD BOARD SECRETARY	5.00	X		X				0.	0.	0.
(15) LORI WILLIAMS, PHD, MSN, RN BOARD MEMBER	5.00	X						0.	0.	0.
(16) W. JACKSON WISDOM BOARD MEMBER	5.00	X						0.	0.	0.
(17) F. MARC STEWART, MD BOARD MEMBER	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTIAN G. DOWNS, JD, MHA BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(19) MAUREEN CULBERTSON BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(20) ANAEZE C. OFFODILE II, MD, MPH BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(21) DANIEL PRESS, PHD BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(22) VEENA SHANKARAN, MD BOARD MEMBER	5.00	X						0.	0.	0.
(23) ROLF BERNISHKE BOARD MEMBER	5.00	X						0.	0.	0.
(24) ALAN J. BALCH, PHD CHIEF EXECUTIVE OFFICER	20.00 20.00			X				263,750.	125,000.	10,800.
(25) WILLIAM J. NASON CHIEF FINANCIAL OFFICER	40.00			X				214,686.	0.	25,724.
(26) FRANCES CASTELLOW PRESIDENT OF OPERATIONS	40.00			X				231,160.	0.	8,967.
1b Subtotal								709,596.	125,000.	45,491.
c Total from continuation sheets to Part VII, Section A								832,344.	0.	55,294.
d Total (add lines 1b and 1c)								1,541,940.	125,000.	100,785.

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 **16**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TEKCLAN SOFTWARE SOLUTIONS, PVT, LTD, 43, MANI STREET, V PURAM, AMBATTUR, CHENNAI, PHARMACY DATA MANAGEMENT GROUP	IT SUPPORT	1,654,642.
8530 CROSSROADS DR, POLAND, OH 44514	PROCESS PHARAMCY CLAIMS	469,504.
ARENT FOX, LLP P.O. BOX 644672, PITTSBURG, PA 15264	COMPLIANCE COUNSEL	219,006.
PASSPORT HEALTH COMMUNICATIONS GROUP PO BOX 886133, LOS ANGELES, CA 90088	INCOME VERIFICATION	130,152.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	125,000.				
	c Fundraising events	1c	133,885.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	488,209.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	289,977,483.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 32,825.				
	h Total. Add lines 1a-1f		290,724,577.				
	Program Service Revenue	2 a SERVICE CONTRACTS	Business Code				
		541900	6,411,096.	6,411,096.			
b SCHOLARSHIP GRANT REVENUE		541900	107,614.	107,614.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		6,518,710.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,816,326.			3,816,326.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	738.				
c Gain or (loss)	7c	<738.>					
d Net gain or (loss)		<738.>	<738.>				
8 a Gross income from fundraising events (not including \$ 133,885. of contributions reported on line 1c). See Part IV, line 18	8a		123,770.				
		b Less: direct expenses	8b	117,492.			
		c Net income or (loss) from fundraising events		6,278.		6,278.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			301,065,153.	6,517,972.	0.	3,822,604.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	238,809,798.	238,809,798.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	785,181.	382,449.	295,595.	107,137.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,351,215.	10,035,422.	667,981.	647,812.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	335,766.	185,104.	127,848.	22,814.
9 Other employee benefits	1,365,363.	1,171,157.	161,242.	32,964.
10 Payroll taxes	864,717.	760,025.	56,063.	48,629.
11 Fees for services (nonemployees):				
a Management				
b Legal	212,089.		212,089.	
c Accounting	178,841.	28,100.	150,741.	
d Lobbying	780,000.		780,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,424,656.	1,396,039.	28,012.	605.
12 Advertising and promotion				
13 Office expenses	1,582,994.	1,396,734.	139,333.	46,927.
14 Information technology	654,995.	589,585.	56,237.	9,173.
15 Royalties				
16 Occupancy	737,056.	681,842.	36,947.	18,267.
17 Travel	181,951.	120,412.	11,773.	49,766.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	386,138.	361,432.	24,706.	
20 Interest	115,949.	89,733.	20,165.	6,051.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,666,691.	1,660,995.	5,163.	533.
23 Insurance	93,615.	10,539.	82,794.	282.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	261,527,015.	257,679,366.	2,856,689.	990,960.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	28,077,632.	1	34,643,003.
	2 Savings and temporary cash investments	251,618,672.	2	298,552,115.
	3 Pledges and grants receivable, net	17,254,062.	3	14,086,492.
	4 Accounts receivable, net	556,935.	4	1,919,436.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	42,269.	8	55,002.
	9 Prepaid expenses and deferred charges	412,217.	9	471,457.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,679,514.		
	b Less: accumulated depreciation	10b 7,759,590.	10c	
	11 Investments - publicly traded securities	4,321,760.	11	3,919,924.
	12 Investments - other securities. See Part IV, line 11	1,260,793.	12	1,565,110.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	50,331.	15	50,331.
16 Total assets. Add lines 1 through 15 (must equal line 33)	303,594,671.	16	355,262,870.	
Liabilities	17 Accounts payable and accrued expenses	3,763,880.	17	13,105,119.
	18 Grants payable		18	
	19 Deferred revenue	16,670,044.	19	19,151,391.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,771,023.	25	4,955,537.
	26 Total liabilities. Add lines 17 through 25	24,204,947.	26	37,212,047.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,351,653.	27	18,448,396.
	28 Net assets with donor restrictions	264,038,071.	28	299,602,427.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	279,389,724.	32	318,050,823.
33 Total liabilities and net assets/fund balances	303,594,671.	33	355,262,870.	

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	301,065,153.
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,527,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	39,538,138.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	279,389,724.
5	Net unrealized gains (losses) on investments	5	65,895.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<942,934.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	318,050,823.

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		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 on Schedule O and describe any steps taken to undergo such audits	X	

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,569,903.	183,610,619.	368,892,961.	234,013,794.	290,724,577.	1169811854.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	92,569,903.	183,610,619.	368,892,961.	234,013,794.	290,724,577.	1169811854.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						930,070,796.
6 Public support. Subtract line 5 from line 4.						239,741,058.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	92,569,903.	183,610,619.	368,892,961.	234,013,794.	290,724,577.	1169811854.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	713,599.	1,145,492.	2,946,894.	5,514,479.	3,816,326.	14,136,790.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1183948644.
12 Gross receipts from related activities, etc. (see instructions)					12	26,854,363.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	20.25 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	19.76 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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
2a		
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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
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.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

PATIENT ADVOCATE FOUNDATION

SECTION 170(B) (1) (A) ORGANIZATION

FACTS & CIRCUMSTANCES TEST; FY2019/2020

PATIENT ADVOCATE FOUNDATION OFFERS THE FOLLOWING FACTS AND CIRCUMSTANCES IN SUPPORT OF ITS ONGOING CLASSIFICATIONS AS A PUBLIC CHARITY AS DEFINED IN SECTION 170(B) (1) (A).

ORGANIZATION BACKGROUND & PROGRAM INFORMATION

PATIENT ADVOCATE FOUNDATION (FOUNDATION OR PAF) IS A 501(C) 3 NATIONAL NONPROFIT ORGANIZATION THAT IS ORGANIZED TO SAFEGUARD PATIENTS THROUGH EFFECTIVE MEDIATION ASSURING ACCESS TO CARE, MAINTENANCE OF EMPLOYMENT AND PRESERVATION OF FINANCIAL STABILITY RELATIVE TO THEIR DIAGNOSIS OF LIFE THREATENING OR DEBILITATING DISEASES. THE FOUNDATION HAS DEVELOPED AND DELIVERS A DIVERSE PORTFOLIO OF PATIENT CENTERED PROGRAMS TO PATIENTS AND THEIR FAMILIES INCLUDING IN DEPTH CASE MANAGEMENT SERVICES, SMALL GRANT PROGRAMS THAT PROVIDE SUPPORT FOR COST OF LIVING EXPENSES FOR LOW INCOME PATIENTS, AND PATIENT EDUCATIONAL PROGRAMS DELIVERED IN PRINT, DIGITAL AND ONLINE INTERACTIVE FORMATS. THE FOUNDATION ALSO ADMINISTERS THE CO-PAY RELIEF PROGRAM (CPR) THAT PROVIDES FINANCIAL SUPPORT FOR CO-PAYMENTS AND COINSURANCE REQUIRED FOR PHARMACEUTICAL TREATMENTS PRESCRIBED TO TREAT AND/OR MANAGE CERTAIN CHRONIC AND LIFE-THREATENING CONDITIONS. THROUGH THE FOUNDATION'S COMPLIMENT OF CASE MANAGEMENT, FINANCIAL ASSISTANCE AND EDUCATIONAL PROGRAMS, THE FOUNDATION ASSISTS TENS OF THOUSANDS OF PATIENTS LIVING THROUGHOUT THE UNITED STATES AND US TERRITORIES EVERY YEAR. PAF SERVED OVER 175,000 PATIENTS IN FY2019/2020, INCLUDING CASE MANAGEMENT SERVICES AND FINANCIAL AID TO OVER 40,000 PEOPLE WHO WERE IMPACTED BY THE

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.)

COVID-19 GLOBAL PANDEMIC AND LIVE WITH A CHRONIC OR CRITICAL HEALTH CONDITION. PAF HAS PROVIDED HELP AND ASSISTANCE TO OVER 1.3 MILLION PATIENTS AND FAMILIES SINCE ITS INCEPTION IN 1996. PAF IS PUBLICLY SUPPORTED, PRIMARILY RECEIVING ITS' SUPPORT THROUGH CHARITABLE CONTRIBUTIONS, GRANTS, COOPERATIVE AGREEMENTS WITH GOVERNMENTAL AGENCIES AND OTHER 501(C)3 NON-PROFIT ORGANIZATIONS AND DONATIONS FROM THE GENERAL PUBLIC, THUS, ALLOWING PAF TO OFFER ITS DIVERSE PROGRAMMING TO PATIENTS COMPLETELY FREE OF CHARGE.

CASE MANAGEMENT & FINANCIAL SUPPORT PROGRAMS SINCE INCEPTION, PATIENT ADVOCATE FOUNDATION (PAF) HAS PROVIDED CASE MANAGEMENT INTERVENTIONS ON BEHALF OF CRITICALLY OR CHRONICALLY ILL PATIENTS NATIONALLY; ENABLING THEM TO CONNECT WITH, AND MAINTAIN ACCESS TO, PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, OVERCOME INSURANCE BARRIERS, LOCATE RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES WHILE IN TREATMENT, EVALUATE AND MAINTAIN HEALTH INSURANCE COVERAGE AND BETTER MANAGE, OR REDUCE, THE OUT-OF-POCKET MEDICAL AND COST OF LIVING DEBT THEY FACE. PAF PROVIDES ONE-ON-ONE PROFESSIONAL CASE MANAGEMENT SERVICES, WORKING ALONGSIDE PATIENTS, THEIR LOVED ONES, AND THEIR CARE TEAMS, OFTEN TAKING THE LEAD TO RESOLVE COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY CHALLENGES ENCOUNTERED IN THE HEALTHCARE SYSTEM. CASE MANAGEMENT SERVICES ARE PROVIDED AT NO COST TO PATIENTS AND THEIR FAMILIES. THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY INTERVENED ON BEHALF OF 21,380 INDIVIDUALS, LIVING IN ALL 50 STATES, IN FY2019/2020. THESE PATIENTS ARE LIVING WITH 735 UNIQUE DISEASES AND REQUESTED ASSISTANCE WITH AN AVERAGE OF TWO ISSUES THAT WERE CREATING OBSTACLES TO CARE. ON AVERAGE, CASE MANAGERS MADE 15.7 CONTACTS ON BEHALF OF EACH CASE TO RELEVANT STAKEHOLDERS TO BRING RESOLUTION TO THE PATIENT'S ACCESS ISSUES. THIS TRANSLATES TO NEARLY

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.)

335,000 UNIQUE CONTACTS ON BEHALF OF PATIENTS AND FAMILIES RECEIVING CASE MANAGEMENT INTERVENTION SERVICES. PAF ALSO PROVIDED NEARLY 30,000 PATIENT EDUCATION PUBLICATIONS TO THE PATIENTS SERVED BY CASE MANAGEMENT. PAF PROVIDES THESE SERVICES THROUGH A COMPLIMENT OF 27 UNIQUE PROGRAMS. DURING FY2019/2020, PAF ADMINISTERED A SUITE OF TEN (10) SMALL GRANT PROGRAMS, REFERRED TO AS FINANCIAL AID FUNDS, EACH OF WHICH PROVIDE FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING EXPENSES PATIENTS STRUGGLE TO MANAGE WHEN DEALING WITH A CHRONIC OR CRITICAL DISEASE. IN FY2019/2020, PAF SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 15,558 PATIENTS, TOTALING \$7,872,150 IN FINANCIAL RELIEF. THE SMALL GRANTS RANGE FROM \$300-\$1000 PER PATIENT AND ARE DESIGNED TO DEFRAY NON-MEDICAL EXPENSES, INCLUDING TRANSPORTATION, LODGING, NUTRITIONAL NEEDS, CHILDCARE AND BURIAL EXPENSES, FACED BY PATIENTS BECAUSE OF THEIR DIAGNOSIS AND TREATMENT. THE FINANCIAL AID FUND PROGRAMS INCLUDE:

- AMERICAN CANCER SOCIETY COVID 19 ASSISTANCE FUND: SERVING PATIENTS DIAGNOSED WITH CANCER WHO HAVE BEEN IMPACTED BY COVID-19
- COVID CARE RECOVERY FUND: SERVING PATIENTS DIAGNOSED WITH COVID-19
- PAF/TEAM RUBICON COVID-19 EMERGENCY FOOD ASSISTANCE PROGRAM: SERVING PATIENTS WHO HAVE BEEN IMPACTED BY COVID-19, HAVE A DIAGNOSIS OF CANCER, MULTIPLE SCLEROSIS & RHEUMATOID ARTHRITIS AND ARE EXPERIENCING FOOD INSECURITY
- SONTAG FOUNDATION COVID-19 EMERGENCY PATIENT ASSISTANCE: SERVING PATIENTS DIAGNOSED WITH BRAIN TUMORS WHO HAVE BEEN IMPACTED BY COVID-19
- DONNA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH BREAST CANCER THAT HAVE RECEIVED CASE MANAGEMENT SERVICES THROUGH THE DONNA CARELINE
- HEART VALVE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH A

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.)

VALVULAR CONDITION

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

- MAHAN FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE MYELOID LEUKEMIA

- MERKEL CELL CARCINOMA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH A RARE FORM OF SKIN CANCER

- METASTATIC BREAST CANCER FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH STAGE III OR STAGE IV BREAST CANCER

LAUNCHED IN 2004 IN RESPONSE TO A CRITICAL MASS OF PATIENTS REPORTING THEIR NEED FOR SUPPORT WITH UNMANAGEABLE CO-PAYMENTS FOR LIFE SAVING MEDICINES, PATIENT ADVOCATE FOUNDATION'S CO-PAY RELIEF PROGRAM (CPR) PROVIDES NEEDS-BASED 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. TO QUALIFY FOR A GIVEN DISEASE-SPECIFIC FUND, AN APPLICANT MUST (1) HAVE A CONFIRMED DIAGNOSIS THAT IS SUPPORTED BY THE DISEASE FUND, (2) HAVE A TREATMENT REGIMEN IN PLACE, (3) HAVE AND MAINTAIN HEALTH INSURANCE AND (4) MEET THE FINANCIAL CRITERIA SET FORTH BY CPR FOR THE FUND. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS USING CALL COUNSELORS; PERSONALLY, GUIDING PATIENTS THROUGH THE ENROLLMENT AND BENEFIT PROCESS AS WELL AS ONLINE TOOLS THAT CAN BE USED TO MAKE APPLICATION FOR ASSISTANCE.

PAF WILL NOT CONSIDER THE IDENTITY OF ANY PHYSICIAN, PROVIDER, SUPPLIER OF ITEMS OR SERVICES, DONOR, DRUG THERAPY, SERVICES OR SUPPLIES BEING UTILIZED OR THE REFERRAL SOURCE WHEN ASSESSING WHETHER AN APPLICANT IS QUALIFIED FOR FINANCIAL ASSISTANCE FROM A PAF CPR DISEASE-SPECIFIC FUND.

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.)

UNDER NO CIRCUMSTANCES WILL PAF RECOMMEND OR REFER AN APPLICANT OR ENROLLEE TO ANY FUND DONOR, PROVIDER, SUPPLIER OR PRODUCT.

QUALIFYING APPLICANTS ARE ENROLLED IN A DISEASE-SPECIFIC FUND FOR UP TO ONE YEAR FROM THE DATE OF ENROLLMENT AND MUST RE-APPLY THEREAFTER TO CONTINUE RECEIVING ASSISTANCE FROM A GIVEN DISEASE-SPECIFIC FUND.

ENROLLMENT IN AND FINANCIAL ASSISTANCE FROM ANY DISEASE-SPECIFIC FUND IS PROVIDED ON A FIRST COME, FIRST SERVE BASIS TO THE EXTENT FUNDING IS AND REMAINS AVAILABLE.

FINANCIAL ASSISTANCE FROM ANY CPR DISEASE-SPECIFIC FUND IS NOT DEPENDENT ON THE USE A PARTICULAR DRUG OR PROVIDER AND ENROLLEES ARE FREE TO SWITCH DRUG THERAPIES, TREATING PHYSICIANS, PHARMACIES AND SUPPLIERS AT ANY TIME WITHOUT AFFECTING THEIR CONTINUED ELIGIBILITY FOR FINANCIAL ASSISTANCE FROM A DISEASE-SPECIFIC FUND.

ENROLLEES ARE REQUIRED TO INFORM PAF IN THE EVENT THEIR FINANCIAL CIRCUMSTANCES CHANGE, AND/OR THEY LOSE THEIR HEALTH INSURANCE COVERAGE DURING THEIR ENROLLMENT PERIOD AS SUCH CHANGES MAY AFFECT ENROLLEE ELIGIBILITY FOR A GIVEN CPR FUND.

IN FY2019/2020, PAF'S CO-PAY RELIEF PROGRAM EXPANDED ITS PROGRAM IMPACT THROUGH THE ADDITION OF FOUR 4) NEW FUNDS, ASSISTING PATIENTS THROUGH TWENTY EIGHT (28) DISEASE SPECIFIC FUNDS INCLUDING ACROMEGALY, ASTHMA, BLADDER CANCER, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL CANCER, CYSTIC FIBROSIS, GAUCHER DISEASE, HEMOPHILIA, HEPATITIS B, HEPATITIS C, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS, MYELOYDYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS (NSCLC), OSTEOPOROSIS, OVARIAN CANCER, PROSTATE CANCER,

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.)

PULMONARY FIBROSIS, PULMONARY HYPERTENSION, RENAL CELL CARCINOMA,
RHEUMATOID ARTHRITIS, SKIN CANCER, AND ULCERATIVE COLITIS.

SEE CONTINUATION IN SCHEDULE O.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
25	_____ _____ _____	\$ 8,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 76,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 33,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 428,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	 <hr/> <hr/> <hr/>	\$ <u>89,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>135,580.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>4,892,053.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>78,145,256.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	 <hr/> <hr/> <hr/>	\$ <u>10,421,503.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<hr/> <hr/> <hr/>	\$ 23,040,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7	<hr/> <hr/> <hr/>	\$ 488,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 29,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 261,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 95,597.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	 <hr/> <hr/> <hr/>	\$ 239,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
31	 <hr/> <hr/> <hr/>	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	 <hr/> <hr/> <hr/>	\$ 64,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ 68,602,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ 84,887,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	_____ _____ _____	\$ <u>3,514,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ <u>91,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
13	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
37	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>25,970.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	 <hr/> <hr/> <hr/>	\$ 20,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ 8,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	 <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 <hr/> <hr/> <hr/>	\$ 195,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	 <hr/> <hr/> <hr/>	\$ 9,120,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	<hr/> <hr/> <hr/> <hr/>	\$ 108,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/> <hr/>	\$ 712,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
19	<hr/> <hr/> <hr/> <hr/>	\$ 2,339,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
43	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	<hr/> <hr/> <hr/>	\$ 6,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 178,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 18,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 198,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 166,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	_____ _____ _____	\$ 969,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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

Open to Public Inspection

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 PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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) 2019

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	780,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	780,000.													
d	Other exempt purpose expenditures	260,747,015.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	261,527,015.													
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	720,000.	780,000.	780,000.	780,000.	3,060,000.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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.

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.**

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

OMB No. 1545-0047

2019

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 (for example, 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 7/25/06, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

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 make 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 program
 - 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	2,078,900.	1,999,015.	1,996,636.	1,486,242.	1,933,371.
b Contributions				512,115.	
c Net investment earnings, gains, and losses	107,263.	79,885.	2,379.	<1,721.>	64,986.
d Grants or scholarships					
e Other expenditures for facilities and programs					512,115.
f Administrative expenses					
g End of year balance	2,186,163.	2,078,900.	1,999,015.	1,996,636.	1,486,242.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Term 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		90,993.	20,255.	70,738.
d Equipment		10,535,009.	7,739,335.	2,795,674.
e Other		1,053,512.		1,053,512.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,919,924.

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)		
Total. (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)		
Total. (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)	
Total. (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	569,698.
(3) IBNR RESERVE	135,687.
(4) POSTRETIREMENT LIABILITY	4,197,511.
(5) DUE TO NPAF	52,641.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,955,537.

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 FASB 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	301,253,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	65,895.
b	Donated services and use of facilities	2b	4,099.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	69,994.
3	Subtract line 2e from line 1	3	301,183,385.
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	<118,232.>
c	Add lines 4a and 4b	4c	<118,232.>
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	301,065,153.

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	261,649,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,099.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	118,232.
e	Add lines 2a through 2d	2e	122,331.
3	Subtract line 2e from line 1	3	261,527,015.
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	261,527,015.

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 AND THE COMMONWEALTH OF VIRGINIA STATUTES; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A

Part XIII Supplemental Information (continued)

PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT	-117,493.
LOSS ON FIXED ASSET INCLUDED IN EXPENSES FOR F/S	-739.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-118,232.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT	117,493.
LOSS ON FIXED ASSET INCLUDED IN EXPENSES FOR F/S	739.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	118,232.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PROMISE OF HOPE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	257,655.			257,655.
	2 Less: Contributions	133,885.			133,885.
	3 Gross income (line 1 minus line 2)	123,770.			123,770.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	32,825.			32,825.
	6 Rent/facility costs	1,093.			1,093.
	7 Food and beverages	30,955.			30,955.
	8 Entertainment	15,950.			15,950.
	9 Other direct expenses	36,669.			36,669.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				117,492.
	11 Net income summary. Subtract line 10 from line 3, column (d)				6,278.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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

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

3 Enter total number of other organizations listed in the line 1 table **▶** _____

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Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	25	75,000.	0.		
CO PAY RELIEF ASSISTANCE	72906	232,341,248.	0.		
FINANCIAL AID FUND	15558	6,393,550.	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, 25 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.

IN FY2019/2020, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH TWENTY-EIGHT (28) DISEASE SPECIFIC FUNDS INCLUDING ASTHMA, BLADDER CANCER, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL CANCER, HEPATITIS B, HEPATITIS C, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS, MYELOYDYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS (NSCLC), OSTEOPOROSIS, OVARIAN CANCER, PERIODIC PARALYSIS, PERIPHERAL VASCULAR DISEASE, PROSTATE CANCER, PULMONARY FIBROSIS, PULMONARY HYPERTENSION, RENAL CELL CARCINOMA, RHEUMATOID ARTHRITIS, SKIN CANCER, AND ULCERATIVE COLITIS.

IN FY2019/2020, PAF ADMINISTERED TEN (10) SMALL ONE-TIME GRANTS PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING EXPENSES FACED BY PATIENTS AS A RESULT OF THEIR DIAGNOSIS AND TREATMENT. DISEASE SPECIFIC FUNDS INCLUDE COVID-19 (4 SEPARATE FUNDS), ACCUTE RESPIRTORY DISTRESS SYNDROME, TOXIC SHOCK AND/OR SEPSIS, BREAST CANCER, METASTIC BREAST CANCER, MERKEL CELL CARCINOMA, HEART VALVULAR CONDITION, AND ACUTE MYLOID LEUKEMIA.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input 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" on line 5a or 5b, describe in Part III.

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

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

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

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

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

	Yes	No
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) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN J. BALCH, PHD CHIEF EXECUTIVE OFFICER	(i)	243,750.	20,000.	0.	10,800.	1,620.	276,170.	0.
	(ii)	125,000.	0.	0.	0.	0.	125,000.	0.
(2) WILLIAM J. NASON CHIEF FINANCIAL OFFICER	(i)	207,944.	6,742.	0.	8,766.	18,503.	241,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCES CASTELLOW PRESIDENT OF OPERATIONS	(i)	224,301.	6,859.	0.	8,967.	1,486.	241,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANGELA M. WALKER CHIEF OF TALENT MANAGEMENT	(i)	188,295.	5,783.	0.	3,768.	1,450.	199,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN BRADSHAW CHIEF OF MISSION DELIVERY	(i)	151,366.	4,793.	0.	6,276.	12,667.	175,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SAKTHI CHOKKALINGAM SENIOR PEGA SYSTEMS ARCHIT	(i)	163,562.	2,260.	0.	6,867.	16,119.	188,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALAN WOOD EVP BUSINESS DEVELOPMENT AND OPS	(i)	150,215.	4,586.	0.	6,009.	1,251.	162,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTINE WILSON VP ADVOCACY COMMUNICATIONS	(i)	160,804.	680.	0.	6,449.	1,413.	169,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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	1,306,084.	INTERCOMPAN		X
SHAWN NASON	SPECIAL EVENTS DIRE	84,750.	RELATED PAR		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: INTERCOMPANY ACTIVITY OCCURS BETWEEN

PATIENT ADVOCATE FOUNDATION (PAF) AND NATIONAL PATIENT ADVOCATE

FOUNDATION (NPAF). ALSO, PAF AND NPAF SHARE THE SAME CHIEF EXECUTIVE

OFFICER. NPAF HAS A CONSULTING AGREEMENT IN WHICH PAF PAYS NPAF FEES TO

REPRESENT THE POLICY INTERESTS OF PAF. THE CONSULTING FEES FOR FY

2019/2020 WERE \$780,000. NPAF REIMBURSED PAF FOR SALARIES OF \$297,883 FOR

SHARED SERVICES, OF WHICH \$125,000 WAS FOR ALAN BALCH'S SALARY. PAF ALSO

REIMBURSED TO NPAF \$140,161 IN SALARIES FOR SHARED SERVICES. NPAF

REIMBURSED PAF FOR \$71,542 OF OTHER EXPENSES, AND PAF REIMBURSED NPAF FOR

\$16,498 OF OTHER EXPENSES IN FY 2019/2020.

(A) NAME OF PERSON: SHAWN NASON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPECIAL EVENTS DIRECTOR

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY IS THE WIFE OF WILLIAM

NASON, CHIEF FINANCIAL OFFICER OF PAF.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION PRIZE)	X	308	32,825.	COMPARABLE SALES
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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 ASSISTANCE 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

CONTINUATION OF EXPLANATION OF PROGRAM SERVICES FROM PART III, LINE 4A

IN 2020, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH TWENTY EIGHT (28) DISEASE-SPECIFIC FUNDS INCLUDING ACROMEGALY, ASTHMA, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL CANCER, CYSTIC FIBROSIS, GAUCHER DISEASE, HEMOPHILIA, HEPATITIS B, HEPATITIS C, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA,

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC BREAST CANCER,
 METASTATIC COLORECTAL CANCER, METASTATIC PROSTATE CANCER, MULTIPLE
 MYELOMA, MULTIPLE SCLEROSIS, MYELODYSPLASTIC SYNDROME, OSTEOPOROSIS,
 OVARIAN CANCER, PROSTATE CANCER, PULMONARY FIBROSIS, PULMONARY
 HYPERTENSION, RENAL CELL CARCINOMA, RHEUMATOID ARTHRITIS, SKIN CANCER
 AND ULCERATIVE COLITIS.

THE FOUNDATION'S CO-PAY RELIEF PROGRAM OFFERS A SECURE WEB-BASED
 APPLICATION FOR PATIENTS AND/OR THEIR FAMILY MEMBERS TO ENROLL
 ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM. ALSO, CPR OFFERS TWO
 SECURED WEBSITES FOR MEDICAL PROVIDERS AND PHARMACY REPRESENTATIVES WHO
 HAVE BEEN AUTHORIZED TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF
 PROGRAM ON BEHALF OF A PATIENT.

IN 2020, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO 72,906
 QUALIFIED PATIENTS THROUGH THE 28 ASSISTANCE FUNDS AVAILABLE THROUGH
 THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 255,600 TELEPHONE
 CALLS AND PROCESSED CLAIMS TOTALING OVER \$233,000,000 FROM 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 472,000 INDIVIDUALS ALLOCATING MORE THAN
 \$1.4 BILLION IN CO-PAYMENT AWARDS. IN 2019, 75,580 QUALIFIED PATIENTS
 RECEIVED ASSISTANCE THROUGH 32 FUNDS. PAF STAFF FIELDDED 230,263 CALLS
 AND PROCESSED CLAIMS TOTALING MORE THAN \$241,000,000.

THE FOUNDATION ALSO ADMINISTERED TEN (10) FINANCIAL AID FUNDS IN 2020
 AND SEVEN IN 2019 THAT PROVIDED ASSISTANCE TO QUALIFIED PATIENTS FOR
 NON-MEDICAL RELATED OUT OF POCKET AND COST OF LIVING EXPENSES
 ASSOCIATED WITH THEIR DIAGNOSIS AND TREATMENT. IN 2020, THE FOUNDATION

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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PROVIDED ONE-TIME SMALL GRANTS TO 15,558 PATIENTS, TOTALING \$7,872,150.

IN 2019, 1,646 PATIENTS RECEIVED FINANCIAL RELIEF FROM THESE GRANTS,

TOTALING MORE THAN \$1,011,000. THESE GRANTS RANGE FROM \$300 - \$1,000

PER PATIENT AND ARE DESIGNED TO DEFRAY THE COSTS OF TRANSPORTATION AND

SIMILAR COST OF LIVING EXPENSES. THE FINANCIAL AID FUND PROGRAMS

INCLUDE:

- AMERICAN CANCER SOCIETY COVID 19 ASSISTANCE FUND: SERVING PATIENTS

DIAGNOSED WITH CANCER WHO HAVE BEEN IMPACTED BY COVID-19

- COVID CARE RECOVERY FUND: SERVING PATIENTS DIAGNOSED WITH COVID-19

- COVID-19 EMERGENCY FOOD ASSISTANCE PROGRAM: SERVING PATIENTS WHO HAVE

BEEN IMPACTED BY COVID-19, HAVE A DIAGNOSIS OF CANCER, MULTIPLE

SCLEROSIS & RHEUMATOID ARTHRITIS AND ARE EXPERIENCING FOOD INSECURITY

- DONNA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH BREAST

CANCER THAT HAVE RECEIVED CASE MANAGEMENT SERVICES THROUGH THE DONNA

CARELINE

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

VALVULAR CONDITION

- LEISHLINE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE

RESPIRATORY DISTRESS SYNDROME, TOXIC SHOCK SYNDROME AND/OR SEPSIS

- MAHAN FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE

MYELOID LEUKEMIA

- MERKEL CELL CARCINOMA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED

MERKEL CELL CARCINOMA, A RARE FORM OF SKIN CANCER

- METASTATIC BREAST CANCER FINANCIAL AID FUND: SERVING PATIENTS

DIAGNOSED WITH STAGE III OR STAGE IV BREAST CANCER

- SONTAG FOUNDATION COVID-19 EMERGENCY PATIENT ASSISTANCE: SERVING

PATIENTS DIAGNOSED WITH BRAIN TUMORS WHO HAVE BEEN IMPACTED BY COVID-19

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

FORM 990, PART III, LINE 4C

CONTINUATION OF EXPLANATION OF PROGRAM SERVICES FROM PART III, LINE 4C

THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY WORKED WITH OR ON BEHALF OF 21,380 INDIVIDUALS IN 2020. THESE PATIENTS REPRESENTED 735 UNIQUE DISEASES AND REQUESTED ASSISTANCE WITH AN AVERAGE OF TWO ISSUES THAT WERE CREATING OBSTACLES TO CARE. ON AVERAGE, CASE MANAGERS MADE 15.7 CONTACTS ON BEHALF OF EACH CASE TO RELEVANT STAKEHOLDERS TO BRING RESOLUTION TO THE PATIENT'S ISSUES. THIS WORK TRANSLATES TO NEARLY 335,000 UNIQUE CONTACTS ON BEHALF OF PATIENTS AND FAMILIES RECEIVING CASE MANAGEMENT SERVICES.

DURING 2019, THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY INTERVENED ON BEHALF OF 24,594 INDIVIDUALS. THESE PATIENTS ARE COLLECTIVELY LIVING WITH 613 UNIQUE DISEASES AND REQUESTED ASSISTANCE WITH AN AVERAGE OF TWO ISSUES THAT WERE CREATING OBSTACLES TO CARE. ON AVERAGE, CASE MANAGERS MADE 16 CONTACTS ON BEHALF OF EACH CASE TO RELEVANT STAKEHOLDERS TO BRING RESOLUTION TO THE PATIENT'S ACCESS ISSUES. THIS TRANSLATES TO NEARLY 415,000 UNIQUE CONTACTS ON BEHALF OF PATIENTS AND FAMILIES RECEIVING CASE MANAGEMENT INTERVENTION SERVICES. PAF PROVIDED THESE SERVICES THROUGH A COMPLIMENT OF 24 UNIQUE PROGRAMS.

PATIENT EDUCATION AND EMPOWERMENT

PAF EXTENDS THE IMPACT OF ONE-TO-ONE CASE MANAGEMENT SERVICES THROUGH THE DEVELOPMENT OF PATIENT EDUCATION AND EMPOWERMENT TOOLS THAT PROVIDE ACTIONABLE ADVICE AND GUIDANCE TO HEALTHCARE CONSUMERS. THE GOAL IS TO IMPROVE THE PATIENT'S EVERYDAY EXPERIENCE WITH THE HEALTHCARE SYSTEM AND TO EMPOWER THE PATIENT'S HEALTHCARE ENGAGEMENT. OUR EDUCATIONAL

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

PORTFOLIO COVERS A BROAD RANGE OF TOPICS IN A VARIETY OF FORMATS TO MEET THE NEEDS AND PREFERENCES OF MULTIPLE AUDIENCES, INCLUDING PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS.

DURING 2020, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT TEAM PUBLISHED 43 NEW OR REVISED PUBLICATIONS AND RECORDED AND RELEASED 9 WEBCAST PRESENTATIONS. PAF ALSO SUPPORTED 4 MULTI-YEAR EDUCATIONAL PROJECTS INCLUDING HEALTH INSURANCE LITERACY, MIGRAINE MATTERS AND MATTERS OF THE HEART.

DURING 2019, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT TEAM PUBLISHED 17 NEW OR REVISED PUBLICATIONS, 11 NEW WEB ARTICLES, AND RECORDED AND RELEASED ON-DEMAND 9 DISEASE-SPECIFIC WEBCAST PRESENTATIONS. PAF ALSO LAUNCHED 4 NEW PROJECTS AND COMPLETED ENHANCEMENTS TO 4 EXISTING PROJECTS AND LAUNCHED A NEWLY DESIGNED, EASIER TO NAVIGATE, MOBILE-FRIENDLY ORGANIZATIONAL WEBSITE.

HEALTH EQUITY INITIATIVE, COMMUNITY OUTREACH AND PATIENT ENGAGEMENT THE FOUNDATION PROMOTES HEALTH EQUITY BY ADDRESSING SOCIAL NEEDS GAPS AND SOCIAL DETERMINANTS OF HEALTH AT THE INDIVIDUAL, COMMUNITY, AND NATIONAL LEVEL. BROAD LOCAL AND NATIONAL EVENTS ADDRESS POPULATIONS WITH LOW SOCIO-ECONOMIC CHARACTERISTICS AND FOCUS ON COMMUNITIES WITH HIGH DISEASE MORBIDITY AND PREMATURE MORTALITY FROM THE LEADING CAUSES OF DEATH. SPECIFIC ACTIVITIES FOCUS ON TACKLING SOCIAL/FINANCIAL SUPPORT NEEDS AND MITIGATING BARRIERS THAT IMPACT ACCESS TO HEALTH SERVICES.

IN 2020, PAF ENTERED INTO YEAR TWO OF ITS FIVE-YEAR COOPERATIVE

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

AGREEMENT FROM THE CDC'S OFFICE OF SMOKING ON HEALTH AND THE DIVISION OF CANCER PREVENTION AND CONTROL (DCPC) TO CONTINUE ADMINISTRATION OF THE SELFMADE HEALTH NETWORK (SMHN). THE SMHN IS FOCUSED ON IMPLEMENTING EVIDENCE-BASED STRATEGIES TO REDUCE TOBACCO AND CANCER RELATED DISPARITIES AMONG POPULATIONS WITH LOW SOCIOECONOMIC STATUS (SES) CHARACTERISTICS. WORK UNDER THE CURRENT COOPERATIVE AGREEMENT FOCUSES ON THE FOLLOWING:

- ADOPTION OF CLEAR INDOOR POLICIES AMONG BLUE COLLAR WORKSITES IN KENTUCKY;
- LINKAGE TO MAMMOGRAPHY SCREENING AND BREAST CANCER TREATMENT FOR LOW INCOME WOMEN IN TENNESSEE;
- INTEGRATION OF BRIEF CESSATION COUNSELING IN CLINICAL WORKFLOW IN FQHCs IN SOUTH CAROLINA;
- BUILDING CAPACITY OF STATE COMPREHENSIVE CANCER PROGRAM TO EXPAND HUMAN PAPILOMAVIRUS (HPV) VACCINATION; AND
- INCREASING HPV VACCINATION AMONG HEALTH CARE PROVIDER NETWORKS SERVING POPULATIONS WITH LOW SES CHARACTERISTICS.

DURING 2019, THE FOUNDATION WAS SUCCESSFUL IN SECURING THE NEW FIVE-YEAR COOPERATIVE AGREEMENT FROM THE CDC'S OFFICE OF SMOKING ON HEALTH AND THE DIVISION OF CANCER PREVENTION AND CONTROL (DCPC) TO CONTINUE ADMINISTRATION OF THE SELFMADE HEALTH NETWORK (SMHN). UNDER THE PREVIOUS AWARD, THE NETWORK SUCCESSFULLY IMPLEMENTED PILOT INTERVENTIONS AND PROVIDED TECHNICAL ASSISTANCE IN TENNESSEE, KENTUCKY, VIRGINIA, SOUTH CAROLINA, WEST VIRGINIA, AND TEXAS, AND WITH THE COLLABORATION OF THE AMERICAN LUNG ASSOCIATION, DESIGNED AND IMPLEMENTED THE SMHN TOBACCO CESSATION MARKETPLACE PROJECT, WHICH WAS PILOTTED IN 10 STATES TO IMPLEMENT BRIEF TOBACCO CESSATION COUNSELING INTO THE AFFORDABLE CARE ACT (ACA) MARKETPLACE ANNUAL INSURANCE

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

ENROLLMENT PROCESS. FOR ITS WORK IN EDUCATING YOUNG WOMEN ABOUT GYNECOLOGIC CANCERS AND THE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION, SMHN WAS ONE OF THE FIRST NETWORKS TO HAVE A SUCCESS STORY PUBLISHED BY THE CDC DCPC.

PAF'S HEALTH EQUITY PLATFORM CONTINUES TO IDENTIFY AND INTERACT WITH A MYRIAD OF GRASSROOTS AND NATIONAL PARTNERS THROUGH ITS COMMUNITY ENGAGEMENT AND OUTREACH INITIATIVE. THE INTENTIONAL FOCUS ON COMMUNITY ALLOWS PAF TO BETTER UNDERSTAND UNIQUE, LOCAL EXPERIENCES AND APPLY THOSE LEARNINGS INTO RESPONSIVE PROGRAM DESIGN AND OUTREACH ACTIVITIES TO MEET THOSE NEEDS. RECENT OUTREACH AND ENGAGEMENT EFFORTS HAVE FOCUSED ON AFRICAN AMERICAN AND LATINA WOMEN WITH BREAST CANCER IN CHICAGO AND MEMPHIS, AND PERSONS WITH LUNG CANCER RESIDING IN THE APPALACHIAN REGION. THE COMMUNITY ENGAGEMENT MODEL USED BY PAF CONTINUES TO YIELD POSITIVE RESULTS. ENGAGEMENT ACTIVITIES INCLUDE CONVENING COMMUNITY MEETINGS/LISTENING SESSIONS; CONDUCTING FOCUS GROUPS AND KEY INTERVIEWS; AND CONVENING OF GRASSROOTS ORGANIZATIONS TO BETTER UNDERSTAND RESOURCE GAPS AND TO FACILITATE OPPORTUNITIES FOR COLLABORATION. THROUGH PARTNERSHIPS WITH ORGANIZATIONS SUCH AS NATIONAL BLACK NURSES ASSOCIATION (NBNA), NATIONAL HISPANIC NURSES ASSOCIATION (NHNA), COALITION OF 100 BLACK WOMEN (MEMPHIS CHAPTER) ALONG WITH A HOST OF GRASSROOTS ORGANIZATIONS SUCH AS SISTERS WORKING IT OUT, SISTER'S NETWORK (MEMPHIS AND CHICAGO), CAREGIVERS RESPITE AND OTHERS, PAF IS ABLE TO ENGAGE WITH HEALTH CARE PROVIDERS, PATIENTS AND CAREGIVERS TO BRING AWARENESS OF LOCAL AND NATIONAL RESOURCES THAT ASSIST THE POPULATIONS THEY SERVE. THROUGH TWO NATIONAL AND SEVEN LOCAL OUTREACH EVENTS, PAF REACHED MORE THAN 2,540 PATIENTS, CAREGIVERS, LAY HEALTH NAVIGATORS AND NURSES DURING THE 2020 FISCAL

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

YEAR. IN 2019, THE OUTREACH EVENTS REACHED MORE THAN 2,880 PATIENTS, CAREGIVERS, COMMUNITY HEALTH WORKERS, LAY HEALTH NAVIGATORS AND NURSES THROUGH 3 NATIONAL AND 9 LOCAL EVENTS.

PAF'S HEALTH EQUITY WORK EXPANDED FURTHER THIS YEAR THROUGH THE CREATION OF FORUMS TO BRING TOGETHER ORGANIZATIONS TO RESPOND TO THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES. AS A RESULT OF PAF'S INITIAL WORK IN CHICAGO, PAF WAS ASKED TO CONVENE OTHER GRASSROOTS ORGANIZATIONS TO EXPLORE HOW INCREASED INTEGRATION AND COORDINATION OF RESOURCES COULD BETTER MEET THE BREAST CANCER NEEDS OF RESIDENTS ON CHICAGO'S SOUTHSIDE. IN FEBRUARY 2020, PAF CONVENEED 10 GRASSROOTS ORGANIZATIONS SERVING AFRICAN AMERICAN AND LATINA WOMEN DIAGNOSED WITH OR AT RISK FOR BREAST CANCER FROM COMMUNITIES ACROSS THE SOUTHSIDE EXPERIENCING DISPARITIES IN BREAST CANCER MORTALITY. THROUGH THIS CONVENING, THREE PRIORITY AREAS WERE IDENTIFIED: 1). CAREGIVERS SUPPORT; 2) ACCESS TO CARE (INSURANCE); AND 3). QUALITY OF CARE. THESE THREE THEMES PARALLEL THE KEY FOCUS AREAS FROM THE COMMUNITY CONVERSATION HELD IN 2019. THROUGH THIS DIALOGUE, THE PARTICIPATING ORGANIZATIONS WERE ABLE TO IDENTIFY AREAS OF OVERLAP AND GAPS. FOR AREAS WHERE GAPS WERE IDENTIFIED, ORGANIZATIONS BEGAN TO ENGAGE IN ACTION PLANNING AROUND HOW BEST TO ALIGN RESOURCES TO FILL THOSE GAPS. WHERE NO RESOURCES EXISTED, OTHER STRATEGIES EMERGED, INCLUDING EXPLORING JOINT FUNDING OPPORTUNITIES. THE OUTCOMES FROM THIS MEETING WILL BE USED TO GUIDE FUTURE OUTREACH AND ENGAGEMENT ACTIVITIES.

ONE URGENT NEED THAT WAS IDENTIFIED DURING A CHICAGO COMMUNITY CONVERSATION ON CANCER IN FEBRUARY 2019 WAS A CATALOG IN ENGLISH AND SPANISH OF ALL THE BREAST CANCER SUPPORT/SERVICES THAT COULD BE EASILY

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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ACCESSIBLE FOR WOMEN ACROSS CHICAGO. THROUGH A LOCAL CONTRACTOR, PAF CONDUCTED AN ENVIRONMENTAL SCAN OF SUCH RESOURCES THAT WERE LATER EMBEDDED INTO PAF'S NATIONAL FINANCIAL RESOURCE DIRECTORY. THE DIRECTORY NOW REFLECTS A SEARCH OPTION SPECIFIC TO "CHICAGO" THAT WILL HELP USERS CONNECT TO LOCAL RESOURCES, AS WELL AS THE BROADER ARRAY OF NATIONAL RESOURCES ALREADY IN THE DIRECTORY.

CONTINUED LATER IN SCHEDULE O.

FORM 990, PART III, LINE 4C (CONTINUED)

CONTINUATION OF EXPLANATION OF PROGRAM SERVICES FROM PART III, LINE 4C

IN 2019, PAF COMPLETED WORK ON TWO GRANTS FROM THE ROBERT WOOD JOHNSON FOUNDATION (RWJF), INCLUDING "SKILLED COMMUNICATIONS WORKSHOPS, A DISSEMINATION GRANT FOR THE ROADMAP TO CREATING CONSUMER CLARITY IN HEALTH CARE DECISION MAKING," AND "RAISING AWARENESS OF THE IMPORTANCE OF AND FACILITATING COST-OF-CARE DISCUSSIONS IN HEALTH CARE". THESE ARE THE SECOND AND THIRD GRANTS RWJF HAS AWARDED PAF.

SCHOLARSHIP FOR SURVIVORS PROGRAM

IT IS NOT UNCOMMON FOR FOUNDATION STAFF TO INTERACT WITH PATIENTS AND FAMILIES WHO ARE STRUGGLING TO AFFORD POST-SECONDARY EDUCATION DUE TO THE FINANCIAL BURDEN ASSOCIATED WITH A CHRONIC ILLNESS OR LIFE-THREATENING DISEASE. THE SCHOLARSHIP FOR SURVIVORS PROGRAM WAS ESTABLISHED TWENTY YEARS AGO TO ASSIST SUCH INDIVIDUALS BY OFFERING EDUCATIONAL SCHOLARSHIPS TO QUALIFIED APPLICANTS WHO HAVE SUFFERED (OR ARE SUFFERING) FROM A LIFE-THREATENING DISEASE OR CHRONIC CONDITION. THESE STUDENTS HAVE, DESPITE THEIR DISEASE/CONDITION, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO PURSUE A SECONDARY

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

EDUCATION.

THOUGH A SILENT AND LIVE AUCTION AT THE FOUNDATION'S 19TH ANNUAL A PROMISE OF HOPE AFFAIR, AS WELL AS COMMUNITY FUNDRAISING INITIATIVES, PAF RAISED FUNDS TO EXPAND THE NUMBER OF STUDENTS SUPPORTED THROUGH THE SCHOLARSHIP FOR SURVIVORS PROGRAM FROM TWENTY-FIVE IN THE 2019-2020 ACADEMIC YEAR TO THIRTY FOR THE 2020-2021 ACADEMIC YEAR. TO DATE, THE FOUNDATION HAS AWARDED 126 SCHOLARSHIPS TOTALING OVER \$730,000.

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

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

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

UNDER THE DIRECTION OF THE GOVERNANCE COMMITTEE, MEMBERS OF THE PAF BOARD OF DIRECTORS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY UPON ESTABLISHING MEMBERSHIP ON THE BOARD AND AGAIN ANNUALLY. THIS INCLUDES COMPLETING AN UPDATED CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IN WHICH 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 GOVERNANCE COMMITTEE AND A DETERMINATION ON THE EXISTENCE OF A MATERIAL CONFLICT WILL BE ISSUED. THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH ENFORCEMENT OF THIS POLICY.

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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 "LEARN ABOUT US" 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 VII - SECTION A

THE FOLLOWING BOARD MEMBERS' TERMS ENDED DURING THE FISCAL YEAR:

CHRISTIAN G. DOWNS, JD, MHA (NOVEMBER 2019)

F. MARC STEWART, MD (NOVEMBER 2019)

LORI WILLIAMS (JUNE 2020)

ANDY MILLER, MHSE, MCHES (JUNE 2020)

W. JACKSON WISDOM (JUNE 2020)

DIANE MAUK (JUNE 2020)

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

ROBERT RIFKIN, MD (JUNE 2020)

BRIAN GAROFALO (JUNE 2020)

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

POSTRETIREMENT BENEFIT CHANGES OTHER THAN PERIODIC

BENEFITS/COSTS

-942,934.

FORM 990, PART XII, LINE 2C

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

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST CONTINUED FROM SCHEDULE A (A).

THE FOUNDATION'S CO-PAY RELIEF PROGRAM OFFERS A DEDICATED, SECURE WEB-BASED APPLICATION FOR PATIENTS AND/OR THEIR FAMILY MEMBERS TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM DIRECTLY FROM THE CO-PAY RELIEF PROGRAM WEBSITE. 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 FY2019/2020, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO 72,906 QUALIFIED PATIENTS THROUGH THE 28 ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 255,600 TELEPHONE CALLS AND PROCESSED CLAIMS, TOTALING \$233,000,000, IN SUPPORT OF QUALIFIED PATIENTS' OUT OF POCKET EXPENSES FOR REQUIRED CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES. SINCE ITS INCEPTION IN 2004, THE

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

FOUNDATION HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 472,000

INDIVIDUALS ALLOCATING MORE THAN \$1.4 BILLION DOLLARS IN CO-PAYMENT AWARDS.

HEALTH EQUITY INITIATIVE, COMMUNITY OUTREACH & PATIENT ENGAGEMENT

THE FOUNDATION PROMOTES HEALTH EQUITY BY ADDRESSING SOCIAL NEEDS GAPS

AND SOCIAL DETERMINANTS OF HEALTH AT THE INDIVIDUAL, COMMUNITY, AND

NATIONAL LEVEL. BROAD LOCAL AND NATIONAL EVENTS ADDRESS POPULATIONS

WITH LOW SOCIO-ECONOMIC CHARACTERISTICS AND FOCUS ON COMMUNITIES WITH

HIGH DISEASE MORBIDITY AND PREMATURE MORTALITY FROM THE LEADING CAUSES

OF DEATH. SPECIFIC ACTIVITIES FOCUS ON TACKLING SOCIAL/FINANCIAL

SUPPORT NEEDS AND MITIGATING BARRIERS THAT IMPACT ACCESS TO HEALTH

SERVICES.

IN 2020, PAF ENTERED INTO YEAR TWO OF ITS FIVE-YEAR COOPERATIVE

AGREEMENT FROM THE CDC'S OFFICE OF SMOKING ON HEALTH AND THE DIVISION

OF CANCER PREVENTION AND CONTROL (DCPC) TO CONTINUE ADMINISTRATION OF

THE SELFMADE HEALTH NETWORK (SMHN). THE SMHN IS FOCUSED ON IMPLEMENTING

EVIDENCE-BASED STRATEGIES TO REDUCE TOBACCO AND CANCER RELATED

DISPARITIES AMONG POPULATIONS WITH LOW SOCIOECONOMIC STATUS (SES)

CHARACTERISTICS. WORK UNDER THE CURRENT COOPERATIVE AGREEMENT FOCUSES

ON THE FOLLOWING:

- ADOPTION OF CLEAR INDOOR POLICIES AMONG BLUE COLLAR WORKSITES IN KENTUCKY;

- LINKAGE TO MAMMOGRAPHY SCREENING AND BREAST CANCER TREATMENT FOR LOW INCOME WOMEN IN TENNESSEE;

- INTEGRATION OF BRIEF CESSATION COUNSELING IN CLINICAL WORKFLOW IN FQHCS IN SOUTH CAROLINA;

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

- BUILDING CAPACITY OF STATE COMPREHENSIVE CANCER PROGRAM TO EXPAND HUMAN PAPILLOMAVIRUS (HPV) VACCINATION;

- AND INCREASING HPV VACCINATION AMONG HEALTH CARE PROVIDER NETWORKS SERVING POPULATIONS WITH LOW SES CHARACTERISTICS.

PAF'S HEALTH EQUITY PLATFORM CONTINUES TO IDENTIFY AND INTERACT WITH A MYRIAD OF GRASSROOTS AND NATIONAL PARTNERS THROUGH ITS COMMUNITY ENGAGEMENT AND OUTREACH INITIATIVE. THE INTENTIONAL FOCUS ON COMMUNITY ALLOWS PAF TO BETTER UNDERSTAND UNIQUE, LOCAL EXPERIENCES AND APPLY THOSE LEARNINGS INTO RESPONSIVE PROGRAM DESIGN AND OUTREACH ACTIVITIES TO MEET THOSE NEEDS. OUTREACH AND ENGAGEMENT EFFORTS THIS FY HAVE FOCUSED ON AFRICAN AMERICAN AND LATINA WOMEN WITH BREAST CANCER IN CHICAGO AND MEMPHIS, AND PERSONS WITH LUNG CANCER RESIDING IN THE APPALACHIAN REGION. THE COMMUNITY ENGAGEMENT MODEL USED BY PAF CONTINUES TO YIELD POSITIVE RESULTS. ENGAGEMENT ACTIVITIES INCLUDE CONVENING COMMUNITY MEETINGS/LISTENING SESSIONS; CONDUCTING FOCUS GROUPS AND KEY INTERVIEWS; AND CONVENING OF GRASSROOTS ORGANIZATIONS TO BETTER UNDERSTAND RESOURCE GAPS AND TO FACILITATE OPPORTUNITIES FOR COLLABORATION. THROUGH PARTNERSHIPS WITH ORGANIZATIONS SUCH AS NATIONAL BLACK NURSES ASSOCIATION (NBNA), NATIONAL HISPANIC NURSES ASSOCIATION (NHNA), COALITION OF 100 BLACK WOMEN (MEMPHIS CHAPTER) ALONG WITH A HOST OF GRASSROOTS ORGANIZATIONS SUCH AS SISTERS WORKING IT OUT, SISTER'S NETWORK (MEMPHIS AND CHICAGO), CAREGIVERS RESPITE AND OTHERS, PAF IS ABLE TO ENGAGE WITH HEALTH CARE PROVIDERS, PATIENTS AND CAREGIVERS TO BRING AWARENESS OF LOCAL AND NATIONAL RESOURCES THAT ASSIST THE POPULATIONS THEY SERVE. THROUGH TWO NATIONAL AND SEVEN LOCAL OUTREACH EVENTS, PAF REACHED MORE THAN 2,540 PATIENTS, CAREGIVERS, LAY HEALTH NAVIGATORS AND NURSES DURING THE 2020 FISCAL

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

YEAR.

PAF'S HEALTH EQUITY WORK EXPANDED FURTHER THIS YEAR THROUGH THE CREATION OF FORUMS TO BRING TOGETHER ORGANIZATIONS TO RESPOND TO THE UNIQUE NEEDS OF THEIR RESPECTIVE COMMUNITIES. AS A RESULT OF PAF'S INITIAL WORK IN CHICAGO, PAF WAS ASKED TO CONVENE OTHER GRASSROOTS ORGANIZATIONS TO EXPLORE HOW INCREASED INTEGRATION AND COORDINATION OF RESOURCES COULD BETTER MEET THE BREAST CANCER NEEDS OF RESIDENTS ON CHICAGO'S SOUTHSIDE. IN FEBRUARY 2020, PAF CONVENEED 10 GRASSROOTS ORGANIZATIONS SERVING AFRICAN AMERICAN AND LATINA WOMEN DIAGNOSED WITH OR AT RISK FOR BREAST CANCER FROM COMMUNITIES ACROSS THE SOUTHSIDE EXPERIENCING DISPARITIES IN BREAST CANCER MORTALITY. THROUGH THIS CONVENING, THREE PRIORITY AREAS WERE IDENTIFIED: 1). CAREGIVERS SUPPORT; 2) ACCESS TO CARE (INSURANCE); AND 3). QUALITY OF CARE. THESE THREE THEMES PARALLEL THE KEY FOCUS AREAS FROM THE COMMUNITY CONVERSATION HELD IN 2019. THROUGH THIS DIALOGUE, THE PARTICIPATING ORGANIZATIONS WERE ABLE TO IDENTIFY AREAS OF OVERLAP AND GAPS. FOR AREAS WHERE GAPS WERE IDENTIFIED, ORGANIZATIONS BEGAN TO ENGAGE IN ACTION PLANNING AROUND HOW BEST TO ALIGN RESOURCES TO FILL THOSE GAPS. WHERE NO RESOURCES EXISTED, OTHER STRATEGIES EMERGED, INCLUDING EXPLORING JOINT FUNDING OPPORTUNITIES. THE OUTCOMES FROM THIS MEETING WILL BE USED TO GUIDE FUTURE OUTREACH AND ENGAGEMENT ACTIVITIES.

ONE URGENT NEED THAT WAS IDENTIFIED DURING A CHICAGO COMMUNITY CONVERSATION ON CANCER IN FEBRUARY OF 2019 WAS A CATALOGUE IN ENGLISH AND SPANISH OF ALL THE BREAST CANCER SUPPORT/SERVICES THAT COULD BE EASILY ACCESSIBLE FOR WOMEN ACROSS CHICAGO. THROUGH A LOCAL CONTRACTOR, PAF CONDUCTED AN ENVIRONMENTAL SCAN OF SUCH RESOURCES THAT

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

WERE LATER EMBEDDED INTO PAF'S NATIONAL FINANCIAL RESOURCE DIRECTORY.

THE DIRECTORY NOW REFLECTS A SEARCH OPTION SPECIFIC TO "CHICAGO" THAT WILL HELP USERS CONNECT TO LOCAL RESOURCES, AS WELL AS THE BROADER ARRAY OF NATIONAL RESOURCES ALREADY IN THE DIRECTORY.

ALSO, IN 2020, PAF COMPLETED WORK ON TWO (2) GRANTS FROM THE ROBERT WOOD JOHNSON FOUNDATION (RWJF), INCLUDING "SKILLED COMMUNICATIONS WORKSHOPS, A DISSEMINATION GRANT FOR THE ROADMAP TO CREATING CONSUMER CLARITY IN HEALTH CARE DECISION MAKING," AND "RAISING AWARENESS OF THE IMPORTANCE OF AND FACILITATING COST-OF-CARE DISCUSSIONS IN HEALTH CARE."

PATIENT EDUCATION & EMPOWERMENT

LASTLY, PAF EXTENDS THE IMPACT OF ITS ONE-TO-ONE CASE MANAGEMENT SERVICES THROUGH THE DEVELOPMENT AND DELIVERY OF PATIENT EDUCATION AND EMPOWERMENT TOOLS FOCUSED ON PROVIDING ACTIONABLE ADVICE AND GUIDANCE TO HEALTHCARE CONSUMERS TO IMPROVE THEIR EVERYDAY EXPERIENCE WITH INSURANCE AND TO ENCOURAGE PATIENT'S ENGAGEMENT IN THE HEALTHCARE SYSTEM. EACH YEAR, PAF CREATES, MAINTAINS AND DISTRIBUTES A WIDE ARRAY OF PATIENT EDUCATION MATERIALS AND ONLINE TOOLS, IN PRINTED AND ELECTRONIC FORM. PAF'S EDUCATIONAL PORTFOLIO COVERS A BROAD RANGE OF TOPICS, AVAILABLE IN A VARIETY OF FORMATS, TO MEET THE NEEDS AND PREFERENCES OF MULTIPLE AUDIENCES, INCLUDING PATIENTS, CAREGIVERS AND PROFESSIONALS INCLUDING THOSE WHO INTERACT DIRECTLY WITH THE FOUNDATION REQUESTING ASSISTANCE AS WELL AS 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

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

GROUP OF MATERIALS FROM OTHER INDUSTRY EXPERTS, ALL OF WHICH ARE
AVAILABLE FREE OF CHARGE TO PATIENT.

DURING FY2019/2020 2020, THE FOUNDATION'S PATIENT EDUCATION AND
EMPOWERMENT TEAM PUBLISHED 43 NEW OR REVISED PUBLICATIONS AND RECORDED
AND RELEASED 9 WEBCAST PRESENTATIONS. PAF ALSO SUPPORTED 4 MULTI-YEAR
EDUCATIONAL PROJECTS INCLUDING HEALTH INSURANCE LITERACY, MIGRAINE
MATTERS AND MATTERS OF THE HEART.

PAF NATIONAL FINANCIAL RESOURCE DIRECTORY

- USERS COMPLETED 37,781 ELECTRONIC SEARCHES FOR RESOURCES
 - 903,630 MATCHING RESOURCES WERE PROVIDED TO USERS, A 15% INCREASE
FROM LAST YEAR
 - 92 RESOURCES ADDED, 1,307 RESOURCES UPDATED, 253 RESOURCES
DEACTIVATED BY PAF STAFF
 - USERS SEARCHED FOR FINANCIAL ASSISTANCE MOST FREQUENTLY, FOLLOWED BY
FINDING AFFORDABLE MEDICAL CARE, MEDICAL BILL ASSISTANCE, UTILITY,
TRANSPORTATION, AND HOUSING/LODGING ASSISTANCE.
- CONTINUED LATER IN SCHEDULE O (B).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST
CONTINUATION FROM SCHEDULE O (B).

NEW PATIENT EDUCATION PUBLICATIONS AND TOOLS

- RECEIVED THE "PROJECT INNOVATION" AWARD AT THE PREVENTATIVE CARDIAC
NURSES' ASSOCIATION (PCNA) ANNUAL SYMPOSIUM FOR OUR MATTERS OF THE
HEART PROJECT IN APRIL 2020.
- IN RESPONSE TO THE COVID-19 PANDEMIC LAUNCHED THE COVID CARE RESOURCE
CENTER A DEDICATED WEBPAGE, WWW.PATIENTADVOCATE.ORG/COVIDCARE DIRECTING
PATIENTS IMPACTED OR DIAGNOSED WITH COVID-19 TO VALUABLE RESOURCES,

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

CASE MANAGEMENT SUPPORT, FINANCIAL AID RESOURCES, FAQ'S, WEBINARS AND VALUABLE

- DEVELOPED AND PRESENTED NINE NEW EDUCATIONAL WEBINARS

- HEALTH INSURANCE LITERACY PROJECT: PHASE 1

-HEALTH INSURANCE NETWORKS: THE INS AND OUTS WEBINAR

-EXPLORING YOUR HEALTH INSURANCE CLAIM- A WALK-THROUGH OF THE EXPLANATION OF BENEFITS (EOB) WEBINAR

-HOW TO AVOID FINANCIAL STRESS- WHY HEALTH INSURANCE IS IMPORTANT WEBINAR

- COVID-19 WEBINAR SERIES

-CORONAVIRUS 101: LEARN FROM PAF'S EPIDEMIOLOGIST

-PAF'S COVID CARE RESOURCE CENTER

-FEDERAL GOVERNMENT COVID-19 CRISIS RESPONSE TO SUPPORT PATIENTS AND FAMILIES

-3 GOOD WAYS TO PLAN FOR YOUR COVID-19 CARE RIGHT NOW

-AT A LOSS? YOUR PAF TOOLKIT FOR DEALING WITH WORK DISRUPTION, DECREASED INCOME AND PAYING FOR LIVING EXPENSES DURING THE COVID-19 PANDEMIC

-COVID-19 FROM EQUALIZER TO EXACERBATOR: THE PATIENT EXPERIENCE

DURING FY2019/2020, MEMBERS OF THE FOUNDATION'S STAFF CONDUCTED, PARTICIPATED IN AND HOSTED EDUCATIONAL OUTREACH AT THE LOCAL, REGIONAL AND NATIONAL LEVELS WITH THE GOAL OF EDUCATING THE GENERAL PUBLIC, NONPROFIT ORGANIZATIONS AND MEMBERS OF THE HEALTHCARE COMMUNITY WHO SUPPORT PATIENTS ABOUT THE SERVICES AND EDUCATIONAL MATERIALS OFFERED BY THE FOUNDATION AND THE CHALLENGES FACING PATIENTS AS THEY NAVIGATE THEIR TREATMENT JOURNEY. THIS OUTREACH WAS, IN SOME CASES, TARGETED TO A SPECIFIC POPULATION THAT IS KNOWN TO BE CONSIDERED DISPARATE IN

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

HEALTHCARE ACCESS AND DISEASE OUTCOMES DATA. IN FY2019/2020, THE FOUNDATION ATTENDED 87 OUTREACH EVENTS, A DECREASE FROM PRIOR YEAR DUE TO THE IMPACT OF COVID-19 ON IN-PERSON EVENTS AND DISTRIBUTED NEARLY 5350 EDUCATIONAL PUBLICATIONS THROUGH THESE EVENTS.

SCHOLARSHIP FOR SURVIVORS PROGRAM

IT IS NOT UNCOMMON FOR FOUNDATION STAFF TO INTERACT WITH PATIENTS AND FAMILIES WHO ARE STRUGGLING TO AFFORD POST-SECONDARY EDUCATION DUE TO THE FINANCIAL BURDEN ASSOCIATED WITH A CHRONIC ILLNESS OR LIFE-THREATENING DISEASE. THE SCHOLARSHIP FOR SURVIVORS PROGRAM WAS ESTABLISHED TWENTY YEARS AGO TO ASSIST SUCH INDIVIDUALS BY OFFERING EDUCATIONAL SCHOLARSHIPS TO QUALIFIED APPLICANTS WHO HAVE SUFFERED (OR ARE SUFFERING) FROM A LIFE-THREATENING DISEASE OR CHRONIC CONDITION. THESE STUDENTS HAVE, DESPITE THEIR DISEASE/CONDITION, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO PURSUE A SECONDARY EDUCATION.

THROUGH A SILENT AND LIVE AUCTIONS AT THE FOUNDATION'S 19TH ANNUAL A PROMISE OF HOPE AFFAIR, AS WELL AS THROUGH COMMUNITY FUNDRAISING INITIATIVES, GENEROUS DONORS TO PAF HELPED MAKE IT EXPAND THE NUMBER OF STUDENTS SUPPORTED THROUGH THE SCHOLARSHIP FOR SURVIVORS PROGRAM FROM TWENTY-FIVE IN THE 2019-2020 ACADEMIC YEAR TO THIRTY FOR THE 2020-2021 ACADEMIC YEAR. TO DATE, THE FOUNDATION HAS AWARDED 126 SCHOLARSHIPS TOTALING OVER \$730,000.

PUBLIC SUPPORT PERCENTAGE

THE FOUNDATION'S CUMULATIVE PUBLIC SUPPORT PERCENTAGE THROUGH JUNE 30, 2020 IS 20.25%, WHICH IS UP FROM 19.76% FROM FY18/19. THIS IS ABOVE THE MINIMUM AMOUNT OF 10% AT WHICH FACTS AND CIRCUMSTANCES WILL BE CONSIDERED BY THE IRS IN DETERMINING THE FOUNDATION'S ONGOING STATUS AS

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

A PUBLIC CHARITY. PAF'S ONGOING OPERATIONS, GOVERNING STRUCTURE AND BROAD FUNDRAISING ACTIVITIES PRESENT A VERY STRONG CASE IN SUPPORT OF ITS ONGOING CLASSIFICATION AS A PUBLIC CHARITY. THESE FACTS AND CIRCUMSTANCES INCLUDE THE FOLLOWING:

1. THE FOUNDATION MAINTAINS ITS INDEPENDENCE FROM ITS DONORS BOTH OPERATIONALLY AND FROM A GOVERNANCE PERSPECTIVE. DONORS TO PAF DO NOT HAVE INFLUENCE OR CONTROL OVER THE FOUNDATION, ITS OPERATIONS OR ITS PROGRAMMING. IT IS IMPORTANT TO NOTE THAT, BY ITS' VERY NATURE, THE CO-PAY RELIEF PROGRAM, TO WHICH CHARITABLE DONATIONS ARE MADE THAT EFFECT PAF'S PUBLIC SUPPORT PERCENTAGE THE GREATEST, IS REQUIRED TO BE INDEPENDENTLY OPERATED, WITHOUT THE INFLUENCE OR CONTROL OF ITS DONORS PER GUIDANCE PROVIDED BY THE OFFICE OF INSPECTOR GENERAL (OIG) IN ITS OPINION 04-15. PAF HAS A DEEP COMMITMENT TO COMPLIANCE WITH ITS OIG OPINION, AS IS EVIDENCED BY ITS ORGANIZATIONAL COMPLIANCE PROGRAM AND ONGOING OUTCOMES OF BOTH INTERNAL AND EXTERNAL ANNUAL REVIEWS AND AUDITS.

2. PAF SEEKS, AND SUCCESSFULLY SECURES, FUNDING FOR ALL ITS PROGRAMS FROM A MULTITUDE OF SOURCES INCLUDING GOVERNMENTAL AGENCIES, OTHER PUBLIC CHARITIES, CORPORATIONS AND FROM THE GENERAL PUBLIC.

3. PAF'S EXECUTIVE BOARD OF DIRECTORS IS COMPRISED OF MEMBERS WITH DIVERSE PROFESSIONAL BACKGROUNDS, REPRESENTING THE INTERESTS OF THE CHRONICALLY AND CRITICALLY ILL SEGMENT OF THE GENERAL PUBLIC SERVED BY PAF. THE MEMBERS OF THE PAF BOARD OF DIRECTORS HAVE EXPERTISE IN THE FIELDS OF HEALTHCARE ADMINISTRATION, CLINICAL PRACTICE AND RESEARCH, HIGHER EDUCATION, DIRECT PATIENT CARE, NON-PROFIT MANAGEMENT, GOVERNMENT, PATIENT ADVOCACY, HEALTH INSURANCE, TECHNOLOGY AND LAW; WHEN COMBINED, THE MEMBERS CLEARLY REPRESENT A BROAD CROSS SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITY/PUBLIC.

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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4. ALL VOTING MEMBERS OF THE PAF BOARD OF DIRECTORS ARE INDEPENDENT PER THE DIRECTOR'S INDEPENDENCE TEST, BASED ON THE IRS TEST FOR INDEPENDENCE THAT IS USED TO DETERMINE THE INDEPENDENCE OF EACH MEMBER OF THE BOARD OF A CHARITABLE ORGANIZATION. THE FOUNDATION'S BOARD DOES NOT INCLUDE ANY EMPLOYEE OR BOARD MEMBERS OF A DONOR ORGANIZATION, THUS, ELIMINATING THE INFLUENCE OF A DONOR FROM THE GOVERNING BODY.

5. THE FOUNDATION'S SUPPORT AND SERVICES BROADLY BENEFIT THE GENERAL PUBLIC, SPECIFICALLY THOSE DIAGNOSED AND LIVING WITH CHRONIC AND CRITICAL DISEASES, THEIR FAMILIES AND CARE TEAMS. PAF HAS A LONGSTANDING, DEMONSTRATED HISTORY OF PROVIDING ROBUST CASE MANAGEMENT SERVICES, PATIENT/PUBLIC EDUCATION AND THE PROVISION OF FINANCIAL SUPPORT FOR NON-MEDICAL COST OF LIVING EXPENSES AND PHARMACEUTICAL CO-PAYMENTS THROUGH ITS FINANCIAL AID FUNDS AND CPR PROGRAMS, RESPECTIVELY; CONTINUOUSLY FUNDRAISING TO AN EVER EXPANDING AND CHANGING DONOR BASE TO FUND THE PATIENT PROGRAMMING EACH YEAR.

FACTS AND CIRCUMSTANCES SUPPORTING QUALIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION

1. ATTRACTION OF PUBLIC SUPPORT & INDEPENDENCE

PAF IS ORGANIZED AND OPERATED IN A MANNER THAT FACILITATES AND ATTRACTS NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL SUPPORT, AS WELL AS SUPPORT FROM OTHER PUBLIC CHARITIES AND CORPORATIONS ON A CONTINUOUS BASIS. THIS IS EVIDENCED BY THE PUBLIC SUPPORT PERCENTAGE THAT PAF HAS MAINTAINED OVER THE COURSE OF ITS HISTORY AND THE NUMBER AND DIVERSITY OF DONORS TO THE FOUNDATION. PAF HAS A POLICY OF SEEKING AND SECURING CHARITABLE DONATIONS FROM A MULTITUDE OF SOURCES FOR ALL ITS PROGRAMS, INCLUDING CASE MANAGEMENT, PATIENT EDUCATION AND EMPOWERMENT PROGRAMS, HEALTH EQUITY INITIATIVES, PATIENT EXPERIENCE AND OUTCOMES RESEARCH,

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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AND FINANCIAL ASSISTANCE PROGRAMS INCLUDING ITS FINANCIAL AID FUNDS (FAF) AND ITS CO-PAY RELIEF (CPR) PROGRAM AS OUTLINED IN OIG ADVISORY OPINION 04-15. PAF HAS BEEN SUCCESSFUL IN SECURING BROAD SUPPORT FROM A MYRIAD OF SOURCES, EXPANDING ITS BASE OF SUPPORT EACH YEAR. PAF DOES NOT HAVE A PERPETUAL SOURCE OF REVENUE SUCH AS PERMANENT ENDOWMENT FROM WHICH INVESTMENT INCOME MIGHT SUPPORT THE ORGANIZATION, AS IS THE CASE WITH MOST PRIVATE FOUNDATIONS, RATHER, THE FOUNDATION'S LEADERSHIP, AND THOSE STAFF CHARGED WITH FUNDRAISING ACTIVITIES, ARE RESPONSIBLE FOR SECURING SUPPORT SUFFICIENT ENOUGH TO SUPPORT THE FOUNDATION'S PROGRAM SERVICES FOR THE GENERAL PUBLIC EACH YEAR. THE FOUNDATION EMPLOYS A FULL TIME PROGRAM DEVELOPMENT STAFF OF FIVE (5) WHOM, IN PARTNERSHIP WITH THE CEO AND BOARD OF DIRECTORS, IS RESPONSIBLE FOR DEVELOPING AND EXECUTING MULTIFACETED FUNDRAISING PLANS ALIGNED WITH THE MISSION OF THE FOUNDATION OF PROVIDING SUSTAINED CASE MANAGEMENT, FINANCIAL SUPPORT AND EDUCATION TO THE UN- AND UNDER-INSURED, FINANCIALLY DISADVANTAGED POPULATION IN OUR NATION. THE PROGRAM DEVELOPMENT TEAM WORKS TO IDENTIFY AND RESPOND TO FUNDING OPPORTUNITIES FOR THE FOUNDATION FROM ALL GOVERNMENT, BUSINESS AND NON-PROFIT SECTORS. IN FY2019/2020, THE PROGRAM DEVELOPMENT STAFF SUBMITTED 924 GRANTS AND FACILITATED FUNDRAISING CAMPAIGNS TO THE PUBLIC. THIS REPRESENTS A 188% INCREASE IN GRANT SUBMISSIONS AS COMPARED TO FY2018/2019.

CONTINUED LATER IN SCHEDULE O (C).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST CONTINUATION FROM SCHEDULE O (C).

OVER THE LAST FIVE YEARS OF OPERATION PAF'S MISSION HAS BEEN SUPPORTED BY 1694 DONORS ACROSS ALL SOURCES OF CHARITABLE DONATIONS. IN

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

FY2019/2020, PAF RECEIVED CONTRIBUTIONS FROM 626 DONORS INCLUDING SUPPORT FROM INDIVIDUALS, CORPORATIONS AND CORPORATE FOUNDATIONS, GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS. THE NUMBER OF DONORS TO PAF GREW SLIGHTLY FROM THE PRIOR FY, DESPITE THE IMPACT OF THE COVID-19 PANDEMIC ON THE COUNTRY AND CHARITABLE GIVING.

FURTHER IN 2019/2020, PAF RECEIVED DONATIONS OF SUPPORT FROM THIRTY (30) NON-PROFIT ORGANIZATIONS, ALL 501C3 PUBLIC CHARITIES AND PRIVATE FOUNDATIONS, OF WHICH 10 WERE NEW DONORS. THESE ORGANIZATIONS FUNDED GRANTS TO PAF IN SUPPORT OF ITS CASE MANAGEMENT, PATIENT EDUCATION, FINANCIAL AID FUNDS AND CO-PAY RELIEF PROGRAM. GRANT SUPPORT FROM NON-PROFIT ORGANIZATIONS REPRESENTED MOST OF THE FUNDING FOR THE PAF CASE MANAGEMENT PROGRAMS. IN FY2019/2020, PAF EXPANDED ITS' RELATIONSHIP WITH ALS ASSOCIATION, NOT ONLY PROVIDING PATIENT EDUCATION AROUND INSURANCE BENEFITS, BUT PROVIDING CASE MANAGEMENT SERVICES AS WELL. PAF ALSO EXPANDED ITS RELATIONSHIP WITH THE AMERICAN CANCER SOCIETY THROUGH THE LAUNCH OF THE COVID-19 CANCER ASSISTANCE FUND. LIVESTRONG FOUNDATION PARTNERED WITH PAF TO PROVIDE ITS CANCER NAVIGATION AND FERTILITY ASSISTANCE PROGRAMMING AND THE DONNA FOUNDATION CONTINUED THEIR SUPPORT OF CASE MANAGEMENT AND FINANCIAL AID FUND PROGRAMS SERVING BREAST CANCER PATIENTS. ZERO - THE END OF PROSTATE CANCER EXPANDED ITS PARTNERSHIP PROGRAM WITH PAF THIS YEAR, SERVING MORE PROSTATE CANCER PATIENTS WITH CASE MANAGEMENT SERVICES THAN ANY YEAR PRIOR. PAF CONTINUED ITS EMPLOYER-SPONSORED PATIENT SUPPORT PROGRAM IN COLLABORATION WITH THE FLORIDA ALLIANCE FOR HEALTHCARE VALUE, AN ALLIANCE OF THE STATE'S BIGGEST EMPLOYERS. THE ALLIANCE SUPPORTS THE CANCER NAVIGATION PROGRAM, A PROACTIVE INSURANCE AND EMPLOYER BENEFIT CASE MANAGEMENT FOR THEIR EMPLOYEES. PAF

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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REPLICATED THE CANCER NAVIGATION PROGRAM IN FY2019/2020 IN COLLABORATION WITH THE AMERICAN HEALTH INSURANCE PLANS (AHIP), PROVIDING SUPPORT TO MEMBERS OF CERTAIN HEALTH PLANS. PAF DEVELOPED A NEW PARTNERSHIP WITH THE FUCK CANCER, A NON-PROFIT CANCER SUPPORT ORGANIZATION LOCATED IN CALIFORNIA, TO PROVIDE CASE MANAGEMENT SERVICES TO THEIR PATIENT POPULATION. LASTLY, THE SONTAG FOUNDATION, A NON-PROFIT, PARTNERED WITH PAF TO OPEN A COVID-19 FINANCIAL ASSISTANCE FUND TO SERVE PATIENTS WITH A BRAIN TUMOR DIAGNOSIS. PAF SECURED SPONSORSHIPS AND SOLD TICKETS FOR ITS BLACK-TIE FUNDRAISER, PROMISE OF HOPE AFFAIR, IN FEBRUARY 2020, ATTENDED BY MORE THAN 370 ATTENDEES WHO SUPPORTED PAF AT THE EVENT AS WELL THROUGH LIVE AND SILENT AUCTIONS. PAF MAINTAINS, ON ITS PUBLIC WEBSITES, (WWW.PATIENTADVOCATE.ORG AND WWW.COPAYS.ORG), DONATION PAGES THAT THE GENERAL PUBLIC USES TO MAKE DONATIONS TO THE FOUNDATION. PAF DEVELOPMENT TEAM DESIGNED AND LAUNCHED DEDICATED CAMPAIGNS WITHIN DISEASE COMMUNITIES: PANDEMIC RESPONSE, ONCOLOGY, NEUROLOGY, CARDIOLOGY, VIROLOGY, IMMUNOLOGY, PULMONOLOGY, AND RARE DISEASE. IN FY2019/2020, PAF DEVELOPMENT TEAM CONTINUED THE "TRANSFORM A PATIENT'S LIFE", A DIY FUNDRAISING PLATFORM FOR ONGOING, ONLINE PEER-TO-PEER FUNDRAISING CAMPAIGNS AS WELL AS AMAZON SMILES AND KROGER COMMUNITY PROGRAMS DONATION LISTS. FURTHER, PAF MAINTAINS CLEAR INDEPENDENCE OF OPERATIONS OF ITS PROGRAMS SO TO ENSURE THEY ARE DESIGNED AND OPERATED IN A MANNER THAT ADDRESSES THE NEEDS OF CHRONICALLY AND CRITICALLY ILL PATIENTS IN THE GENERAL POPULATION AS SUPPORTED BY PAF PATIENT NEEDS DATA. PAF INDEPENDENTLY, AND WITHOUT DONOR INFLUENCE OR CONTROL, IDENTIFIES THE NEED FOR, AND DEFINES AND ESTABLISHES THE OPERATIONAL PARAMETERS FOR, EACH OF ITS DISEASE SPECIFIC FUNDS IN THE CPR PROGRAM CONSISTENT WITH ITS OIG ADVISORY OPINION, 04-15, AS MODIFIED AND ALL PUBLISHED OIG GUIDANCE

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

THAT IS APPLICABLE TO CHARITABLE PATIENT ASSISTANCE PROGRAMS. PAF ALSO IDENTIFIES THE NEED FOR, DEFINES AND ESTABLISHES THE OPERATIONAL PARAMETERS FOR ITS CASE MANAGEMENT PROGRAMMING, SMALL GRANT PROGRAMS AND PUBLIC/PATIENT EDUCATION PROGRAMS, FREE FROM DONOR INFLUENCE OR CONTROL.

THE PAF BOARD OF DIRECTORS ADOPTED THE CHARITABLE PATIENT ASSISTANCE PROGRAM (CPAP) CODE OF ETHICS THAT WAS DRAFTED IN 2014-2015 BY A COLLECTION OF ORGANIZATIONS WHO ALL PROVIDE CHARITABLE PATIENT ASSISTANCE SIMILAR TO THAT PROVIDED BY PAF THROUGH ITS CO-PAY RELIEF PROGRAM. THIS INITIATIVE WAS LED BY PAF AND MANAGED BY REGULATORY COUNSEL FROM WASHINGTON, DC. PAF HAS A GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. ADOPTION OF THIS VOLUNTARY CODE FURTHER DEMONSTRATES PAF'S COMMITMENT TO COMPLIANCE AND INDEPENDENCE FROM DONOR INFLUENCE.

ARENT FOX, LLP, WHO ARE EXPERTS IN REGULATORY COMPLIANCE, SPECIALIZING IN COMPLIANCE PROGRAMS RELATIVE TO PATIENT ASSISTANCE PROGRAMS, PROVIDE MANAGEMENT OF PAF'S ORGANIZATIONAL COMPLIANCE PROGRAM, AS WELL AS SERVE AS COMPLIANCE COUNSEL. ALL PROGRAMS OPERATED BY PAF, INCLUDING CPR, ARE MONITORED AND EVALUATED AS PART OF THE COMPLIANCE PROGRAM, AS DEFINED IN THE COMPLIANCE CHARTER. THE PROGRAM IS DESIGNED TO ASSIST THE FOUNDATION IN PREVENTING, DETECTING, AND RESPONDING TO ILLEGAL, IMPROPER, AND UNETHICAL CONDUCT, SERVING AS A PROCEDURAL FRAMEWORK FOR ENHANCING AND MONITORING COMPLIANCE WITH APPLICABLE LAW, REGULATION, THE PAF CODE OF CONDUCT, THE CHARITABLE PATIENT ASSISTANCE PROGRAM CODE OF ETHICS AND THE FOUNDATION'S POLICIES AND PROCEDURES.

THE COMPLIANCE PROGRAM IS BASED ON THE ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM SET FORTH IN THE FEDERAL SENTENCING GUIDELINES MANUAL AND APPLICABLE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

INSPECTOR GENERAL GUIDANCE. KEY PROGRAM GOVERNANCE POLICIES AND

PROCEDURES INCLUDE:

1.COMPLIANCE PROGRAM OVERVIEW

2.GOVERNANCE AND COMPLIANCE COMMITTEE CHARTER

3.COMPLIANCE COMMITTEE MEMBERSHIP CRITERIA

4.PAF ORGANIZATIONAL CODE OF CONDUCT

5.CONFLICTS OF INTEREST POLICY AND PROCEDURE FOR OFFICERS, EMPLOYEES,
SUBCONTRACTORS AND AGENTS

6.POLICY ON DEVELOPMENT OF ANNUAL AUDITING AND MONITORING WORK PLAN

7.COMPLIANCE REPORTING AND NON-RETALIATION POLICY AND PROCEDURE

8.BACKGROUND CHECK POLICY

9.STAFF AND BOARD OF DIRECTORS COMPLIANCE TRAINING

10.ESTABLISHMENT OF AN ANONYMOUS HOTLINE FOR EMPLOYEES TO REPORT

CONCERNS

ANNUAL COMPLIANCE TRAINING WAS DELIVERED TO THE PAF EXECUTIVE BOARD OF DIRECTORS IN OCTOBER 2019 AND THE ENTIRE PAF STAFF RECEIVED THE ANNUAL TRAINING IN AUGUST 2019. THESE TRAININGS INCLUDED A CLEAR OVERVIEW OF THE AKS AND CIVIL MONETARY PENALTIES LAW AND THEIR APPLICABILITY TO PAF AND THE CPR PROGRAM. ALL NEW HIRES, INCLUDING TEMPORARY STAFF, RECEIVE THE TRAINING DURING THE FIRST TWO DAYS OF EMPLOYMENT.

FINALLY, TO ENSURE COMPLIANT COMMUNICATIONS WITH DONORS AND CLEARLY ARTICULATE PAF'S INDEPENDENCE OF OPERATIONS, PAF, IN COLLABORATION WITH THE PAF COMPLIANCE COUNSEL, MAINTAINS THE DONOR COMMUNICATION, FUND DEVELOPMENT AND MANAGEMENT STANDARD OPERATING PROCEDURES AND ACCOMPANYING TEMPLATES. THIS MANUAL, AND ASSOCIATED ANNUAL MANDATORY TRAINING, DELIVERED IN DECEMBER 2019, PROVIDES GUIDELINES AND PROCEDURES RELATIVE TO KEY AREAS OF DONOR INTERACTION & OPERATIONAL DESIGN DECISIONS.

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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CONTINUED LATER IN SCHEDULE O (D).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST CONTINUATION FROM SCHEDULE O (D).

2.SOURCES OF SUPPORT

PAF HAS BEEN SUCCESSFUL IN PROCURING SUBSTANTIAL CHARITABLE CONTRIBUTIONS FROM A DIVERSITY OF SOURCES INCLUDING THE PUBLIC, GOVERNMENTAL AGENCIES, OTHER 501(C) 3 PUBLIC CHARITIES, RESEARCH & ACADEMIC INSTITUTIONS, PRIVATE FOUNDATIONS, AND CORPORATE DONORS. OVER THE PAST 5 YEARS, PAF HAS RECEIVED GRANTS, COOPERATIVE AGREEMENTS AND/OR CHARITABLE CONTRIBUTIONS FROM 1694 ORGANIZATIONS AND INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- DONATING 501(C)3 CHARITABLE ORGANIZATIONS INCLUDE:

- ALLIANCE FOR AGING RESEARCH
- ALS ASSOCIATION
- AMERICAN CANCER FUND
- AMERICAN CANCER SOCIETY
- AMGEN CYCLING CLUB
- APLASTIC ANEMIA AND MDS INTERNATIONAL FOUNDATION
- AVON BREAST CANCER CRUSADE, LLC
- AVON FOUNDATION
- BAY AREA CANCER CONNECTIONS
- BREAST CANCER RESEARCH FOUNDATION OF ALABAMA
- CANCER SUPPORT COMMUNITY
- CAN DO MULTIPLE SCLEROSIS
- CHANGELAB SOLUTIONS
- COALITION FOR HEADACHE AND MIGRAINE PATIENTS
- CONQUER CANCER FOUNDATION

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
- ECOG-ACRIN MEDICAL RESEARCH FOUNDATION, INC	
- ECRI INSTITUTE	
- FIDELITY CHARITABLE GIFT FUND	
- FLORIDA ALLIANCE FOR HEALTHCARE VALUE	
- FRIENDS OF CANCER RESEARCH	
- FUCK CANCER	
- GOODCOIN FOUNDATION	
- GUIDESTAR.ORG	
- HIGH PINES FOUNDATION	
- IOWA CANCER CONSORTIUM	
- JENNIFER JAFF FOUNDATION	
- JOURNEY MINISTRIES	
- JUSTGIVE	
- KINGS CARE FOUNDATION	
- LANCASTER RED ROSE CHAPTER ONS	
- LEUKEMIA & LYMPHOMA SOCIETY	
- LIVESTRONG FOUNDATION	
- LUNGEVITY FOUNDATION	
- MAHAN FOUNDATION	
- MICHAEL & SUSAN DELL FOUNDATION	
- MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST	
- MSHO FOUNDATION	
- NATIONAL BLACK NURSES ASSOCIATION	
- NATIONAL COMPREHENSIVE CANCER NETWORK, INC.	
- NATIONAL HEALTH COUNCIL	
- NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES	
- NETWORK FOR GOOD	
- NORC	

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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- ORANGE COUNTY'S UNITED WAY
- PANCREATIC CANCER ACTION NETWORK
- PAYPAL CHARITABLE GIVING FUND
- PENINSULA COMMUNITY FOUNDATION OF VIRGINIA, INC.
- PHARMACY QUALITY ALLIANCE
- PHRMA FOUNDATION
- SCHWAB CHARITABLE FUND
- SILICON VALLEY COMMUNITY FOUNDATION
- SUSAN G. KOMEN
- T. ROWE PRICE PROGRAM FOR CHARITABLE GIVING
- THE BENEVITY COMMUNITY IMPACT FUND
- THE DONNA FOUNDATION
- THE WISHLIST FOUNDATION
- TIAA CHARITABLE INC.
- UNITED WAY OF THE CAPITAL REGION
- UNITED WAY SALT LAKE
- VANGUARD CHARITABLE
- VITALOGY FOUNDATION
- YOURCAUSE LLC
- ZERO - THE END OF PROSTATE CANCER
- GOVERNMENTAL AGENCIES:
 - CENTERS FOR DISEASE CONTROL AND PREVENTION
 - CITY OF MODESTO
 - COMMONWEALTH OF VIRGINIA
- CORPORATIONS AND CORPORATE FOUNDATIONS
 - 214 DONATING CORPORATIONS AND CORPORATE FOUNDATIONS
 - 75 MADE DONATIONS IN FY2019/2020
- ACADEMIC AND RESEARCH INSTITUTIONS & PRIVATE FOUNDATIONS:

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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- AMERICAN INTERNATIONAL COLLEGE
- BEGIN AGAIN FOUNDATION
- CARPENTER PTA BOARD
- DEBORAH WOOD ASSOCIATES, INC.
- ECOG-ACRIN MEDICAL RESEARCH FOUNDATION, INC
- FRED HUTCHINSON CANCER RESEARCH CENTER
- HIGH PINES FOUNDATION
- INSTITUTE FOR ADVANCED STUDY
- JENNIFER JAFF FOUNDATION
- MAHAN FOUNDATION
- QUINNIPIAC UNIVERSITY DEPT OF NURSING
- RANDOLPH D. ROUSE FOUNDATION
- RIVERSIDE HEALTH SYSTEM FOUNDATION
- ROBERT WOOD JOHNSON FOUNDATION
- SAINT LEO UNIVERSITY
- SEATTLE CANCER CARE ALLIANCE
- T.L. HANNA HIGH SCHOOL
- THE JAMES P. & LESLIE K. MORLEY FAMILY CHARITABLE FUND
- THE SONTAG FOUNDATION
- THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
- THE WILDFLOWER FOUNDATION, INC.
- UNC AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH
- UNIVERSITY OF CALIFORNIA, IRVINE
- WORLD CONGRESS
- GENERAL PUBLIC

RECEIVED MEMORIAL, HONORARY, AND GENERAL SUPPORT AND CONTRIBUTIONS
 FROM OVER 549 INDIVIDUALS IN FY2019/20, A 7.6% INCREASE FROM THE PRIOR
 FY

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

HOSTED BLACK TIE GALA IN FEBRUARY 2020 ATTENDED BY OVER 370 GUESTS
SUPPORTING THE EVENT, INCLUDING LIVE AND SILENT AUCTION

RECEIVED SUPPORT FROM MORE THAN 121% INDIVIDUAL DONORS AND 9
CORPORATE DONORS IN SUPPORT OF STAFF PARTICIPATION IN CRAWL N' CRAB 5K
RACE IN 2019, A 26% INCREASE IN INDIVIDUAL DONORS OVER THE PREVIOUS
FISCAL YEAR.

RECEIVED DONATIONS FROM OVER 1425 INDIVIDUALS OVER THE PAST 5 YEARS

IN FY2019/2020, PAF RECEIVED CONTRIBUTIONS FROM OVER 626 DONORS
INCLUDING SUPPORT FROM INDIVIDUALS, CORPORATE PARTNERS AND FOUNDATIONS,
GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS.
CONTINUED LATER IN SCHEDULE O (E).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST
CONTINUATION FROM SCHEDULE O (D).

3. REPRESENTATIVE GOVERNING BODY

THE PAF EXECUTIVE BOARD OF DIRECTORS COMPRISED OF 15 VOTING MEMBERS,
AND 3 NON-VOTING MEMBERS, ALL OF WHOM ARE NATIONALLY RECOGNIZED EXPERTS
IN THE FIELDS OF HEALTHCARE ADMINISTRATION, CLINICAL PRACTICE AND
RESEARCH, HIGHER EDUCATION, DIRECT PATIENT CARE, NON-PROFIT MANAGEMENT,
GOVERNMENT/PUBLIC HEALTH, PATIENT ADVOCACY, HEALTH INSURANCE,
TECHNOLOGY AND LAW. THE COMPOSITION OF THE BOARD IS A DEMONSTRATION IN
PRACTICE TO PAF'S COMMITMENT REPRESENTING THE BROAD INTEREST, AND
UNIQUE PERSPECTIVES, OF THE GENERAL PUBLIC AND TO GOVERN THE OPERATIONS
WITH A DIVERSE, YET UNIFIED, POINT OF VIEW THAT WILL ENABLE THE
FOUNDATION TO EXECUTE MEANINGFUL PATIENT PROGRAMS, DESIGNED TO ADDRESS
GAPS IN THE CURRENT HEALTHCARE ENVIRONMENT AND ATTRACT SUPPORT FROM A
BROAD RANGE OF POTENTIAL DONORS. THE PAF EXECUTIVE BOARD OF DIRECTORS

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

HOLDS FIDUCIARY RESPONSIBILITY AND MANAGES AND CONTROLS THE ORGANIZATION AND PROPERTY OF PAF TO THE EXTENT VESTED IN THEM BY THE PAF BYLAWS. IT IS THE RESPONSIBILITY OF THE BOARD TO ENSURE THE ORGANIZATION IS RUN IN A FISCALLY RESPONSIBLE MANNER AND THAT ALL PROGRAMS INITIATED AND DELIVERED BY PAF ARE GERMANE TO THE MISSION OF PAF. THE PAF BOARD OF DIRECTORS ASSESSES THE ORGANIZATIONS PERFORMANCE AND EFFECTIVENESS AND DETERMINES FUTURE ACTIONS REQUIRED, IF ANY, TO ACHIEVE ITS MISSION.

THE BOARD OF DIRECTORS STRUCTURE ALSO HAS SEVEN (7) SUBCOMMITTEES THAT INCLUDE: EXECUTIVE COMMITTEE, GOVERNANCE COMMITTEE, FINANCE & AUDIT COMMITTEE, COMPENSATION AND BENEFITS COMMITTEE, PROGRAM COMMITTEE, NOMINATING COMMITTEE, AND BUILDING AND GROUNDS COMMITTEE. THE FULL BOARD OF DIRECTORS MEETS THREE (3) TIMES PER YEAR, TO BE BRIEFED ON THE ACTIVITIES OF THE FOUNDATION INCLUDING PROGRAM INITIATIVES AND OUTCOMES, FINANCIALS AND OVERALL ORGANIZATIONAL GROWTH AND FUNCTIONALITY. THE FULL BOARD IS ALSO SUPPLIED WITH SUPPLEMENTAL ORGANIZATIONAL IMPACT REPORTS TWICE PER YEAR AS WELL AS THE ANNUAL IMPACT REPORT, WHICH IS ALSO MADE PUBLICLY AVAILABLE. THE FINANCE COMMITTEE IS SUPPLIED WITH FINANCIAL REPORTS ON A REGULAR BASIS FOR REVIEW AND COMMENT AND THE FULL EXECUTIVE BOARD RECEIVES A FULL FINANCIAL REPORTING PACKAGE ON A BIENNIAL BASIS.

THE PAF EXECUTIVE BOARD IS A VERY KNOWLEDGEABLE ABOUT THE HEALTHCARE AND BUSINESS ENVIRONMENTS AND SERVES AS ADVISORS TO PAF MANAGEMENT TO ENSURE THAT PAF PROGRAMMING IS MEETING THE NEEDS OF THE CHRONICALLY AND CRITICALLY ILL PATIENTS LIVING AMONG US IN THE GENERAL POPULATION.

PAF'S COMPLIANCE PROGRAM REQUIRES THAT ALL BOARD OF DIRECTORS MEMBERS

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

AGREE TO COMPLY WITH THE FOUNDATION'S CONFLICT OF INTEREST POLICY

(COI), REQUIRING ANNUAL DISCLOSURE OF ANY REAL OR POTENTIAL CONFLICTS,

AS WELL AS DISCLOSURE THROUGHOUT THE YEAR IF NEW REAL OR POTENTIAL

CONFLICTS ARISE THROUGH THE COMPLETION OF THE COI DISCLOSURE FORM.

FURTHER, ALL DIRECTORS AGREE TO COMPLETE FORM 990 DIRECTOR AND OFFICER

DISCLOSURE STATEMENT, REQUIRING THE ANNUAL EVALUATION OF THE DIRECTOR'S

INDEPENDENCE PURSUANT TO IRS REQUIREMENTS AND DEFINITION OF

"INDEPENDENCE". PAF'S BYLAWS REQUIRE THAT ALL CURRENT AND FUTURE

VOTING MEMBERS OF THE PAF EXECUTIVE BOARD TO BE INDEPENDENT PER THE IRS

DEFINITION OF INDEPENDENCE. THE VOTING MEMBERS OF PAF'S EXECUTIVE

BOARD OF DIRECTORS WERE ALL INDEPENDENT IN FY2019/2020.

PAF'S GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH

OVERSEEING, MONITORING, AND ENFORCING COMPLIANCE WITH BOARD STANDARDS

OF CONDUCT AND DUTIES, INCLUDING, BUT NOT LIMITED TO COI, SELF-DEALING,

CODE OF CONDUCT, CONFIDENTIALITY, AND COMPENSATION. THEY ARE CHARGED

WITH THE REVIEW AND DETERMINATIONS OF COI'S AND DIRECTOR'S INDEPENDENCE

ANNUALLY AND, AS REQUIRED. ADDITIONAL PROVISIONS TO ENSURE

INDEPENDENCE THAT HAVE BEEN ADOPTED BY PAF INCLUDE; THE DIRECTOR, NOR

IMMEDIATE FAMILY MEMBER OF THE DIRECTOR, CAN BE A DONOR TO PAF'S CPR

PROGRAM OR A DIRECTOR, OFFICER OR EMPLOYEE OF A DONOR TO PAF'S CPR

PROGRAM; A DIRECTOR CANNOT BE A FORMER DIRECTOR, OFFICER OR EMPLOYEE OF

A DONOR TO PAF'S CPR PROGRAM MAINTAINING AN ONGOING RELATIONSHIP WITH

SUCH DONOR (VIA CONSULTING OR OTHERWISE); A DIRECTOR CANNOT BE AN

IMMEDIATE FAMILY MEMBER OR FORMER DIRECTOR, OFFICER OR EMPLOYEE OF A

DONOR TO PAF'S CPR PROGRAM AND SUCH IMMEDIATE FAMILY MEMBER MAINTAINS

AN ONGOING RELATIONSHIP WITH SUCH DONOR (VIA CONSULTING OR OTHERWISE).

THE COMMITTEE IN FY2019/2020 CONSISTED OF SEVEN (7) INDEPENDENT MEMBERS

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

OF THE PAF BOARD OF DIRECTORS.

PAF'S BOARD DOES NOT INCLUDE ANY EMPLOYEE AND/OR BOARD MEMBERS OF A DONOR ORGANIZATION, THUS, ELIMINATING THE INFLUENCE OF A DONOR FROM THE GOVERNING BODY OF PAF. MOREOVER, NO DONOR HAS THE AUTHORITY TO APPOINT DIRECTORS TO THE PAF BOARD. IN THIS REGARD, PAF IS STRIKINGLY DIFFERENT FROM A PRIVATE FOUNDATION WHERE IT IS COMMONPLACE FOR THE GOVERNING BODY TO BE COMPRISED OF MAJOR CONTRIBUTORS, MEMBERS CHOSEN BY MAJOR CONTRIBUTORS AND/OR FAMILY MEMBERS AFFILIATED TO THE FOUNDATION, OR BOTH.

4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES

PAF'S PROGRAMS ARE DESIGNED FOR, AND AVAILABLE TO, THE GENERAL PUBLIC AND THE ORGANIZATION'S OPERATIONAL MODELS SUPPORT BROAD AVAILABILITY OF AND ACCESS TO PAF'S PATIENT SERVICES INCLUDING CASE MANAGEMENT SUPPORT, FINANCIAL AID FUNDS, THE CO-PAY RELIEF PROGRAM, PATIENT EDUCATION AND EMPOWERMENT PROGRAMS AND HEALTH EQUITY PROGRAMMING. OVER THE COURSE OF THE ORGANIZATION'S HISTORY, PAF HAS CONTINUOUSLY OFFERED PATIENT SERVICE PROGRAMS TO THE PUBLIC. THERE HAS BEEN A GREAT DEAL OF TIME AND ENERGY DEDICATED TO THE PROMOTION OF THE PROGRAMS OFFERED BY PAF AS IT IS A KEY PRIORITY OF THE ORGANIZATION THAT THE PROGRAMS REACH ANYONE WHO NEEDS THEM. IN FY2019/2020, PAF SERVED OVER 175,000 PEOPLE, LIVING IN ALL 50 STATES AND US TERRITORIES, SUFFERING WITH 735 VARIOUS CHRONIC, DEBILITATING AND/OR CRITICAL DISEASES. REFERRALS INTO PAF PROGRAMS COME FROM THOUSANDS OF SOURCES, WITH OTHER CHARITABLE NON-PROFIT ORGANIZATIONS TOPPING THE LIST WITH THE GREATEST FREQUENCY OF REFERRALS, AS DOCUMENTED IN THE PAF PATIENT PROGRAM DATABASES. EACH

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

PATIENT SERVED BY PAF NEEDED ASSISTANCE WITH ACCESS TO CARE AND AFFORDABILITY ISSUES, INCLUDING COST OF LIVING CHALLENGES THAT THEY FACED DUE TO THEIR ILLNESS.

PATIENTS ARE EDUCATED ABOUT THE AVAILABILITY OF THE PAF PROGRAMS THROUGH MANY CHANNELS INCLUDING, BUT NOT LIMITED TO, MEDIA (EARNED AND PAID), OTHER NON-PROFIT, DISEASE SPECIFIC ORGANIZATIONS, PROVIDERS, PHARMACIES, SOCIAL WORKERS, FINANCIAL COUNSELORS, SOCIAL SERVICES, GOVERNMENT AGENCIES AND OTHER PATIENTS SERVED PREVIOUSLY BY PAF. PAF UTILIZES VARIOUS PROMOTIONS AND EDUCATION ACTIVATES TO ENSURE THAT THERE IS BROAD AWARENESS IN THE GENERAL PUBLIC, AND AMONG THOSE HEALTHCARE STAKEHOLDERS CARING FOR THE SICK AND DISABLED LIVING IN SOCIETY, OF THE FOUNDATION'S PATIENT PROGRAMS INCLUDING, BUT NOT LIMITED TO:

- REGULAR EMAIL COMMUNICATIONS TO THE PAF LIST SERVE; INCLUSIVE OF THOUSANDS OF PROVIDERS, PHARMACIES, NON-PROFIT ORGANIZATIONS, PATIENTS, FAMILIES AND CAREGIVERS WHO HAVE UTILIZED PAF PROGRAMS
- DEVELOPMENT AND MAINTENANCE OF PAF AND CPR WEBSITES; INCLUSIVE OF EXTENSIVE PATIENT EDUCATION MATERIALS AND RESOURCE DIRECTORIES/ONLINE TOOLS.
- ROUTINE PARTICIPATION IN LOCAL, REGIONAL AND NATIONAL OUTREACH EVENTS; INCLUDING EXHIBITING AT CONFERENCES, SPEAKING ENGAGEMENTS, AND TRAINING SESSIONS FOR OTHER AGENCIES.
- ROUTINE DELIVERY OF "PATIENT EMPOWERMENT SERIES", AN EDUCATIONAL WEBINAR SERIES DESIGNED TO TEACH THE FUNDAMENTAL CONCEPTS OF VARIOUS HEALTHCARE/INSURANCE AND/OR ENTITLEMENT PROGRAMS, LIVE AND ON DEMAND
- DEVELOPMENT AND RELEASE OF PAF TOPIC-BASED STORY BOARDS
- AD PLACEMENTS ON SOCIAL CHANNELS INCLUDING FACEBOOK AND SPOTIFY

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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- PUBLISHING AND DISSEMINATION OF ANNUAL IMPACT REPORT

- LINKS FROM AND TO VARIOUS NON-PROFIT PATIENT ORGANIZATIONS WEBSITES AND PAF'S WEBSITES AND ONLINE RESOURCE TOOLS.

- ONGOING RELATIONSHIP DEVELOPMENT AND MAINTENANCE WITH DISEASE SPECIFIC NON-PROFIT ORGANIZATIONS THAT SERVE THE PATIENTS FOR WHICH WE HAVE PROGRAMS AVAILABLE TO ENSURE THEY ARE CONNECTING PATIENTS TO OUR PROGRAMS AS THEY NEED OUR SUPPORT.

- DISTRIBUTION OF PRESS RELEASES PUBLICLY ANNOUNCING THE ADDITION OF NEW PATIENT PROGRAMS AND/OR EXPANSION OF EXISTING PROGRAMS.

- INCLUSION IN EARNED MEDIA STORIES; PROFILES OF PAF PROGRAMS AND PATIENTS SERVED BY PAF

CONTINUED LATER IN SCHEDULE O (F).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST CONTINUATION FROM SCHEDULE O (F).

IN SUMMARY, PATIENT ADVOCATE FOUNDATION EMBODIES ALL THE CHARACTERISTICS OF A PUBLICLY SUPPORTED ORGANIZATION, BASED ON THE FACTS AND CIRCUMSTANCES TEST DESCRIBED IN SECTION 1.170A-9(E) (3) OF THE TREASURY REGULATIONS. PAF DEMONSTRATES, IN POLICY AND PRACTICE, THAT ITS OPERATIONS ARE FREE FROM THE INFLUENCE AND CONTROL OF ITS DONORS, FURTHER, THERE IS NO EVIDENCE THAT A SMALL GROUP OF DONORS CONTROL PAF; RATHER, PAF IS A DIVERSE, COMPLEX PATIENT SUPPORT ORGANIZATION THAT HAS OPERATED AS A PUBLICLY SUPPORTED ORGANIZATION, MEETING THE ONE-THIRD TEST FOR MOST OF ITS 24-YEAR HISTORY. PAF CONTINUES TO OPERATE CONGRUENTLY WITH A PUBLICLY SUPPORTED ORGANIZATION, INCLUDING GARNERING SUPPORT FROM A BROAD CROSS SECTION OF DONORS, INCLUDING THE GOVERNMENT, OTHER PUBLIC CHARITIES AND THE GENERAL PUBLIC, WITH A REPRESENTATIVE GOVERNING BODY. PAF CONTINUES

Related Organizations and Unrelated Partnerships

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

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

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL PATIENT ADVOCATE FOUNDATION	M	780,000.	
(2) NATIONAL PATIENT ADVOCATE FOUNDATION	O	438,044.	
(3) NATIONAL PATIENT ADVOCATE FOUNDATION	P	16,498.	
(4) NATIONAL PATIENT ADVOCATE FOUNDATION	Q	71,542.	
(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.