

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:	C Name of organization PATIENT ADVOCATE FOUNDATION Doing business as		D Employer identification number 54-1806317
<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	Number and street (or P.O. box if mail is not delivered to street address) 421 BUTLER FARM ROAD	Room/suite	E Telephone number 800.532.5274
	City or town, state or province, country, and ZIP or foreign postal code HAMPTON, VA 23666		G Gross receipts \$ 133,892,696.
	F Name and address of principal officer: DR. ALAN J. BALCH 421 BUTLER FARM ROAD, HAMPTON, VA 23666		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions
J Website: WWW.PATIENTADVOCATE.ORG		H(c) Group exemption number	
K Form of organization: <input 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	14
	3 Number of voting members of the governing body (Part VI, line 1a)	4	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	280
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	6	0
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	222,896,128.	117,451,302.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,198,468.	7,426,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,517,783.	9,006,214.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-134,207.	-110,076.
		243,478,172.	133,773,940.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	245,914,293.	176,246,851.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,831,372.	20,498,702.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,567,158.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,461,967.	9,099,512.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	274,207,632.	205,845,065.
19 Revenue less expenses. Subtract line 18 from line 12	-30,729,460.	-72,071,125.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	313,168,594.	234,459,658.
	21 Total liabilities (Part X, line 26)	31,994,671.	25,435,042.
	22 Net assets or fund balances. Subtract line 21 from line 20	281,173,923.	209,024,616.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DR. ALAN J. BALCH, CHIEF EXECUTIVE OFFICER			
Type or print name and title				
Paid	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JACOB REEVES	JACOB REEVES	01/13/26	PTIN P01875186
Preparer	Firm's name		Firm's EIN	
Use Only	Firm's name BROWN, EDWARDS & COMPANY, LLP		54-0504608	
	Firm's address 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606		Phone no. 757-873-1033	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 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

Yes 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 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 \$ 184,979,625. including grants of \$ 176,139,541.) (Revenue \$ _____)

FINANCIAL SUPPORT PROGRAMS

SINCE 2004, PAF'S CO-PAY RELIEF PROGRAM (CPR) HAS PROVIDED FINANCIAL
 ASSISTANCE FOR CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES REQUIRED BY A
 PATIENT'S INSURER FOR MEDICATIONS PRESCRIBED TO TREAT AND/OR MANAGE THE
 PATIENT'S DISEASE.

IN FY 2024/2025 PAF'S CO-PAY RELIEF PROGRAM EXPANDED ITS IMPACT THROUGH
 THE ADDITION OF NINE (9) NEW GENERAL FUNDS, ASSISTING PATIENTS IN TWO
 (2) NEW HEALTH EQUITY (HE) FUNDS AND SIXTY (60) EXISTING FUNDS
 INCLUDING:

ACROMEGALY, ACUTE MYELOID LEUKEMIA, ALZHEIMER'S DISEASE HE,

4b (Code: _____) (Expenses \$ 8,683,714. including grants of \$ _____) (Revenue \$ 7,282,459.)

NON-PROFIT SERVICE AGREEMENTS

PAF CURRENTLY OPERATES TRANSPARENT SERVICE ADMINISTRATION AGREEMENTS
 WITH THREE NONPROFIT ORGANIZATIONS, ONE NATIONAL AND TWO REGIONAL
 CHARITABLE ORGANIZATIONS. THE FIRST NPPA PROGRAM BEGAN OPERATIONS IN
 2009, AND TWO NEW PARTNERSHIP PROGRAMS LAUNCHED IN 2024. PAF HAS BEEN
 ENGAGED TO PROVIDE FULL SERVICE, TRANSPARENT ADMINISTRATION SERVICES TO
 QUALIFIED PATIENTS THAT ENTER THEIR CO-PAY ASSISTANCE AND/OR PATIENT
 FINANCIAL AID PROGRAMS. PAF PROVIDED THIS CONTRACTUAL SERVICE DURING
 2025 AND 2024. THE FOUNDATION ADMINISTERED SERVICES TO 67,891 AND
 70,982 PATIENTS IN 2025 AND 2024, RESPECTIVELY, THROUGH THIS SERVICE
 AGREEMENT.

4c (Code: _____) (Expenses \$ 8,207,919. including grants of \$ 107,311.) (Revenue \$ 144,041.)

CASE MANAGEMENT SERVICES

FOR 29 YEARS, THE FOUNDATION HAS PROVIDED CASE MANAGEMENT INTERVENTIONS
 FOR CRITICALLY OR CHRONICALLY ILL PATIENTS ACROSS THE NATION. PAF'S
 MISSION IS TO HELP PATIENTS CONNECT WITH AND MAINTAIN ACCESS TO
 PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, NAVIGATE INSURANCE
 BARRIERS, FIND RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES DURING
 TREATMENT, EVALUATE, AND SUSTAIN HEALTH INSURANCE COVERAGE, AND MANAGE
 OR REDUCE OUT-OF-POCKET MEDICAL AND LIVING EXPENSES.

PAF'S PROFESSIONAL CASE MANAGEMENT SERVICES ARE OFFERED AT NO COST TO
 PATIENTS AND THEIR FAMILIES. WE COLLABORATE CLOSELY WITH PATIENTS,
 THEIR LOVED ONES, AND THEIR CARE TEAMS, OFTEN TAKING THE LEAD IN

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 201,871,258.

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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> ? See instructions	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 Rev. Proc. 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. <ul style="list-style-type: none"> 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> 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> 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> 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> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> 		
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>	11a 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>	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11c X	
14a Did the organization maintain an office, employees, or agents outside of the United States? 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>	11d 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>	11e 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>	11f 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. See instructions</i>	12a 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>	12b 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>	13 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	14a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	14b X	
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>	15 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	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 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	25a	X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	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	26	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	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	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	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	93
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	280
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	
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)?	4a	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).	7c	X
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?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	
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.			
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?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		

Section B. Policies

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	VA
18	Section 6104 requires an organization to make its Forms 1023 (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.	
	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
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	
	CORPORATE OFFICE - 757-873-6668	
	421 BUTLER FARM ROAD, HAMPTON, VA 23666	

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DR. ALAN J. BALCH, PHD CHIEF EXECUTIVE OFFICER	20.00	X					349,031.	125,000.	15,284.
	20.00								
(2) WILLIAM J. NASON CHIEF FINANCIAL OFFICER	40.00	X					272,303.	0.	30,477.
(3) FRANCES CASTELLOW PRESIDENT OF OPERATIONS	40.00	X					289,084.	0.	11,817.
(4) ANGELA M. WALKER CHIEF OF TALENT MANAGEMENT	40.00				X		242,183.	0.	11,234.
(5) SHARON HOLLENBECK CHIEF INFORMATION OFFICER	40.00				X		207,955.	0.	15,400.
(6) SHONTA CHAMBERS EVP OF HEALTH EQUITY INITI	40.00				X		193,226.	0.	20,499.
(7) CHRISTINE WILSON VP ADVOCACY COMMUNICATIONS	40.00				X		195,296.	0.	8,862.
(8) ALAN WOOD EVP BUSINESS DEVELOPMENT	40.00				X		193,283.	0.	9,167.
(9) JOHN L. MURPHY FINANCE COMMITTEE CHAIR	1.00	X	X				0.	0.	0.
	1.00								
(10) AL BENSON III, MD, FACP BOARD MEMBER	1.00	X					0.	0.	0.
	1.00								
(11) NORMAN HUBBARD, MBA BOARD MEMBER	1.00	X					0.	0.	0.
	1.00								
(12) DAVID M. JACKMAN, MD BOARD MEMBER	1.00	X					0.	0.	0.
(13) AARON LYSS, MBA BOARD MEMBER	1.00	X					0.	0.	0.
(14) OTIS MAYNARD, ESQ BOARD PRESIDENT	1.00	X	X				0.	0.	0.
	1.00								
(15) LORETTA A. WILLIAMS, PHD, APRN, M BOARD MEMBER	1.00	X					0.	0.	0.
	1.00								
(16) LARRI SHORT, JD BOARD MEMBER	1.00	X					0.	0.	0.
	1.00								
(17) MAUREEN CULBERTSON BOARD SECRETARY	1.00	X	X				0.	0.	0.
	1.00								

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer				Key employee
(18) ROBERT WINN, MD BOARD MEMBER	1.00 1.00	X				0.	0.	0.
(19) DANIEL PRESS, PHD BOARD MEMBER	1.00 1.00	X				0.	0.	0.
(20) VEENA SHANKARAN, MD BOARD MEMBER	1.00 1.00	X				0.	0.	0.
(21) DAVID WHITE BOARD MEMBER	1.00 1.00	X				0.	0.	0.
(22) REGINALD TUCKER-SEELEY, MA, SCM BOARD VICE PRESIDENT	1.00 1.00	X	X			0.	0.	0.
1b Subtotal						1,942,361.	125,000.	122,740.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						1,942,361.	125,000.	122,740.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								8
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								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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, CROSSCONNECT ENGINEERING, 1155 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920 TALKDESK, INC, 201 SPEAR STREET, SUITE 1100, SAN FRANCISCO, CA 94105 PHARMACY DATA MANAGEMENT GROUP 8530 CROSSROADS DR, POLAND, OH 44514 EXPERIAN HEALTH PO BOX 886133, LOS ANGELES, CA 90088				IT SUPPORT	1,557,443.			
				IT SUPPORT	581,050.			
				SOFTWARE SUPPORT	428,349.			
				PROCESS PHARMACY CLAIMS	391,490.			
				INCOME VERIFICATION	220,893.			
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				8				

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b 50,000.			
	c Fundraising events	1c 135,514.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 746,047.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 116,519,741.			
	g Noncash contributions included in lines 1a-1f	1g \$ 34,014.			
	h Total. Add lines 1a-1f		117,451,302.		
Program Service Revenue		Business Code			
	2 a NON-PROFIT PROGRAM SER	541900	7,282,459.	7,282,459.	
	b SCHOLARSHIP GRANT REVE	541900	144,041.	144,041.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		7,426,500.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,006,214.		9,006,214.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real	(ii) Personal		
	6a				
	6b				
	6c				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7a				
	7b				
	7c				
	8 a Gross income from fundraising events (not including \$ <u>135,514.</u> of contributions reported on line 1c). See Part IV, line 18	8a	8,680.		
	b Less: direct expenses	8b	118,756.		
	c Net income or (loss) from fundraising events			-110,076.	-110,076.
	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		Business Code			
	11 a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		133,773,940.	7,426,500.	0.
					8,896,138.

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	176,246,851.	176,246,851.		
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	999,267.	458,194.	397,722.	143,351.
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	15,699,892.	14,100,872.	586,293.	1,012,727.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	467,539.	410,317.	20,599.	36,623.
9 Other employee benefits	2,148,024.	1,998,142.	82,074.	67,808.
10 Payroll taxes	1,183,980.	1,044,519.	63,471.	75,990.
11 Fees for services (nonemployees):				
a Management				
b Legal	170,803.		170,803.	
c Accounting	243,130.	23,000.	220,130.	
d Lobbying	516,000.		516,000.	
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.)	1,478,031.	1,477,881.	150.	
12 Advertising and promotion				
13 Office expenses	1,643,423.	1,437,159.	147,744.	58,520.
14 Information technology	1,207,121.	1,140,120.	25,710.	41,291.
15 Royalties				
16 Occupancy	726,450.	682,864.	21,793.	21,793.
17 Travel	166,590.	56,049.	9,059.	101,482.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,095,733.	1,076,820.	16,808.	2,105.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,720,308.	1,709,960.	5,154.	5,194.
23 Insurance	131,923.	8,510.	123,139.	274.
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	205,845,065.	201,871,258.	2,406,649.	1,567,158.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,546,938.	1	24,271,702.
	2 Savings and temporary cash investments	264,355,850.	2	186,669,908.
	3 Pledges and grants receivable, net	17,034,563.	3	7,805,498.
	4 Accounts receivable, net	3,140,397.	4	2,843,267.
	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	93,296.	8	65,389.
	9 Prepaid expenses and deferred charges	644,034.	9	533,719.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,913,045.		
	b Less: accumulated depreciation	10b 6,187,118.	5,367,177.	10c 4,725,927.
	11 Investments - publicly traded securities		11 2,333,096.	12 2,426,647.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,653,243.	15	5,117,601.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	313,168,594.	16	234,459,658.
Liabilities	17 Accounts payable and accrued expenses	5,072,565.	17	2,314,516.
	18 Grants payable		18	
	19 Deferred revenue	18,360,154.	19	14,960,146.
	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	8,561,952.	25	8,160,380.
	26 Total liabilities. Add lines 17 through 25	31,994,671.	26	25,435,042.
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	34,953,701.	27	35,991,450.
	28 Net assets with donor restrictions	246,220,222.	28	173,033,166.
	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	281,173,923.	32	209,024,616.
	33 Total liabilities and net assets/fund balances	313,168,594.	33	234,459,658.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck 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	133,773,940.
2 Total expenses (must equal Part IX, column (A), line 25)	2	205,845,065.
3 Revenue less expenses. Subtract line 2 from line 1	3	-72,071,125.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	281,173,923.
5 Net unrealized gains (losses) on investments	5	
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	-78,182.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	209,024,616.

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	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		
2b Were the organization's financial statements audited by an independent accountant?	2b	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		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	x

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	310,011,893.	280,243,032.	256,660,272.	222,896,128.	117,315,788.	1187127113.
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	310,011,893.	280,243,032.	256,660,272.	222,896,128.	117,315,788.	1187127113.
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)						948,018,873.
6 Public support. Subtract line 5 from line 4.						239,108,240.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	310,011,893.	280,243,032.	256,660,272.	222,896,128.	117,315,788.	1187127113.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	718,528.	580,710.	8,804,586.	12,534,309.	9,006,214.	31,644,347.
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						1218771460.
12 Gross receipts from related activities, etc. (see instructions)					12	45,066,009.
13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	19.62	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	20.76	%
16a 33 1/3% support test - 2024. 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			
b 33 1/3% support test - 2023. 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			
17a 10% -facts-and-circumstances test - 2024. 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			
b 10% -facts-and-circumstances test - 2023. 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			
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			

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b 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.

- b Did the activities described on line 2a, above, 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.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- 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.

	Yes	No
2a		
2b		
3a		
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 <i>(explain in detail in Part VI):</i>			
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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; FY2024/2025

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 (PAF) IS A NATIONAL 501 (C)(3) NON-PROFIT ORGANIZATION THAT PROVIDES CASE MANAGEMENT SERVICES AND FINANCIAL AID TO AMERICANS WITH CHRONIC, LIFE THREATENING AND DEBILITATING ILLNESSES. SINCE 1996, PAF HAS PROVIDED FINANCIAL AND INSURANCE NAVIGATION, SOCIAL SERVICES SUPPORT, DIRECT FINANCIAL SUPPORT, AND EDUCATIONAL SERVICES TO OVER 2.4 MILLION PATIENTS AND CAREGIVERS EXPERIENCING FINANCIAL, EMPLOYMENT, INSURANCE COVERAGE OR HOUSEHOLD MATERIAL HARDSHIPS BECAUSE OF THEIR HEALTH CONDITIONS AND ASSOCIATED TREATMENT. IN PAF'S 29 YEARS SERVING PATIENTS AND FAMILIES THROUGH ITS PROGRAMS, IT HAS BEEN WELL DOCUMENTED THAT THE TOTAL COSTS OF CARE, INCLUDING MEDICAL AND NONMEDICAL EXPENSES, CAN QUICKLY OVERWHELM EVEN THE BEST PLANNED HOUSEHOLD BUDGET. THESE UNEXPECTED EXPENSES FURTHER COMPOUND HEALTH DISPARITIES AND ECONOMIC CHALLENGES THAT INDIVIDUALS AND FAMILIES ARE ALREADY CONFRONTING, PARTICULARLY AMONG POPULATIONS WITH LOW SOCIO-ECONOMIC CHARACTERISTICS AND/OR MEDICAL SHORTAGE AREAS. THROUGH THIS WORK PAF HAS CREATED AND CURATED AN EXTENSIVE CATALOGUE OF RESOURCES, DEVELOPED DEEP EXPERIENCE AND EXPERTISE IN DESIGNING AND IMPLEMENTING DIRECT PATIENT SERVICE PROGRAMS AS WELL AS GATHERING AND ANALYZING PATIENT INSIGHTS TO SUPPORT A ROBUST RESEARCH AND EVALUATION PORTFOLIO, PROMOTING THE IMPORTANCE OF THE DELIVERY OF FINANCIAL NAVIGATION AS A PERSON-CENTERED AND PATIENT-ACTIVATED SOLUTION TO UPSTREAM DRIVERS OF HEALTH.

THE FOUNDATION HAS DEVELOPED AND DELIVERS A DIVERSE PORTFOLIO OF PATIENT CENTERED PROGRAMS TO PATIENTS AND THEIR FAMILIES INCLUDING PERSONALIZED 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, VIDEO AND ONLINE INTERACTIVE FORMATS. THE FOUNDATION ALSO ADMINISTERS THE CO-PAY RELIEF PROGRAM (CPR), PROVIDING FINANCIAL SUPPORT FOR CO-PAYMENTS AND COINSURANCE REQUIRED FOR PHARMACEUTICAL TREATMENTS PRESCRIBED TO TREAT AND/OR MANAGE CERTAIN CHRONIC AND LIFE-THREATENING CONDITIONS AS WELL AS PAYING FOR HEALTH INSURANCE PREMIUMS AND OFFICE VISIT AND ADMINISTRATION CHARGES ON THE DAY OF TREATMENT. THROUGH THE FOUNDATION'S COMPLIMENT OF CASE MANAGEMENT, FINANCIAL ASSISTANCE, AND EDUCATIONAL PROGRAMS, PAF ASSISTS TENS OF THOUSANDS OF PATIENTS LIVING THROUGHOUT THE UNITED STATES AND US TERRITORIES EVERY YEAR. PAF SERVED 162,172 PATIENTS IN FY2024/2025, INCLUDING CASE MANAGEMENT SERVICES AND THE PROVISION OF FINANCIAL ASSISTANCE. PAF HAS PROVIDED HELP AND ASSISTANCE TO OVER 2.4 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

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.)

FOR 29 YEARS, THE FOUNDATION HAS PROVIDED CASE MANAGEMENT INTERVENTIONS FOR CRITICALLY OR CHRONICALLY ILL PATIENTS ACROSS THE NATION. OUR MISSION IS TO HELP PATIENTS CONNECT WITH AND MAINTAIN ACCESS TO PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, NAVIGATE INSURANCE BARRIERS, FIND RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES DURING TREATMENT, EVALUATE, AND SUSTAIN HEALTH INSURANCE COVERAGE, AND MANAGE OR REDUCE OUT-OF-POCKET MEDICAL AND LIVING EXPENSES.

PAF'S PROFESSIONAL CASE MANAGEMENT SERVICES ARE OFFERED AT NO COST TO PATIENTS AND THEIR FAMILIES. WE COLLABORATE CLOSELY WITH PATIENTS, THEIR LOVED ONES, AND THEIR CARE TEAMS, OFTEN TAKING THE LEAD IN RESOLVING COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY CHALLENGES. IN FY2024/2025, THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY ASSISTED OR ADVOCATED FOR 13,551 INDIVIDUALS, COLLECTIVELY LIVING WITH 773 UNIQUE DISEASES. ON AVERAGE, EACH CASE INVOLVED 30 CONTACTS WITH RELEVANT STAKEHOLDERS TO ACHIEVE RESOLUTION, TOTALING 411,721 UNIQUE INTERACTIONS. THIS EFFORT RESULTED IN AN AVERAGE DEBT RELIEF OR PATIENT SAVINGS OF \$1,220 PER CASE. IN ADDITION TO THESE SERVICES, PAF DISTRIBUTED 15,196 EDUCATIONAL PUBLICATIONS TO PATIENTS AND THOSE SEEKING INFORMATION. THE FOUNDATION OPERATES A DIVERSE PORTFOLIO OF 26 UNIQUE CASE MANAGEMENT PROGRAMS, EACH DESIGNED TO SUPPORT PATIENTS IN THEIR HEALTHCARE JOURNEYS, WORKING TO RESOLVE ACCESS AND AFFORDABILITY ISSUES THAT, IF NOT ADDRESSED, IMPACT CARE AND HEALTH OUTCOMES. PAF PROVIDES THESE SERVICES THROUGH A COMPLEMENT OF 35 UNIQUE PROGRAMS.

PAF ALSO ADMINISTERED A SUITE OF SEVENTEEN (17) SMALL GRANT PROGRAMS IN FY2024/2025 REFERRED TO AS FINANCIAL AID FUNDS, EACH PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING EXPENSES PATIENTS STRUGGLE TO MANAGE WHEN DEALING WITH CHRONIC OR CRITICAL DISEASE. IN FY2024/2025, PROGRAM STAFF FIELDDED 22,839 TELEPHONE CALLS AND SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 2,786 PATIENTS, TOTALING \$3,534,600 IN FINANCIAL RELIEF. THE SMALL GRANTS RANGE FROM \$500-\$4500 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:

ACS CANCER CARE CONTINUITY FUND: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THIS FUND SUPPORTS CANCER PATIENTS THAT LIVE IN A QUALIFYING AREA AND THEIR FAMILIES THAT WERE IMPACTED DIRECTLY OR INDIRECTLY BY HURRICANE HELENE OR HURRICANE MILTON.

ACS CANCER CARE CONTINUITY WILDFIRES FUND: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THIS FUND SUPPORTS CANCER PATIENTS THAT LIVE IN A QUALIFYING AREA AND THEIR FAMILIES THAT WERE IMPACTED DIRECTLY OR INDIRECTLY BY THE CALIFORNIA WILDFIRES.

ARDS ALLIANCE SUMITA DIXIT RECOVERY FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS).

BEGIN AGAIN FOUNDATION AMPUTEE FUND: SERVING PATIENTS DIAGNOSED WITH SEPSIS WHO HAVE EXPERIENCED AN AMPUTATION AS A RESULT OF SEPSIS.

BEGIN AGAIN FOUNDATION BEREAVEMENT FUND: SUPPORTS FUNERAL EXPENSES ASSOCIATED WITH PATIENTS WHO HAVE PASSED AND DIED FROM ARDS, TSS AND/OR SEPSIS.

BEGIN AGAIN FOUNDATION FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS, TSS AND/OR SEPSIS.

BEGIN AGAIN SOUTHEASTERN VIRGINIA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS, TSS, AND/OR SEPSIS THAT RESIDES IN SOUTHEASTERN VIRGINIA.

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.)

CASE MANAGEMENT IMMEDIATE NEED FUND: SERVING PATIENTS WITH AN IMMEDIATE NEED TO COVER THE OUT-OF-POCKET EXPENSES ASSOCIATED WITH COST-OF-LIVING EXPENSES RELATED TO TREATMENTS.

DONNA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH BREAST CANCER THAT HAVE RECEIVED CASE MANAGEMENT SERVICES THROUGH DONNA CARELINE.

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

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

MIA'S MIRACLES FINANCIAL ASSISTANCE FUND: SERVING PEDIATRIC PATIENTS DIAGNOSED WITH BRAIN CANCER.

NATIONAL OVARIAN CANCER COALITION CLINICAL TRIAL FUND: SERVING PATIENTS THAT HAVE BEEN DIAGNOSED WITH OVARIAN CANCER, FALLOPIAN TUBE CANCER OR PERITONEAL CANCER BY PROVIDING FINANCIAL ASSISTANCE FOR COST-OF-LIVING EXPENSES.

NATIONAL OVARIAN CANCER COALITION TREATMENT FUND: SERVING PATIENTS THAT HAVE BEEN DIAGNOSED WITH OVARIAN CANCER, FALLOPIAN TUBE CANCER OR PERITONEAL CANCER BY PROVIDING FINANCIAL ASSISTANCE FOR NON-MEDICAL RELATED TO CLINICAL TRIAL PARTICIPATION THAT HINDER THEIR ABILITY TO RECEIVE THE TREATMENT OR CARE.

OKLAHOMA TRANSPORTATION FUND: SERVING PATIENTS THAT HAVE BEEN DIAGNOSED WITH PROSTATE CANCER AND RESIDE IN OKLAHOMA.

PATIENT ADVOCATE FOUNDATION CAREGIVER SUPPORT FUND: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY THIS FUND SUPPORTS CAREGIVERS OF LOVED ONES DIAGNOSED WITH CANCER.

THE PATRIC YOUNG FOUNDATION SCI FINANCIAL ASSISTANCE FUND: SUPPORTING PATIENTS THAT LIVE IN AN ELIGIBLE COUNTY IN FLORIDA THAT HAVE BEEN DIAGNOSED WITH A LIFE ALTERING SPINAL CORD INJURY.

(CONTINUED ON SCHEDULE O)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Organization type (check one):

Filers of: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 organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 102,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,746,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 957,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,898,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 327,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 13,268,573.	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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,409,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 746,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 32,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 250,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 387,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 70,000.	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

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
13		\$ 60,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 43,315,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 31,841,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 13,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 1,419,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 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

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
19		\$ 186,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 46,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 103,738.	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

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
25		\$ 81,191.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
26		\$ 10,979,628.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
27		\$ 205,909.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
28		\$ 45,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
29		\$ 48,881.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
30		\$ 36,910.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 114,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 115,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 65,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 41,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 10,000.	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

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
37		\$ 17,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 89,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 8,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 277,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 35,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 47,980.	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

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
43		\$ 1,446,036.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$ 7,350.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
45		\$ 134,600.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
46		\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
47		\$ 90,248.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
48		\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash

Name of organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 43,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 5,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 30,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 68,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 100,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 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

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
55		\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
57		\$ 10,826.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
58		\$ 28,361.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
59		\$ 2,350,775.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
60		\$ 23,881.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash

Name of organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 31,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 141,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 1,062,773.	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

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
67		\$ 9,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash

Name of organization

Employer identification number

PATIENT ADVOCATE FOUNDATION

54-1806317

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

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

Name of organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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)	516,000.		
c Total lobbying expenditures (add lines 1a and 1b)	516,000.		
d Other exempt purpose expenditures	205,320,942.		
e Total exempt purpose expenditures (add lines 1c and 1d)	205,836,942.		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	780,000.	780,000.	780,000.	516,000.	2,856,000.
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					

Schedule C (Form 990) 2024

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.

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 not be 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 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 expenditures 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)

(Rev. December 2024)

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

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
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

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 2d 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

\$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 in 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	2,333,096.	2,224,088.	2,167,270.	2,194,524.	2,186,163.
1b Contributions					
1c Net investment earnings, gains, and losses	93,551.	109,008.	56,818.	-27,254.	8,361.
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance	2,426,647.	2,333,096.	2,224,088.	2,167,270.	2,194,524.

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

a Board designated or quasi-endowment 100 %
 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:

(i) Unrelated organizations?

(ii) Related organizations?

Yes	No
3a(i)	X
3a(ii)	X
3b	

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				
1b Buildings				
1c Leasehold improvements		100,581.	35,018.	65,563.
1d Equipment		10,521,402.	6,152,100.	4,369,302.
1e Other		291,062.		291,062.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,725,927.

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, line 12, col. (B))

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, line 13, col. (B))

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, line 15, col. (B))

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	649,686.
(3) IBNR RESERVE	98,000.
(4) POSTRETIREMENT LIABILITY	2,178,268.
(5) OPERATING LEASE LIABILITY	5,234,426.
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

8,160,380.

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

Schedule D (Form 990) (Rev. 12-2024)

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	133,893,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	800.
3	Subtract line 2e from line 1	3	133,892,696.
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	-118,756.
c	Add lines 4a and 4b	4c	-118,756.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	133,773,940.

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	205,964,621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	800.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	118,756.
e	Add lines 2a through 2d	2e	119,556.
3	Subtract line 2e from line 1	3	205,845,065.
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	205,845,065.

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 PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES **OFFSET** **REVENUE** **ON** **990** **-118,756.**

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES OFFSET REVENUE ON 990 118,756.

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of nongovernment grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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 PROMISE OF HOPE - 2024 (event type)	(b) Event #2 PROMISE OF HOPE - 2025 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	96,278.	47,916.	144,194.
	2 Less: Contributions	87,598.	47,916.	135,514.
	3 Gross income (line 1 minus line 2)	8,680.		8,680.
Direct Expenses	4 Cash prizes			
	5 Noncash prizes	30,951.		30,951.
	6 Rent/facility costs	19,944.		19,944.
	7 Food and beverages	40,520.		40,520.
	8 Entertainment	4,936.		4,936.
	9 Other direct expenses	22,405.		22,405.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			118,756.
	11 Net income summary. Subtract line 10 from line 3, column (d)			-110,076.

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			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			
	8 Net gaming income summary. 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: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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 noncash 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

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

Schedule I (Form 990) (Rev. 12-2024)

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	40	107,310.	0.		
CO PAY RELIEF ASSISTANCE	78035	173,712,081.	0.		
FINANCIAL AID FUND	2786	2,427,460.	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, 40

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
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 FY2024/2025, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH
SEVENTY-ONE (71) DISEASE SPECIFIC FUNDS INCLUDING ACROMEGALY, ASTHMA,
BLADDER CANCER, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL
CANCER, CHRONIC PAIN, COVID-19, CYSTIC FIBROSIS, ELECTROLYTE IMBALANCE,
GAUCHER DISEASE, HEMOPHILIA, HEPATITIS B, HEPATITIS C, HEPATOCELLULAR

Part IV Supplemental Information

CARCINOMA, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL
HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, LUPUS, MELANOMA,
METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC GASTRIC
CANCER, METASTATIC MELANOMA, METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA,
MULTIPLE SCLEROSIS, MYELODYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS
(NSCLC), OSTEOPOROSIS, OVARIAN CANCER, PANCREATIC CANCER, PERIODIC
PARALYSIS, PERIPHERAL VASCULAR DISEASE, PROSTATE CANCER, PULMONARY
FIBROSIS, PULMONARY HYPERTENSION, RENAL CELL CARCINOMA, RHEUMATOID
ARTHRITIS, SKIN CANCER, SPINAL MUSCULAR ATROPHY, ULCERATIVE COLITIS, AND
UTERINE CANCERS.

IN FY2024/2025, PAF ADMINISTERED SEVENTEEN (17) 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, ACCUTE RESPIATORY
DISTRESS SYNDROME, TOXIC SHOCK AND/OR SEPSIS, BREAST CANCER, METASTATIC
BREAST CANCER, MERKEL CELL CARCINOMA, HEART VALVULAR CONDITION, AND ACUTE
MYELOID LEUKEMIA.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 type="checkbox"/> Written employment contract
<input 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)?

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

Schedule J (Form 990) (Rev. 12-2024)

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.

Part III Supplemental Information

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

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,
28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1 (a)	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under
section 4958 \$

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

Part II Loans to and/or From Interested PersonsComplete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization
reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

2024
Open to Public
Inspection

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 (<u>AUCTION ITEMS</u>)	X	277	34,014	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 V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2024

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.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**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, PROGRAM SERVICE ACCOMPLISHMENTS:

AMYLOIDOSIS, ASTHMA, BILE DUCT CANCER, BLADDER CANCER, BREAST CANCER, BREAST CANCER HE, CANCER GENETIC & GENOMIC TESTING, CERVICAL CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE HE, COVID-19 & POST COVID CONDITIONS, CYSTIC FIBROSIS, DIABETES, DIABETES HE, DIABETES TYPE 2 HE, EOSINOPHILIC ESOPHAGITIS, GAUCHER DISEASE, GAUCHER DISEASE HE, HEART FAILURE HE, HEMOPHILIA, HEMOPHILIA HE, HEPATITIS B, HEPATITIS C, HEPATITIS C HE, HEPATOCELLULAR CARCINOMA, HIV, AIDS & PREVENTION, HIV, AIDS & PREVENTION HE, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, LUPUS, LUPUS HE, MELANOMA, METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC COLORECTAL CANCER HE, METASTATIC PROSTATE CANCER, MUCOPOLYSACCHARIDOSIS III, MUCOPOLYSACCHARIDOSIS VII, MUCOPOLYSACCHARIDOSIS VII HE, MULTIPLE MYELOMA, MULTIPLE MYELOMA HE, MULTIPLE SCLEROSIS, MULTIPLE SCLEROSIS HE, MYELODYSPLASTIC SYNDROMES, NARCOLEPSY, NON-SMALL CELL LUNG CANCERS, NON-SMALL CELL LUNG CANCER HE, OSTEOPOROSIS, OVARIAN CANCER, OVARIAN CANCER HE, PANCREATIC CANCER, PARKINSON'S DISEASE HE, PERIODIC PARALYSIS, PROSTATE CANCER, PROSTATE CANCER HE, PSORIASIS, PSORIATIC ARTHRITIS, PULMONARY FIBROSIS, PULMONARY HYPERTENSION, RHEUMATOID ARTHRITIS, SMALL CELL LUNG CANCER, SOCIAL NEEDS ASSESSMENT & INTERVENTION FUND, SOFT TISSUE SARCOMA, SPINAL MUSCULAR ATROPHY, SPINAL MUSCULAR ATROPHY HE, STROKE, THYROID EYE DISEASE, ULCERATIVE COLITIS, VIROLOGY TESTING HE.

PAF'S CO-PAY RELIEF PROGRAM ESTABLISHED HEALTH EQUITY FUNDS IN 2022, A TYPE OF FUND THAT MAKES CPR MORE ACCESSIBLE AND BENEFICIAL FOR PATIENTS WHO NEEDED THE MOST HELP AND ARE NOT BEING SERVED ADEQUATELY BY THE EXISTING MEDICAL AND COPAY INFRASTRUCTURE. DEVELOPED USING THE SOCIAL VULNERABILITY INDEX (SVI) AND CDC DISEASE INCIDENCE DATA, THESE FUNDS SERVE PEOPLE LIVING IN 226 COUNTIES ACROSS THE UNITED STATES THAT HAVE BEEN IDENTIFIED BY THE SVI AND CDC INCIDENCE DATA AS HAVING THE HIGHEST SOCIAL VULNERABILITY SCORES AND ARE BURDENED WITH HIGH RATES OF CHRONIC DISEASES. THE HEALTH EQUITY FUNDS ARE DESIGNED TO SPECIFICALLY PROVIDE SUPPORT TO ELIGIBLE PATIENTS LIVING IN ONE OF THE 226 COUNTIES COVERED

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

BY THE FUNDS, WHICH IS VERIFIED USING THE ZIP CODE OF THE PATIENT'S HOME ADDRESS. ALL OTHER ELIGIBILITY REQUIREMENTS, AND FUND OPERATION, ARE THE SAME AS CPR'S GENERAL FUNDS.

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. ALSO, CPR OFFERS THREE DEDICATED, SECURED WEBSITES FOR MEDICAL PROVIDERS, PHARMACY REPRESENTATIVES AND EMPLOYEES OF CHARITABLE NON-PROFIT ORGANIZATIONS TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM ON BEHALF OF THE PATIENTS THEY ARE WORKING WITH. THE FOUNDATION ALSO OFFERS TELEPHONIC SUPPORT SERVICES TO PATIENTS WHO PREFER TO RECEIVE PERSONAL ASSISTANCE FROM A PROGRAM SPECIALIST.

IN FY2024/2025, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO 78,035 QUALIFIED PATIENTS THROUGH SEVENTY-ONE (71) ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 188,385 TELEPHONE CALLS AND PROCESSED CLAIMS TOTALING OVER \$174,190,832 IN SUPPORT OF QUALIFIED PATIENTS' OUT OF POCKET EXPENSES FOR REQUIRED CO-PAYMENTS, CO-INSURANCE, AND DEDUCTIBLES. SINCE ITS INCEPTION IN 2004, THE FOUNDATION HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 831,000 INDIVIDUALS, ALLOCATING MORE THAN \$2.5 BILLION IN CO-PAYMENT AWARDS.

PAF ALSO ADMINISTERED A SUITE OF SEVENTEEN (17) SMALL GRANT PROGRAMS IN FY2024/2025 REFERRED TO AS FINANCIAL AID FUNDS, EACH PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING EXPENSES PATIENTS STRUGGLE TO MANAGE WHEN DEALING WITH CHRONIC OR CRITICAL DISEASE. IN FY2024/2025, PROGRAM STAFF FIELDDED 22,839 TELEPHONE CALLS AND SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 2,786 PATIENTS, TOTALING \$3,534,600 IN FINANCIAL RELIEF. THE SMALL GRANTS RANGE FROM \$500-\$4500 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:

ACS CANCER CARE CONTINUITY FUND: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THIS FUND SUPPORTS CANCER PATIENTS THAT LIVE IN A QUALIFYING AREA AND THEIR FAMILIES THAT WERE IMPACTED DIRECTLY OR INDIRECTLY BY HURRICANE HELENE OR HURRICANE MILTON.

ACS CANCER CARE CONTINUITY WILDFIRES FUND: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, THIS FUND SUPPORTS CANCER PATIENTS THAT LIVE IN A QUALIFYING AREA AND THEIR FAMILIES THAT WERE IMPACTED DIRECTLY OR INDIRECTLY BY THE CALIFORNIA WILDFIRES.

ARDS ALLIANCE SUMITA DIXIT RECOVERY FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS).

BEGIN AGAIN FOUNDATION AMPUTEE FUND: SERVING PATIENTS DIAGNOSED WITH SEPSIS WHO HAVE EXPERIENCED AN AMPUTATION AS A RESULT OF SEPSIS.

BEGIN AGAIN FOUNDATION BEREAVEMENT FUND: SUPPORTS FUNERAL EXPENSES ASSOCIATED WITH PATIENTS WHO HAVE PASSED AND DIED FROM ARDS, TSS AND/OR SEPSIS.

BEGIN AGAIN FOUNDATION FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS, TSS AND/OR SEPSIS.

BEGIN AGAIN SOUTHEASTERN VIRGINIA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS, TSS, AND/OR SEPSIS THAT RESIDES IN SOUTHEASTERN VIRGINIA.

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CASE MANAGEMENT IMMEDIATE NEED FUND: SERVING PATIENTS WITH AN IMMEDIATE NEED TO COVER THE OUT-OF-POCKET EXPENSES ASSOCIATED WITH COST-OF-LIVING EXPENSES RELATED TO TREATMENTS.

DONNA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH BREAST CANCER THAT HAVE RECEIVED CASE MANAGEMENT SERVICES THROUGH DONNA CARELINE.

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

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

MIA'S MIRACLES FINANCIAL ASSISTANCE FUND: SERVING PEDIATRIC PATIENTS DIAGNOSED WITH BRAIN CANCER.

NATIONAL OVARIAN CANCER COALITION CLINICAL TRIAL FUND: SERVING PATIENTS THAT HAVE BEEN DIAGNOSED WITH OVARIAN CANCER, FALLOPIAN TUBE CANCER OR PERITONEAL CANCER BY PROVIDING FINANCIAL ASSISTANCE FOR COST-OF-LIVING EXPENSES.

NATIONAL OVARIAN CANCER COALITION TREATMENT FUND: SERVING PATIENTS THAT HAVE BEEN DIAGNOSED WITH OVARIAN CANCER, FALLOPIAN TUBE CANCER OR PERITONEAL CANCER BY PROVIDING FINANCIAL ASSISTANCE FOR NON-MEDICAL RELATED TO CLINICAL TRIAL PARTICIPATION THAT HINDER THEIR ABILITY TO RECEIVE THE TREATMENT OR CARE.

OKLAHOMA TRANSPORTATION FUND: SERVING PATIENTS THAT HAVE BEEN DIAGNOSED WITH PROSTATE CANCER AND RESIDE IN OKLAHOMA.

PATIENT ADVOCATE FOUNDATION CAREGIVER SUPPORT FUND: IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY THIS FUND SUPPORTS CAREGIVERS OF LOVED ONES DIAGNOSED WITH CANCER.

THE PATRIC YOUNG FOUNDATION SCI FINANCIAL ASSISTANCE FUND: SUPPORTING PATIENTS THAT LIVE IN AN ELIGIBLE COUNTY IN FLORIDA THAT HAVE BEEN DIAGNOSED WITH A LIFE ALTERING SPINAL CORD INJURY.

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

RESOLVING COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY CHALLENGES. IN FY24/25, THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY ASSISTED OR ADVOCATED FOR 13,551 INDIVIDUALS, COLLECTIVELY LIVING WITH 773 UNIQUE DISEASES. ON AVERAGE, EACH CASE INVOLVED 30 CONTACTS WITH RELEVANT STAKEHOLDERS TO ACHIEVE RESOLUTION, TOTALING 411,721 UNIQUE INTERACTIONS. THIS EFFORT RESULTED IN AN AVERAGE DEBT RELIEF OR PATIENT SAVINGS OF \$1,220 PER CASE.

IN ADDITION TO DIRECT CASE MANAGEMENT, PAF PROVIDED 15,196 EDUCATIONAL PUBLICATIONS IN BOTH PRINT AND DIGITAL FORMATS TO PATIENTS AND THOSE SEEKING GUIDANCE. THE FOUNDATION OPERATES A DIVERSE PORTFOLIO OF 26 UNIQUE CASE MANAGEMENT PROGRAMS, EACH DESIGNED TO SUPPORT PATIENTS IN THEIR HEALTHCARE JOURNEYS, WORKING TO RESOLVE ACCESS AND AFFORDABILITY ISSUES THAT, IF NOT ADDRESSED, IMPACT CARE AND HEALTH OUTCOMES.

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

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

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 XI, LINE 9, CHANGES IN NET ASSETS:

POSTRETIREMENT BENEFIT CHANGES OTHER THAN PERIODIC BENEFITS/COSTS	-78,182.
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FORM 990, PART XII, LINE 2C

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

FORM 990, PART XII, LINE 3B

THE ORGANIZATION HAS NOT COMPLETED THE AUDIT REQUIRED UNDER UNIFORM GUIDANCE, 2 C.F.R. PART 200, SUBPART F AS THE 2025 COMPLIANCE SUPPLEMENT HAS NOT BEEN ISSUED AS OF THE FILING DATE. THE ORGANIZATION WILL HAVE THE AUDIT COMPLETED ONCE THE COMPLIANCE SUPPLEMENT HAS BEEN ISSUED FOR 2025.

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

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. THE PROGRAM ALSO PROVIDES SUPPORT FOR MEDIATION ADMINISTRATION CHARGES, OFFICE VISIT COSTS THE DAY OF TREATMENT AND MEDICAL INSURANCE PREMIUM EXPENSES. TO

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
<p>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 AND; IN CERTAIN FUNDS, LIVE IN AN ELIGIBLE ZIP CODE. 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 BY PATIENTS, PROVIDERS, AND PHARMACIES TO MAKE APPLICATION FOR ASSISTANCE.</p> <p>PAF DOES 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. UNDER NO CIRCUMSTANCES WILL PAF RECOMMEND OR REFER AN APPLICANT OR ENROLLEE TO ANY FUND DONOR, PROVIDER, SUPPLIER, OR PRODUCT.</p> <p>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.</p> <p>FINANCIAL ASSISTANCE FROM ANY CPR DISEASE-SPECIFIC FUND IS NOT DEPENDENT ON THE USE OF 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.</p> <p>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.</p> <p>IN FY2024/2025, PAF'S CO-PAY RELIEF PROGRAM EXPANDED ITS IMPACT THROUGH THE ADDITION OF NINE (9) NEW GENERAL FUNDS, ASSISTING PATIENTS IN TWO (2) NEW HEALTH EQUITY (HE) FUNDS AND SIXTY (60) EXISTING FUNDS INCLUDING:</p> <p>ACROMEGALY, ACUTE MYELOID LEUKEMIA, ALZHEIMER'S DISEASE HE, AMYLOIDOSIS, ASTHMA, BILE DUCT CANCER, BLADDER CANCER, BREAST CANCER, BREAST CANCER HE, CANCER GENETIC & GENOMIC TESTING, CERVICAL CANCER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE HE, COVID-19 & POST COVID CONDITIONS, CYSTIC FIBROSIS, DIABETES, DIABETES HE, DIABETES TYPE 2 HE, EOSINOPHILIC ESOPHAGITIS, GAUCHER DISEASE, GAUCHER DISEASE HE, HEART FAILURE HE, HEMOPHILIA, HEMOPHILIA HE, HEPATITIS B, HEPATITIS C, HEPATITIS C HE, HEPATOCELLULAR CARCINOMA, HIV, AIDS & PREVENTION, HIV, AIDS & PREVENTION HE, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, LUPUS, LUPUS HE, MELANOMA, METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC COLORECTAL CANCER HE, METASTATIC PROSTATE CANCER, MUCOPOLYSACCHARIDOSIS III, MUCOPOLYSACCHARIDOSIS VII, MUCOPOLYSACCHARIDOSIS VII HE, MULTIPLE MYELOMA, MULTIPLE MYELOMA HE, MULTIPLE SCLEROSIS, MULTIPLE SCLEROSIS HE, MYELODYSPLASTIC SYNDROMES, NARCOLEPSY, NON-SMALL CELL LUNG CANCERS, NON-SMALL CELL LUNG CANCER HE, OSTEOPOROSIS, OVARIAN CANCER, OVARIAN CANCER HE, PANCREATIC CANCER, PARKINSON'S DISEASE HE, PERIODIC</p>	

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
PARALYSIS, PROSTATE CANCER, PROSTATE CANCER HE, PSORIASIS, PSORIATIC ARTHRITIS, PULMONARY FIBROSIS, PULMONARY HYPERTENSION, RHEUMATOID ARTHRITIS, SMALL CELL LUNG CANCER, SOCIAL NEEDS ASSESSMENT & INTERVENTION FUND, SOFT TISSUE SARCOMA, SPINAL MUSCULAR ATROPHY, SPINAL MUSCULAR ATROPHY HE, STROKE, THYROID EYE DISEASE, ULCERATIVE COLITIS, VIROLOGY TESTING HE.	

PAF'S CO-PAY RELIEF PROGRAM ESTABLISHED HEALTH EQUITY FUNDS IN 2022, A TYPE OF FUND THAT MAKES CPR MORE ACCESSIBLE AND BENEFICIAL FOR PATIENTS WHO NEEDED THE MOST HELP AND ARE NOT BEING SERVED ADEQUATELY BY THE EXISTING SAFETY NET INFRASTRUCTURE. DEVELOPED USING THE ASTDR SOCIAL VULNERABILITY INDEX (SVI) AND CDC DISEASE INCIDENCE DATA, THESE FUNDS SERVE PEOPLE LIVING IN 226 COUNTIES ACROSS THE UNITED STATES THAT HAVE BEEN IDENTIFIED BY THE CDC AS HAVING THE HIGHEST SOCIAL VULNERABILITY SCORES AND ARE BURDENED WITH HIGH RATES OF CHRONIC DISEASES. THE HEALTH EQUITY FUNDS ARE DESIGNED TO SPECIFICALLY PROVIDE SUPPORT TO ELIGIBLE PATIENTS LIVING IN ONE OF THE 226 COUNTIES COVERED BY THE FUNDS, WHICH IS VERIFIED USING THE ZIP CODE OF THE PATIENT'S HOME ADDRESS. ALL OTHER ELIGIBILITY REQUIREMENTS, AND FUND OPERATION, ARE THE SAME AS OUR GENERAL FUNDS.

THE FOUNDATION'S CPR PROGRAM OFFERS A DEDICATED, SECURE WEB-BASED PORTAL FOR PATIENTS AND/OR THEIR FAMILY MEMBERS TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM DIRECTLY FROM THE CO-PAY RELIEF PROGRAM WEBSITE. ALSO, CPR OFFERS THREE ADDITIONAL DEDICATED, SECURED PORTALS FOR MEDICAL PROVIDERS, PHARMACY REPRESENTATIVES AND THE STAFF OF CHARITABLE NON-PROFIT ORGANIZATIONS TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM ON BEHALF OF THE PATIENTS THEY ARE WORKING WITH. THE FOUNDATION ALSO OFFERS TOLL-FREE SUPPORT SERVICES TO PATIENTS WHO PREFER TO RECEIVE PERSONAL ASSISTANCE FROM A PROGRAM SPECIALIST.

IN FY2024/2025, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO 78,035 QUALIFIED PATIENTS THROUGH SEVENTY-ONE (71) ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDED 188,385 TELEPHONE CALLS AND PROCESSED CLAIMS TOTALING OVER \$174,190,832 IN SUPPORT OF QUALIFIED PATIENTS' OUT OF POCKET EXPENSES FOR REQUIRED CO-PAYMENTS, CO-INSURANCE, AND DEDUCTIBLES. SINCE ITS INCEPTION IN 2004, THE FOUNDATION HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 831,000 INDIVIDUALS, ALLOCATING MORE THAN \$2.5 BILLION IN CO-PAYMENT AWARDS.

COMMUNITY OUTREACH & PATIENT ENGAGEMENT

PAF'S COMMITMENT TO ADVANCING HEALTH EQUITY FOR LIMITED RESOURCES AND OTHER MARGINALIZED POPULATIONS IS STEADFAST. THROUGH THOUGHT LEADERSHIP, COMMUNITY ENGAGEMENT, AND OUTREACH ACTIVITIES WE CONTINUED TO IGNITE CRITICAL CONVERSATIONS ABOUT HEALTH DISPARITIES, GALVANIZE PARTNERS AROUND TOPICS SUCH AS TRIPLE-NEGATIVE BREAST CANCER, ELEVATE THE EXPERIENCES OF LIMITED-RESOURCED COMMUNITIES SEEKING TO ACCESS HEALTHCARE, AND STRATEGIZE ON UPSTREAM APPROACHES TO DRIVE SUSTAINABLE CHANGE INTERNALLY AND EXTERNALLY. THIS YEAR OUR COMMUNITY WORK EXPANDED INTO ATLANTA, BALTIMORE HAMPTON ROADS, AND PHILADELPHIA, WHICH ALLOWED US TO CONVENE OUR SECOND ADVISORY GROUP AND LAUNCH OUR FIRST DOCUMENTARY.

BUILDING MOMENTUM IN CHICAGO

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TO BUILD ON THE MOMENTUM FROM THE IGNITE TRIPLE NEGATIVE BREAST CANCER (TNBC) CAMPAIGN LAUNCHED IN CHICAGO IN 2023, PAF IN PARTNERSHIP WITH ELEVATED SURVIVORSHIP, INC. CO-CONVENED THE CHICAGO BETTER TOGETHER BREAST CANCER DISPARITIES THINK TANK, TO DEVISE, THE PINK PRINT CHICAGO EDITION, AN ACTION PLAN TO ADDRESS BREAST CANCER MORTALITY DISPARITIES ON CHICAGO'S SOUTHSIDE. THIS PLAN BUILDS ON COMMUNITY-IDENTIFIED AREAS OF FOCUS: NUTRITION/FOOD JUSTICE; ENVIRONMENTAL JUSTICE, CANCER CARE CONTINUUM, AND SOCIAL AND EMOTIONAL WELLBEING, AND PROVIDES AN OPPORTUNITY FOR ONGOING COMMUNITY ENGAGEMENT AND PARTNERSHIP CULTIVATION FOR SUSTAINABLE CHANGE.

PAF LED THE DEVELOPMENT OF "BUT YET, THEY RISE," A 30-MINUTE DOCUMENTARY HIGHLIGHTING THE UNTOLD STORY OF THE SURVIVORSHIP OF FIVE BLACK WOMEN IN CHICAGO. THEIR NARRATIVE OF STRENGTH, PERSEVERANCE, AND HOPE IS INTENDED TO IGNITE CONVERSATIONS ABOUT THE EXPERIENCES OF BLACK WOMEN DIAGNOSED WITH TNBC AND DRIVE TANGIBLE ACTIONS TO SUPPORT THEM ALONG THE CANCER CONTINUUM.

SELFMADE HEALTH NETWORK (SMHN)

THE SELFMADE HEALTH NETWORK (SMHN) IS PART OF A CONSORTIUM OF NATIONAL ORGANIZATIONS TO ADVANCE COMMERCIAL TOBACCO USE PREVENTION AND CANCER PREVENTION IN POPULATIONS EXPERIENCING TOBACCO- AND CANCER-RELATED HEALTH DISPARITIES SUPPORTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION DIVISION OF CANCER PREVENTION AND CONTROL AND OFFICE ON SMOKING AND HEALTH VIA COOPERATIVE AGREEMENT DP23-0015. SMHN FOCUSES ON BUILDING THE CAPACITY OF NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAMS (NCCCP); NATIONAL STATE TOBACCO CONTROL PROGRAMS (NSTCP), HEALTH SYSTEMS, SOCIAL SECTOR PROVIDERS, AND OTHER NON-PROFIT ENTITIES TO IMPLEMENT BEST AND PROMISING PRACTICE INTERVENTIONS THAT DRIVE UPSTREAM POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES ACROSS THE PUBLIC HEALTH AND HEALTH ECOSYSTEM.

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IN PARTNERSHIP WITH GEOGRAPHIC HEALTH EQUITY ALLIANCE AND NUESTRAS ADELANTE VOCES, SMHN LAUNCHED THE TRI-NETWORKS CANCER PREVENTION COMMUNITY OF PRACTICE. NCCCP TEAMS FROM ALASKA, COLORADO, MISSISSIPPI, NEBRASKA, NEW YORK, AND OKLAHOMA, WILL PARTICIPATE IN AN 18-MONTH GROUP LEARNING COMMUNITY ACCCOMPANIED BY ONE-ON-ONE TECHNICAL ASSISTANCE TO ENHANCE THEIR CAPACITY TO IMPLEMENT INTERVENTIONS TO REDUCE CANCER-RELATED DISPARITIES AMONG POPULATIONS WITH LOW SOCIO-ECONOMIC CHARACTERISTICS, HISPANICS, OR THOSE IN GEOGRAPHICALLY DISPARATE COMMUNITIES.

IN FEBRUARY 2025, SMHN LAUNCHED ITS SECOND COMMUNITY OF PRACTICE TITLED BRIDGING SECTORS: TRANSFORMATIVE TOBACCO PREVENTION IN LOW SES COMMUNITIES (BRIDGING SECTORS). BRIDGING SECTORS IS MORE THAN A VIRTUAL COLLABORATIVE LEARNING SPACEIT IS AN INITIATIVE DEDICATED TO ADDRESSING THE COMPLEX AND INTERCONNECTED CHALLENGES FACED BY COMMUNITIES WITH LOW SOCIOECONOMIC STATUS (SES) CHARACTERISTICS THAT EXACERBATE THE IMPACT OF COMMERCIAL TOBACCO USE. BRIDGING SECTORS UNITE TRADITIONAL PARTNERS LIKE NATIONAL AND STATE TOBACCO CONTROL PROGRAMS (NTCP), TOBACCO PREVENTION COALITIONS, AND COMMUNITY-BASED ORGANIZATIONS WHILE UNIQUELY

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ENGAGING NON-PUBLIC HEALTH SECTORS SUCH AS SOCIAL SERVICES AND HOUSING ORGANIZATIONS. TOGETHER, WE AIM TO CREATE SUSTAINABLE TOBACCO CONTROL EFFORTS THAT PROMOTE HEALTHIER AND SAFER CONDITIONS FOR COMMUNITIES WITH LOW SOCIOECONOMIC STATUS (SES) CHARACTERISTICS BY INTEGRATING PERSPECTIVES FROM SECTORS OUTSIDE TRADITIONAL PUBLIC HEALTH AGENCIES, DEVELOPING A RICHER APPROACH TO TACKLING COMMERCIAL TOBACCO USE IN THESE COMMUNITIES.	
AT THE CORE OF THIS INITIATIVE IS A DEEP COMMITMENT TO UNDERSTANDING AND SAFEGUARDING THE QUALITY OF LIFE FOR INDIVIDUALS WITH LOW SOCIOECONOMIC STATUS CHARACTERISTICS WHO USE TOBACCO OR ARE EXPOSED TO THE HARMFUL EFFECTS OF SECOND/THIRDHAND SMOKE. WE RECOGNIZE THAT HOUSING ENVIRONMENTS, ACCESS TO QUALITY HEALTHCARE, AND INSURANCE STATUS ARE INTRICATELY CONNECTED TO COMMERCIAL TOBACCO USE. WHERE PEOPLE LIVE, WORK, AND PLAY PROFOUNDLY INFLUENCES THEIR HEALTH OUTCOMES, PARTICULARLY IN LOW SOCIOECONOMIC COMMUNITIES.	
THE FIRST COHORT, "HOUSING FOR HEALTH: AN EVIDENCE-INFORMED APPROACH TO ADDRESSING HOUSING AND COMMERCIAL TOBACCO USE: WHAT CAN BE DONE?" TOOK PLACE JANUARY 8, 2025, TO JULY 23, 2025. THE COP IS DESIGNED TO EQUIP PARTICIPANTS WITH EVIDENCE-INFORMED STRATEGIES THAT TACKLE THE INTERCONNECTEDNESS BETWEEN HOUSING AND COMMERCIAL TOBACCO USE. WHETHER A REPRESENTATIVE FROM A PUBLIC HOUSING AUTHORITY, A HOMELESS SHELTER, OR A TOBACCO CONTROL PROGRAM, THE COP IS DESIGNED TO PROVIDE PARTICIPANTS WITH THE KNOWLEDGE AND TOOLS TO MITIGATE THE HEALTH RISKS ASSOCIATED WITH SECOND AND THIRD-HAND SMOKE EXPOSURE IN HOUSING ENVIRONMENTS. THROUGH GROUP LEARNING SESSIONS, EXPERT-LED WEBINARS, AND TAILORED TECHNICAL ASSISTANCE, PARTICIPANTS WERE PROVIDED WITH TOOLS TO MITIGATE THE HEALTH RISKS ASSOCIATED WITH SECOND AND THEIR-HAND SMOKE EXPOSURE TO HELP HOUSING CONDITIONS AND PROMOTE HEALTHIER, TOBACCO-FREE COMMUNITIES.	
SMHN STAFF ARE OFTEN SOUGHT FOR THEIR EXPERIENCE AND EXPERTISE. A MEMBER OF THE TEAM WAS RECENTLY SELECTED TO JOIN THE MICHIGAN CANCER CONSORTIUM. IN THIS ROLE, THEY WILL PROVIDE GUIDANCE ON THE INTEGRATION OF EVIDENCE-BASED INTERVENTION TO ADDRESS CANCER EARLY DETECTION, TREATMENT, AND SURVIVORSHIP AMONG POPULATIONS WITH LOW SOCIO-ECONOMIC CHARACTERISTICS. ADDITIONALLY, BECAUSE OF THEIR LEADERSHIP SMHN WAS SELECTED TO FACILITATE A PRE-CONFERENCE WORKSHOP AT THE 2025 NATIONAL CONFERENCE ON TOBACCO OR HEALTH IN AUGUST 2025.	
OTHER COMMUNITY OUTREACH EFFORTS	
IN ATLANTA, PAF PARTNERED WITH MY STYLE MATTERS FOR THEIR HERITAGE EVENT, WHICH FOCUSED ON GENERATIONAL HEALTH. PAF ALSO COLLABORATED WITH THE ALPHA KAPPA ALPHA SORORITY, INC. PSI ALPHA OMEGA CHAPTER TO HOST "RISE UP ATLANTA: TNBC IS A SERIOUS MATTER," A COMMUNITY EDUCATION AND RESOURCE EVENT CENTERED ON TNBC. ADDITIONALLY, PAF CREATED A MOBILE EDUCATION DISPLAY TO ENSURE BREAST CANCER EDUCATION CONTINUES BEYOND OCTOBER. PAF ALSO SUPPORTED SISTERS WORKING IT OUT DURING THEIR ANNUAL DAY OF BEAUTY.	
IN PHILADELPHIA, PAF FORMED NEW PARTNERSHIPS WITH CELEBRATING SISTERHOOD, INC. FOR THEIR ANNUAL SHE SHINES CONFERENCE, WHICH INCLUDED A BREAST CANCER RESOURCES PANEL FEATURING A PAF STAFF MEMBER. PAF ALSO ESTABLISHED COLLABORATIONS WITH THE BYRD CANCER EDUCATION AND ADVOCACY	

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FOUNDATION AND SHE RISE FARMS TO INTEGRATE PAF RESOURCES INTO THEIR COMMUNITY ENGAGEMENT INITIATIVES.	
IN HAMPTON ROADS, PAF BROUGHT TOGETHER REPRESENTATIVES FROM THE CITY OF HAMPTON, THE HAMPTON UNITY COMMISSION, AND THE VIRGINIA BREAST CANCER FUND TO CO-DESIGN AND IMPLEMENT IGNITE HAMPTON, PAF'S FIRST TNBC-FOCUSED COMMUNITY OUTREACH EVENT IN ITS HOME REGION.	
PATIENT ADVOCACY, ENGAGEMENT & EDUCATION	
PATIENT ADVOCATE FOUNDATION'S PATIENT ADVOCACY, ENGAGEMENT AND EDUCATION TEAM CO-CREATES A WIDE RANGE OF PROJECTS AND INITIATIVES WITH COMMUNITY PARTNERS, PATIENT ADVOCATES AND THE LARGER HEALTH CARE ECOSYSTEM. ESSENTIAL TO THE SUCCESS AND IMPACT OF THESE PROGRAMS IS WORKING WITH AND LEARNING FROM COMMUNITIES AND THE PATIENTS THAT PAF SERVES.	
KEY FY2024/2025 ACTIVITIES INCLUDED:	
PROJECT INNOVATIONADVANCING ACCESS TO MEDICAL AND SOCIAL INNOVATIONS THROUGH PATIENT-CENTERED CARE	
A COORDINATED, FLEXIBLE INITIATIVE FOR PATIENT ADVOCACY, ENGAGEMENT, AND OUTREACH ACTIVITIES. PAF'S FOCUS IS ON ADVANCING ACCESS TO MEDICAL AND SOCIAL INNOVATION THROUGH PATIENT-CENTERED CARE. THE GOAL IS TO BRING THE SAME SPIRIT AND STANDARDS OF INNOVATION TO ENSURE THAT ALL PATIENTS HAVE EQUITABLE ACCESS TO BOTH MEDICAL AND SOCIAL INNOVATIONS THAT IMPROVE HEALTH OUTCOMES AS WELL AS THE OPPORTUNITY TO CO-CREATE THOSE INNOVATIONS SO THEY REFLECT WHAT MATTERS MOST TO THE PATIENTS WHO WOULD BENEFIT THE MOST BUT OFTEN HAVE THE LEAST OR LAST ACCESS.	
THE INAUGURAL VIRTUAL BI-ANNUAL INNOVATION SUMMIT, ACHIEVING HEALTH JUSTICE TOGETHER, WAS HELD IN NOVEMBER 2024. THE SUMMIT SPEAKERS ADDRESSED ISSUES THAT STAND IN THE WAY OF ACHIEVING HEALTH JUSTICE AS WELL AS OPPORTUNITIES TO FIND COMMON GROUND TO CREATE CHANGE AND IMPACT. THE SECOND INNOVATION SUMMIT, HEAR ME NOW: INNOVATIVE STORYTELLING IN UNCERTAIN TIMES, TOOK PLACE IN MAY 2025 AND ADDRESSED HOW STORIES CAN HELP ENSURE HEALTH AND WELL-BEING FOR ALL. THE AVERAGE REGISTRATION FOR EACH SUMMIT WAS 450 PEOPLE.	
SHARED DECISION-MAKING FOR PEOPLE LIVING WITH CANCER AS A CHRONIC DISEASE AND OTHER SERIOUS ILLNESSES IS AN ONGOING, MULTI-YEAR INITIATIVE CO-CREATED WITH COMMUNITY PARTNERS INCLUDING THE FANNIE LOU HAMER CANCER FOUNDATION IN RULEVILLE, MISSISSIPPI, VCU MASSEY COMPREHENSIVE CANCER CENTER AND THE LA ALLIANCE FOR COMMUNITY HEALTH AND AGING IN YEARS 1 AND 2, AND IN YEAR 3 IN ADDITION TO THE PARTNERS LISTED ABOVE, THE COMMUNITY PARTNERS INCLUDED UI HEALTH MILE SQUARE HEALTH CENTER AND FORCE: FACING OUR RISK OF CANCER EMPOWERED. CO-CREATED WITH PARTNERS AND WORKING GROUPS, PAF HAS CREATED AND PRODUCED: 2 VIRTUAL SUMMITS, VIDEOS OF PARTICIPANTS, 2 PODCAST SEASONS, 2 ADVOCACY TRAINING MODULES TO DATE, BLOGS, AND PEER-REVIEWED PUBLICATIONS.	
ADVOCACY TRAINING CURRICULUM IS A UNIQUE SET OF TRAINING MODULES FOR PEOPLE WHO WANT TO IMPROVE THEIR ADVOCACY AND COMMUNICATIONS SKILLS AS WELL AS LEARNING HOW TO ADVOCATE FOR THEMSELVES AND OTHERS. THERE ARE 4 TRACKS FOR THE CURRICULUM: 1). 9-PART IMMERSIVE ADVOCACY CURRICULUM	

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THAT COVERS A RANGE OF ASPECTS AND TOPICS ABOUT PATIENT ADVOCACY; 2). 4-PART STORYTELLING AND ACTIVE LISTENING SERIES, FOR WHICH WE HAVE ALSO PRODUCED A FEW LIVE WEBINARS TO FURTHER BUILD STORYTELLING SKILLS; 3). ADVOCATING FOR YOURSELF AND OTHERS, PART 1, BUILDING UPON LEARNINGS FROM OUR SHARED DECISION-MAKING PROJECT; 4). ADVOCATING FOR YOURSELF AND OTHERS, PART 2. AVERAGE REGISTERED USERS: 900.

STORY SLAMS PROVIDE PATIENTS, CAREGIVERS, AND HEALTH CARE PROVIDERS WITH THE OPPORTUNITY TO BE HEARD AND SEEN THROUGH STORIES AND BECOME ACTIVE LISTENERS THEMSELVES. THEMES FOR PAST EVENTS INCLUDE TRUST AND TRUSTWORTHINESS AND SHARED DECISION-MAKING.

ADVOCATES IN ACTION, THE PAF PODCAST SERIES IS DEDICATED TO AMPLIFYING THE POWERFUL STORIES OF INDIVIDUALS AND COLLECTIVE NEEDS OF VARIOUS COMMUNITIES ACROSS THE COUNTRY. IN SPRING 2025, PAF PRODUCED THE 9TH SEASON OF THE PODCAST SERIES IN COLLABORATION WITH VCU MASSEY COMPREHENSIVE CANCER CENTER.

ADVOCACY COLLABORATIVE, A COLLABORATIVE OF PATIENTS, COMMUNITY ADVOCATES, CAREGIVERS AND HEALTH SERVICES RESEARCHERS WHO SHARE IDEAS, PRESENT WORK AND PROVIDE FEEDBACK ON PROJECT INNOVATION PROJECTS.

ALL PROJECTS INVOLVE CO-CREATING PROGRAMS WITH PAF'S PARTNERS, UTILIZING BOTH QUANTITATIVE AND QUALITATIVE DATA DRAWN FROM PAF'S EXTENSIVE PATIENT BASE AND PROJECT PARTICIPANTS, DEVELOPING AND DISSEMINATING EDUCATIONAL RESOURCES AND MATERIALS, CONVENING KEY STAKEHOLDERS AND EXTERNAL PARTICIPATION IN A WIDE RANGE OF EXTERNAL WORKSHOPS, COMMITTEES, AND ADVISORY BOARDS.

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PATIENT EDUCATION & EMPOWERMENT

PAF EXTENDS ITS PATIENT SERVICES BY DEVELOPING AND DELIVERING PATIENT EDUCATION AND EMPOWERMENT TOOLS WITH A FOCUS ON PROVIDING PRACTICAL ADVICE AND GUIDANCE TO HEALTHCARE CONSUMERS. THESE TOOLS AIM TO ENHANCE INDIVIDUALS' DAY-TO-DAY EXPERIENCES WITH INSURANCE AND ENCOURAGE ACTIVE ENGAGEMENT WITHIN THE HEALTHCARE SYSTEM. PAF'S EDUCATIONAL ACTIVITIES ARE DESIGNED BASED ON THE CONVERSATIONS THAT OCCUR AMONG CASE MANAGERS, PATIENTS, AND CAREGIVERS, FOCUSING ON THOSE TOPICS FOR WHICH PATIENTS MOST FREQUENTLY SEEK HELP. ANNUALLY, PAF CREATES, MAINTAINS, AND DISSEMINATES A DIVERSE RANGE OF PATIENT EDUCATION MATERIALS AND ONLINE RESOURCES, AVAILABLE IN BOTH PRINTED AND ELECTRONIC FORMATS. PAF'S EDUCATIONAL PORTFOLIO ENCOMPASSES A WIDE ARRAY OF SUBJECTS, PRESENTED IN VARIOUS FORMATS TO CATER TO THE PREFERENCES AND NEEDS OF MULTIPLE AUDIENCES. THIS INCLUDES PATIENTS, CAREGIVERS, PROFESSIONALS, AS WELL AS THOSE DIRECTLY INTERACTING WITH THE FOUNDATION FOR ASSISTANCE, AND THE PUBLIC ACCESSING THE WEBSITE AND ENGAGING WITH PAF.

PAF'S PATIENT EDUCATION RESOURCES ARE FREQUENTLY UTILIZED BY OTHER ORGANIZATIONS AND INSTITUTIONS, WHO SHARE THESE MATERIALS WITH THEIR OWN PATIENTS. THE FOUNDATION CURATES AN EXTENSIVE LIBRARY OF PAF-AUTHORED PATIENT EDUCATIONAL PUBLICATIONS, ON-DEMAND WEBINARS, INTERACTIVE TRAINING SERIES, AND RESOURCE TOOLS. ALL RESOURCES ARE ACCESSIBLE AT NO COST.

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IN FY2024/2025, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT TEAM SUCCESSFULLY PUBLISHED 59 NEW OR REVISED PUBLICATIONS, ALONG WITH VIDEOS, EDUCATIONAL WEBINARS, AND PRESENTATIONS. ADDITIONALLY, PAF WORKED ON TWO MULTI-YEAR EDUCATIONAL PROJECTS: THE PATIENT ACTION COUNCIL PROJECT AND THE MEDICARE VIDEO SERIES.

ADDITIONALLY, PAF HAS CONDUCTED A SERIES OF FOCUS GROUPS TO ENSURE OUR MATERIALS ARE UPDATED, CLEAR, AND PERSON-CENTERED.

PATIENT ADVOCACY, ENGAGEMENT AND EDUCATION HAD AN ONGOING INTERNSHIP PARTNERSHIP WITH THE NYU GLOBAL PUBLIC HEALTH DEPARTMENT, AND IN FY2024/2025, AN NYU INTERN WORKING WITH THE EDUCATION TEAM ON CURRENT PROJECTS PERTAINING TO PAF'S NATIONAL FINANCIAL RESOURCE DIRECTORY AND PAF'S EDUCATION RESOURCE LIBRARY. THE NYU INTERN ASSIGNED TO THE PATIENT ADVOCACY AND ENGAGEMENT TEAM WORKED ON THE SHARED DECISION-MAKING INITIATIVE.

IN FY2024/2025, THE DEPARTMENT CONDUCTED ITS FIRST IMPACT EVALUATION SURVEY FOR THE EDUCATION RESOURCE LIBRARY. 95% OF INDIVIDUALS FOUND THE ERL TO BE VALUABLE, 80% OF THE RESPONDENTS FELT THAT THE ERL WAS CLEAR AND EASY TO USE, 78% OF THE RESPONDENTS FELT THAT THE ERL PROVIDED INFORMATION THAT WOULD HELP THEM MAKE INFORMED DECISIONS THROUGHOUT THEIR HEALTHCARE JOURNEY AND 81% OF THE RESPONDENTS FELT THAT IF THEY ENCOUNTERED A HEALTHCARE CHALLENGE IN THE FUTURE, THEY WOULD COME BACK TO THE ERL TO GET ASSISTANCE.

IN FY2024/2025, PAF'S MOST UTILIZED RESOURCE WAS THE PAF NATIONAL FINANCIAL RESOURCE DIRECTORY. USERS OF THE DIRECTORY CONDUCTED A TOTAL OF 121,476 SEARCHES. THESE SEARCHES YIELDED 6,635,191 MATCHING RESOURCES, A 78% INCREASE OVER LAST FY, AND AVERAGING 55 CUSTOMIZED RESOURCES PER SEARCH, A 77% INCREASE OVER LAST FY. THE MOST FREQUENTLY SOUGHT-AFTER FINANCIAL ASSISTANCE CATEGORIES WERE FOR COST OF LIVING AND MEDICAL AND PRESCRIPTION COSTS. THE TOP 6 ASSISTANCE TYPES, RANKED BY SEARCH FREQUENCY, WERE: FINANCIAL ASSISTANCE SUPPORT, CHARITABLE COPAYMENT

NEW AND REVISED PATIENT EDUCATION PUBLICATIONS, AUDIO RECORDINGS, EDUCATIONAL WEBINARS & PRESENTATIONS

NEW (28)

THE SPOTLIGHT: JULY 2024, NEW RESOURCES TO HELP YOU WRITE AN APPEAL LETTER

THE SPOTLIGHT: AUGUST 2024, PAF LISTENS: YOUR FEEDBACK SHAPES OUR FUTURE RESOURCES

THE SPOTLIGHT: SEPTEMBER 2024, PAF'S NEW GUIDE HELPS YOU MAKE SENSE OF YOUR MEDICATION BENEFITS

THE SPOTLIGHT: OCTOBER 2024, BIG CHANGES ARE COMING TO MEDICARE PRESCRIPTION BENEFITS

THE SPOTLIGHT, NOVEMBER 2024: OPEN ENROLLMENT, YOUR ANNUAL HEALTH INSURANCE CHECK-UP

THE SPOTLIGHT, DECEMBER 2024: A LOOK BACK AT THE YEAR

THE SPOTLIGHT, JANUARY 2025: HEALTH INSURANCE RESOLUTIONS

THE SPOTLIGHT, FEBRUARY 2025: YOUR GUIDE TO PROACTIVE HEALTH

THE SPOTLIGHT, MARCH 2025: MEET OUR PATIENT RESOURCE WORKING GROUP

THE SPOTLIGHT, APRIL 2025: HEAR FROM ALLYSA DITTMAR, VICE PRESIDENT OF

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DEAFHEALTH		
THE SPOTLIGHT, MAY 2025: INTRODUCING OUR NEW PATIENT GUIDES		
THE SPOTLIGHT, JUNE 2025: EMPOWERING YOURSELF THROUGH INFORMED DECISIONS		
THE INSIDER'S GUIDE TO DRUG FORMULARIES & MEDICATION BENEFITS		
NEW MEDICARE PRESCRIPTION PAYMENT PLAN		
FILLING THE GAPS WITH SUPPLEMENTAL INSURANCE		
MENTAL HEALTH RESOURCE GUIDE		
2025 PATIENT CALENDAR		
MAKE A DIFFERENCE: TIPS ON HOW TO BE A MORE EFFECTIVE COMMUNITY ADVOCATE		
EXPLORING ALTERNATIVE FUNDING PROGRAMS		
A HOW-TO GUIDE TO PLANNING AHEAD AND FINANCING YOUR HEALTHCARE		
FINDING A HEALTHCARE TEAM THAT WORKS FOR YOU		
A HOW-TO GUIDE TO PLANNING AHEAD AND FINANCING YOUR HEALTHCARE		
MAKING INFORMED DECISIONS ABOUT YOUR CANCER CARE		
FACT OR FICTION? FINDING CREDIBLE HEALTH INFORMATION ONLINE		
HEALTHCARE CONVERSATIONS: COMMUNICATING WHAT'S IMPORTANT TO YOU		
A PATIENT'S GUIDE TO ASKING THE RIGHT QUESTIONS AND FINDING SUPPORT		
A PATIENT'S GUIDE TO LIVING WITH A NEW DIAGNOSIS		
FLYER: PATIENT ADVOCACY & EDUCATION PROGRAMS		
 REVISED (13)		
A USER'S GUIDE TO HEALTH INSURANCE MARKETPLACES		
MAKING THE RIGHT HEALTH INSURANCE CHOICE		
CHOOSE THE RIGHT HEALTH INSURANCE FOR YOU		
WHY HEALTH INSURANCE IS IMPORTANT		
COMMON ROADBLOCKS TO CARE		
PICKING A HEALTH PLAN THAT WORKS FOR YOU		
COMMON INSURANCE CHALLENGES WITH MEDICATIONS		
UNDERSTANDING YOUR WORKPLACE BENEFITS		
CHOOSE WISELY: TIPS FOR MEDICARE OPEN ENROLLMENT		
10 TIPS TO HELP YOU GET THE MOST OUT OF YOUR HEALTH INSURANCE		
UNDERSTANDING YOUR HEALTH INSURANCE POLICY DOCUMENTS		
ENGAGING WITH INSURERS: APPEALING A DENIAL		
A GUIDE TO PAYING FOR MEDICATIONS		
 EDUCATIONAL WEBINARS (2)		
MEDICARE AND MARKETPLACE OPEN ENROLLMENT 2025 VIDEO		
INFLATION REDUCTION ACT: WHAT DOES IT REALLY MEAN FOR YOU AND YOUR PATIENTS VIDEO		
 EDUCATIONAL VIDEOS (12)		
VIDEO 1: WELCOME TO OUR GUIDE: MEDICARE: PICKING THE RIGHT COVERAGE		
VIDEO 2: WHAT IS MEDICARE?		
VIDEO 3: MEDICARE PART A BASICS		
VIDEO 4: MEDICARE PART B BASICS		
VIDEO 5: MEDICARE PART C BASICS		
VIDEO 6: MEDICARE PART D BASICS		
VIDEO 7: MEDICARE SUPPLEMENT PLANS INTRO: MEDIGAP BASICS		
VIDEO 8: MEDICARE ELIGIBILITY UNDER AGE 65		
VIDEO 9: MEDICARE ELIGIBILITY AGE 65 OR OLDER		
VIDEO 10: COBRA: IF YOU'RE EMPLOYED OR UNEMPLOYED		
VIDEO 11: BUYING INTO MEDICARE		
VIDEO 12: MEDICARE ANNUAL OPEN ENROLLMENT		

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PRESENTATIONS (4)

UNDERSTANDING YOUR MEDICARE BENEFIT (ALS ASSOCIATION, JULY 29, 2024)
 OPEN ENROLLMENT MATTERS: HEALTH INSURANCE CONSIDERATIONS FOR PEOPLE
 DIAGNOSED WITH ALS (LES TURNER ALS FOUNDATION, SEPTEMBER 19, 2024)
 DON'T MISS YOUR WINDOW: TIPS AND CONSIDERATIONS FOR MEDICARE AND
 MARKETPLACE OPEN ENROLLMENT (MISSION MSA, OCTOBER 15, 2024)
 MAKE YOUR INSURANCE WORK FOR YOU: TIPS TO MAXIMIZE YOUR BENEFITS
 (TIMEBANK BY HEALTHFIRST FOUNDATION, FEBRUARY 13, 2025)

COMMUNICATIONS AND OUTREACH

PAF EXPERIENCED A SURGE OF MEDIA COVERAGE DURING THIS PERIOD, LARGELY DUE TO INTEREST IN APPEALS AND OTHER NAVIGATION ISSUES, RESULTING IN GROWTH FROM \$3.5 MILLION IN ADVERTISING EQUIVALENCE TO ALMOST \$12 MILLION, WITH SPOTS ON CNN, FOX BUSINESS, THE NEW YORK TIMES, AND OTHER HIGH-PROFILE OUTLETS. PAF'S ADVERTISING EQUIVALENCY METRIC HAS EXPERIENCED TREMENDOUS GROWTH OVER THE LAST 10 YEARS WITH ZERO ADVERTISING DOLLARS, INSTEAD USING THOUGHT LEADERSHIP AND STRONG MEDIA RELATIONS TO GROW ITS BRAND.

DURING FY2024/2025, MEMBERS OF THE FOUNDATION'S STAFF ALSO CONDUCTED, PARTICIPATED IN, AND HOSTED EDUCATIONAL OUTREACH AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS WITH THE GOAL OF EDUCATING THE 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 CASES, TARGETED TO A POPULATION OUTLINED IN HEALTHCARE ACCESS AND DISEASE OUTCOMES DATA AS Affected BY SOCIAL DETERMINANTS OF HEALTH AND UNDERSERVED COMMUNITIES. WHILE PAF IS STILL PARTICIPATING IN VIRTUAL EVENTS, ATTENDANCE AT IN-PERSON EVENTS HAS INCREASED SIGNIFICANTLY. PAF CONTINUES TO SUPPORT VIRTUAL ENGAGEMENTS TO REACH A BROADER AUDIENCE THROUGH VARIOUS SOURCES AND INCREASE PUBLIC AWARENESS OF PAF RESOURCES TO PATIENTS AND FAMILIES. IN FY24/25, PAF ATTENDED 152 OUTREACH EVENTS AND DISTRIBUTED 4852 EDUCATIONAL PUBLICATIONS IN BOTH ENGLISH AND SPANISH THROUGH THESE EVENTS, AN INCREASE OF 17%.

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HEALTH SERVICES RESEARCH

THE AIM OF THE HEALTH SERVICES RESEARCH PORTFOLIO IS TO IMPROVE THE PATIENT EXPERIENCE BY STUDYING THE PATIENT JOURNEY, UNMET NEEDS, AND THE IMPACT THAT SYSTEMS AND SOCIAL SUPPORT INTERVENTIONS HAVE ON OVERALL PATIENT HEALTH AND WELLBEING. MAJOR RESEARCH, EVALUATION, AND PATIENT EXPERIENCE/ENGAGEMENT INITIATIVES IN FY2024-2025 INCLUDED ONGOING PARTNERSHIPS ON RESEARCH INTERVENTION PROJECTS WITH ACADEMIC AND PARTNERS INCLUDING: THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, EMORY UNIVERSITY, FRED HUTCHINSON CANCER RESEARCH CENTER, AND THE UNIVERSITY OF CALIFORNIA IRVINE. THESE PROJECTS UTILIZE CASE MANAGEMENT AS AN INTERVENTION TO ADDRESS FINANCIAL AND SOCIAL NEED. IN ADDITION TO PAF'S INTERVENTION WORK, PAF CONTINUES TO PARTNER WITH SCIENTIFIC AND/OR ACADEMIC INSTITUTIONS TO DEVELOP AND ANALYZE SURVEY DATA THAT ARE THE CORNERSTONE OF PAF'S PEER REVIEWED PUBLICATIONS. THIS YEAR SIX ARTICLES WERE PUBLISHED IN PEER REVIEWED JOURNALS AND WORK WAS

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PRESENTED TWELVE TIMES (PRESENTATION, PODIUM SPEECHES, POSTERS) AT NATIONAL MEETINGS. PAF'S WORK IS DOCUMENTED IN THE "YEAR IN REVIEW" (FOUND HERE).	

PAF'S RESEARCH EVALUATION AND PATIENT EXPERIENCE TEAM WAS ALSO INVOLVED IN A PATIENT-CENTERED PROJECT TO SUPPORT THE FIELD IN INTEGRATING PATIENT VOICES INTO HEALTH POLICY, CARE, AND RESEARCH INITIATIVES. A KEY PARTNERSHIP WITH MICHIGAN ONCOLOGY QUALITY CONSORTIUM (MOQC) INTEGRATED PATIENT PERSPECTIVES INTO SDOH SCREENING AND RESPONSE IN CANCER PRACTICES. PAF ALSO SERVED AS THOUGHT LEADERS AND CONTENT EXPERTS, AS WELL AS KEY PARTNERS IN FACILITATION OF OUTREACH AND COLLECTION OF THE PATIENT EXPERIENCE ON NUMEROUS TOPICS INCLUDING SOCIAL DRIVERS OF HEALTH, CLINIC FACTORS AFFECTING CARE, AND DEMOGRAPHIC COLLECTION AT THE POINT OF CARE TO ADVANCE EQUITY. PAF CONTINUES TO BUILD PARTNERSHIPS, AND THESE RELATIONSHIPS WERE REFLECTED THROUGH PARTNERED PROJECTS WITH NORC AT THE UNIVERSITY OF CHICAGO, ACADEMYHEALTH, AND THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO (SIREN: SOCIAL INTERVENTIONS RESEARCH AND EVALUATION NETWORK).

COLLECTIVELY, THIS BODY OF WORK SERVES TO FURTHER PAF'S MISSION BY ADVANCING THE FIELD'S KNOWLEDGE OF THE PATIENT'S EXPERIENCE AROUND ACCESS AND AFFORDABILITY, THUS PROVIDING INSIGHT INTO HOW TO BEST MEET PATIENTS' FINANCIAL AND SOCIAL NEEDS IN A WAY THAT IS PATIENT-CENTERED AND ADVANCES THE TENANTS OF HEALTH

SCHOLARSHIP FOR SURVIVORS PROGRAM

IT IS COMMON FOR PAF 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. IN 2000, PAF ESTABLISHED THE SCHOLARSHIP FOR SURVIVORS PROGRAM TO HONOR THESE INDIVIDUALS BY OFFERING EDUCATIONAL SCHOLARSHIPS TO STUDENTS WHO HAVE BEEN DIAGNOSED WITH, OR ARE LIVING WITH, CANCER OR A CHRONIC ILLNESS. THESE STUDENTS HAVE, DESPITE THEIR DIAGNOSIS, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO PURSUE A SECONDARY EDUCATION.

PAF'S SIGNATURE FUNDRAISING EVENT FOR THE SCHOLARSHIP PROGRAM, A PROMISE OF HOPE AFFAIR, WAS HELD ON OCTOBER 5, 2024. THROUGH THIS EVENT, GENEROUS PAF DONORS HELPED SUPPORT 40 SCHOLARSHIPS THROUGH THE SCHOLARSHIP FOR SURVIVORS PROGRAM FOR THE 2024-2025 ACADEMIC YEAR. TO DATE, PAF HAS AWARDED 275 SCHOLARSHIPS TOTALING OVER ONE MILLION DOLLARS.

PUBLIC SUPPORT PERCENTAGE

THE FOUNDATION'S CUMULATIVE PUBLIC SUPPORT PERCENTAGE THROUGH JUNE 30, 2025, IS 19.62%. 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 A PUBLIC CHARITY. PAF'S ONGOING OPERATIONS, GOVERNING STRUCTURE AND BROAD FUNDRAISING ACTIVITIES REFLECT THE HALLMARK STANDARDS OF A PUBLIC CHARITY AND AS SUCH, SUPPORT ITS ONGOING CLASSIFICATION AS SUCH. THESE FACTS AND CIRCUMSTANCES INCLUDE THE FOLLOWING:

1. THE FOUNDATION MAINTAINS ITS INDEPENDENCE FROM ITS DONORS BOTH

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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, AS MODIFIED. 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 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, 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.

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. PER POLICY, 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 LONG-STANDING, 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 AND MEDICAL INSURANCE PREMIUMS 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 ADVOCACY AND EDUCATION PROGRAMS, HEALTH EQUITY INITIATIVES, PATIENT EXPERIENCE AND HEALTH SERVICES RESEARCH, 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, AS MODIFIED. PAF HAS BEEN SUCCESSFUL IN

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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 SUFFICIENT FUNDING TO SUPPORT THE FOUNDATION'S PROGRAM SERVICES FOR THE GENERAL PUBLIC EACH YEAR.

THE FOUNDATION EMPLOYS A DEDICATED PROGRAM DEVELOPMENT STAFF OF EIGHT (8) WHOM, IN PARTNERSHIP WITH THE CEO, MEMBERS OF THE EXECUTIVE TEAM AND BOARD OF DIRECTORS, ARE 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 MEDICALLY AND FINANCIALLY DISADVANTAGED POPULATION LIVING IN THE US. THE PROGRAM DEVELOPMENT TEAM WORKS TO IDENTIFY AND RESPOND TO FUNDING OPPORTUNITIES FOR THE FOUNDATION FROM ALL GOVERNMENT, BUSINESS, AND NON-PROFIT SECTORS. IN FY2024/2025, THE PROGRAM DEVELOPMENT STAFF SUBMITTED 891 GRANTS AND FACILITATED FUNDRAISING CAMPAIGNS TO THE PUBLIC.

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

OVER THE LAST FIVE YEARS, PAF'S MISSION HAS BEEN SUPPORTED BY 2096 DONORS ACROSS ALL SOURCES OF CHARITABLE DONATIONS. IN FY2024/2025, PAF RECEIVED CONTRIBUTIONS FROM 542 DONORS INCLUDING SUPPORT FROM INDIVIDUALS, CORPORATE FOUNDATIONS, GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS.

FURTHER IN FY204/2025, PAF RECEIVED DONATIONS OF SUPPORT FROM THIRTY-FIVE (35) NON-PROFIT ORGANIZATIONS, ALL 501(C)(3) PUBLIC CHARITIES AND PRIVATE FOUNDATIONS, OF WHICH EIGHT (8) WERE NEW DONORS INCLUDING ALZHEIMER'S ASSOCIATION, COPD FOUNDATION, DELAWARE J.C.I SENATE, FARE - FOOD ALLERGY RESEARCH & EDUCATION, KYLER CARES FOUNDATION, LUCKY SEVEN FOUNDATION, PATIENT ACCESS NETWORK FOUNDATION, AND THE DIXIE FOUNDATION INC. THESE ORGANIZATIONS FUNDED GRANTS TO PAF IN SUPPORT OF ITS CASE MANAGEMENT, PATIENT EDUCATION, HEALTH SERVICES RESEARCH, FINANCIAL AID FUNDS AND CO-PAY RELIEF PROGRAMS.

IN FY2024/2025, PAF ADDED, EXPANDED, AND MAINTAINED SEVERAL KEY PATIENT PROGRAMS WITH THE SUPPORT OF OTHER NON-PROFIT ORGANIZATIONS. PAF ADDED TWO (2) NEW CASE MANAGEMENT PROGRAMS IN FY2024/2025 INCLUDING THE NATIONAL MULTIPLE SCLEROSIS SOCIETY'S CASE MANAGEMENT PROGRAM IN PARTNERSHIP WITH THE NATIONAL MULTIPLE SCLEROSIS SOCIETY SUPPORTING PATIENTS WITH MS NAVIGATE INSURANCE, ACCESS AND AFFORDABILITY ISSUES AND KYLER CARES CONNECT IN PARTNERSHIP WITH KYLER CARES FOUNDATION TO ASSIST TYPE I DIABETIC PATIENTS NAVIGATING ACCESS AND AFFORDABILITY ISSUES IMPACTING ACCESS TO MEDICATIONS, DIABETIC TECHNOLOGY AND CARE.

PAF ALSO EXPANDED ITS FINANCIAL NAVIGATION SERVICES IN PARTNERSHIP WITH THE PANCREATIC CANCER ACTION NETWORK AND CONTINUED ITS SUPPORT FOR PATIENTS WITH ESOPHAGEAL CANCER THROUGH THE ESOPHAGEAL CANCER CARELINE, FUNDED BY THE ESOPHAGEAL CANCER AWARENESS ASSOCIATION AND THE NOCC RESOURCE NAVIGATION PROGRAM, FUNDED BY THE NATIONAL OVARIAN CANCER COALITION. LONGSTANDING COLLABORATIONS ALSO CONTINUED, INCLUDING ZERO PROSTATE CANCER'S SUPPORT OF THE ZERO360 CASE MANAGEMENT PROGRAM, AND

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THE ALS ASSOCIATION'S SUPPORT OF THE ALS BENEFIT AND RESOURCE LINE. PAF MAINTAINED ITS ENDURING PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, WHICH BEGAN IN 2008, AND CONTINUED ITS WORK WITH THE DONNA FOUNDATION TO DELIVER FINANCIAL AID AND CASE MANAGEMENT FOR BREAST CANCER PATIENTS. ADDITIONAL SUPPORT FOR CANCER PATIENTS WAS SUSTAINED THROUGH PARTNERSHIPS WITH LIVESTRONG VIA THE LIVESTRONG FERTILITY PROGRAM, FUCK CANCER, AND CINCINNATI CANCER ADVISORS. THE BEGIN AGAIN FOUNDATION CONTINUED ITS SUPPORT FOR PATIENTS Affected BY TOXIC SHOCKS

PAF LAUNCHED A NEW FINANCIAL AID FUND THAT ASSISTS TYPE I DIABETIC PATIENTS, THOUGH THE KYLER CARES TECHNOLOGY GRANT, ACCESS CONTINUOUS GLUCOSE MONITORS AND DIABETIC PUMPS THROUGH THE PROVISION OF FINANCIAL AID. THE BEGIN AGAIN FOUNDATION CONTINUED SUPPORTING PATIENTS WITH SEPSIS, ARDS, AND TOXIC SHOCK THROUGH THE FOUR FINANCIAL AID FUNDS. AS WELL AS PROVIDING CONTINUED SUPPORT OF THE ANGEL FUND, HELPING WITH BURIAL/FUNERAL EXPENSES. THE NATIONAL OVARIAN CANCER COALITION (NOCC) CONTINUED TO SUPPORT THE TWO FAF'S FOR OVARIAN CANCER PATIENTS, MIA MIRACLE'S CONTINUED TO SUPPORT AN FAF FOR PEDIATRIC BRAIN CANCER PATIENTS, THE ARDS ALLIANCE CONTINUED SUPPORT FOR ARDS PATIENTS THROUGH THE SUMITA DIXIT RECOVERY FUND AND ONE THAT SUPPORTS THE TRAVEL EXPENSES OF PROSTATE CANCER PATIENTS LIVING IN OKLAHOMA.

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.

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 PROACTIVELY, 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 SUPPLEMENTAL ADVISORY BULLETINS PUBLISHED BY THE OIG THAT ARE APPLICABLE TO CHARITABLE PATIENT ASSISTANCE PROGRAMS. THE PROCESS UTILIZED IS DIRECTED AND COMPLETED BY PAF AND INCLUDES REVIEW AND APPROVAL BY THE CHAIR OF THE SCIENTIFIC COMMITTEE OF THE PAF BOARD OF DIRECTORS, PAF COMPLIANCE COUNSEL AND THE GOVERNANCE COMMITTEE OF THE PAF BOARD OF DIRECTORS. PAF HAS FULLY DEFINED OVER 140 DISEASE FUNDS AS OF THE END OF FY2024/2025. 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.

PAF ENGAGES THE SERVICES OF ARENTOFOX SCHIFF, LLP, WASHINGTON, DC, AS

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Schedule O (Form 990) 2024

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<p>ITS REGULATORY COUNSEL. THE FIRM ARE EXPERTS IN REGULATORY COMPLIANCE, SPECIALIZING IN COMPLIANCE PROGRAMS RELATED TO PATIENT ASSISTANCE PROGRAMS AND LEAD THE DEVELOPMENT, IMPLEMENTATION, AND ONGOING MANAGEMENT OF PAF'S ORGANIZATIONAL COMPLIANCE PROGRAM, AS WELL AS SERVE AS ITS COMPLIANCE COUNSEL. ALL PROGRAMS OPERATED BY PAF, INCLUDING CPR, ARE SUBJECT TO THE PARAMETERS OF THE COMPLIANCE PROGRAM AS DEFINED IN THE COMPLIANCE CHARTER. THE PROGRAM IS DESIGNED TO ASSIST PAF 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 AND PAF'S POLICIES AND PROCEDURES. THE COMPLIANCE PROGRAM IS BASED ON THE SEVEN ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM SET FORTH IN THE FEDERAL SENTENCING GUIDELINES MANUAL AND APPLICABLE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL ("OIG") GUIDANCE. KEY PROGRAM GOVERNANCE POLICIES AND PROCEDURES INCLUDE:</p> <ol style="list-style-type: none"> 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 <p>ANNUAL COMPLIANCE TRAINING WAS DELIVERED TO THE PAF EXECUTIVE BOARD OF DIRECTORS IN NOVEMBER 2024 AND THE ENTIRE PAF STAFF RECEIVED THE ANNUAL TRAINING IN AUGUST AND SEPTEMBER 2024. THIS TRAINING INCLUDED A CLEAR OVERVIEW OF THE ANTI-KICK BACK STATUTE (AKS), FALSE CLAIMS ACT AND CIVIL MONETARY PENALTIES LAW AND THEIR APPLICABILITY TO PAF AND THE CPR PROGRAM. ALL NEW HIRES, INCLUDING TEMPORARY STAFF, RECEIVE TRAINING DURING THE FIRST TWO DAYS OF EMPLOYMENT.</p> <p>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 2024, PROVIDES GUIDELINES AND PROCEDURES RELATED TO KEY AREAS OF DONOR INTERACTION & OPERATIONAL DESIGN DECISIONS.</p> <p>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 2096 ORGANIZATIONS AND INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:</p> <p>O ACADEMYHEALTH O ACROMEGALY COMMUNITY</p>	

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<input type="checkbox"/> ALS ASSOCIATION <input type="checkbox"/> ALZHEIMER'S ASSOCIATION <input type="checkbox"/> AMERICAN CANCER FUND <input type="checkbox"/> AMERICAN CANCER SOCIETY <input type="checkbox"/> AMERICAN DIABETES ASSOCIATION <input type="checkbox"/> AYCO CHARITABLE FOUNDATION <input type="checkbox"/> BATTLE CREEK COMMUNITY FOUNDATION <input type="checkbox"/> BEGIN AGAIN FOUNDATION <input type="checkbox"/> BLACK WOMEN'S HEALTH IMPERATIVE <input type="checkbox"/> BLUE CIRCLE HEALTH <input type="checkbox"/> BRIGHT FUNDS FOUNDATION <input type="checkbox"/> CHARITIES AID FOUNDATION OF AMERICA <input type="checkbox"/> CHARITY ON TOP FOUNDATION, INC. <input type="checkbox"/> CINCINNATI CANCER FOUNDATION, INC. <input type="checkbox"/> COALITION FOR HEADACHE AND MIGRAINE PATIENTS <input type="checkbox"/> COPD FOUNDATION <input type="checkbox"/> DELAWARE J.C.I SENATE <input type="checkbox"/> DIVE INTO THE PINK, INC.		
FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST CONTINUED FROM SCHEDULE O (F)		
<input type="checkbox"/> EC AWARE <input type="checkbox"/> ECOG-ACRIN MEDICAL RESEARCH FOUNDATION, INC <input type="checkbox"/> FARE - FOOD ALLERGY RESEARCH & EDUCATION <input type="checkbox"/> FLORIDA ALLIANCE FOR HEALTHCARE VALUE <input type="checkbox"/> FOUNDATION FOR SARCOIDOSIS RESEARCH <input type="checkbox"/> FRIENDS OF CANCER RESEARCH <input type="checkbox"/> FUCK CANCER <input type="checkbox"/> GIVINGA FOUNDATION, INC. <input type="checkbox"/> GOLDMAN SACHS GIVES <input type="checkbox"/> GOODCOIN FOUNDATION <input type="checkbox"/> HEALTH RESOURCES IN ACTION <input type="checkbox"/> ICER <input type="checkbox"/> JUSTGIVE <input type="checkbox"/> KAPLAN FAMILY FOUNDATION <input type="checkbox"/> KYLER CARES FOUNDATION <input type="checkbox"/> LANGLEY FOR FAMILIES FOUNDATION <input type="checkbox"/> LEUKEMIA & LYMPHOMA SOCIETY <input type="checkbox"/> LIVESTRONG FOUNDATION <input type="checkbox"/> LL12 LLC <input type="checkbox"/> LUNGEVITY FOUNDATION <input type="checkbox"/> MIA'S MIRACLES <input type="checkbox"/> NATIONAL COMMITTEE FOR QUALITY ASSURANCE <input type="checkbox"/> NATIONAL COMPREHENSIVE CANCER NETWORK, INC. <input type="checkbox"/> NATIONAL MULTIPLE SCLEROSIS SOCIETY <input type="checkbox"/> NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES <input type="checkbox"/> NATIONAL OVARIAN CANCER COALITION - NOCC <input type="checkbox"/> NORC <input type="checkbox"/> OMAHA COMMUNITY FOUNDATION <input type="checkbox"/> PANCREATIC CANCER ACTION NETWORK <input type="checkbox"/> PAN FOUNDATION <input type="checkbox"/> PATIENT ACCESS NETWORK FOUNDATION <input type="checkbox"/> PATIENT ADVOCATE FOUNDATION <input type="checkbox"/> PATRIC YOUNG FOUNDATION <input type="checkbox"/> PCORI <input type="checkbox"/> PGA TOUR CHARITIES, INC.		

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<p>O PHARMACY QUALITY ALLIANCE</p> <p>O PHRMA FOUNDATION</p> <p>O PIKES PEAK UNITED WAY</p> <p>O S. SYDNEY DEYOUNG FOUNDATION</p> <p>O SHARSHERET</p> <p>O T. ROWE PRICE PROGRAM FOR CHARITABLE GIVING</p> <p>O THE ARDS ALLIANCE</p> <p>O THE DONNA FOUNDATION</p> <p>O W. MONTAGUE COBB NMA HEALTH INSTITUTE</p> <p>O WINSTON-SALEM FOUNDATION</p> <p>O YOUNG SURVIVAL COALITION</p> <p>O ZERO PROSTATE CANCER</p> <p>O GOVERNMENTAL AGENCIES:</p> <p>O CENTERS FOR DISEASE CONTROL AND PREVENTION</p> <p>O CITY OF NEWPORT NEWS</p> <p>O CORPORATIONS AND CORPORATE FOUNDATIONS</p> <p>O 167 DONATING CORPORATIONS AND CORPORATE FOUNDATIONS</p> <p>O 51 MADE DONATIONS IN FY2024/2025</p> <p>O ACADEMIC AND RESEARCH INSTITUTIONS & PRIVATE FOUNDATIONS</p> <p>O AUGUST & ROSEMARY RIDOLFI IRREVOCABLE TRUST</p> <p>O BERNARD MCDONOUGH FOUNDATION, INC.</p> <p>O BFSC AT LSU</p> <p>O BLUEPRINT PREP</p> <p>O COLUMBIA UNIVERSITY SCHOOL OF NURSING</p> <p>O FISHMAN FAMILY FOUNDATION</p> <p>O GREATER NATIONAL ADVOCATES INC.</p> <p>O HARVARD MEDICAL SCHOOL</p> <p>O HIGH PINES FOUNDATION</p> <p>O LUCKY SEVEN FOUNDATION</p> <p>O MAHAN FOUNDATION</p> <p>O RANDOLPH D. ROUSE FOUNDATION</p> <p>O ROBERT WOOD JOHNSON FOUNDATION</p> <p>O SEEDS OF FAITH, INC.</p> <p>O THE DIXIE FOUNDATION INC</p> <p>O THE MITCHELL DAUGHTERS FOUNDATION</p> <p>O THE UNIVERSITY OF ALABAMA AT BIRMINGHAM</p> <p>O THE WILDFLOWER FOUNDATION, INC.</p> <p>O UNC AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH</p> <p>O UNIVERSITY OF CALIFORNIA, IRVINE</p> <p>O UNIVERSITY OF CALIFORNIA, SAN FRANCISCO</p> <p>O UNIVERSITY OF MINNESOTA</p> <p>O UNIVERSITY OF UTAH</p> <p>O UNIVERSITY OF WASHINGTON SCHOOL OF NURSING</p> <p>O XAVIER UNIVERSITY OF LOUISIANA</p> <p>GENERAL PUBLIC</p> <p>O RECEIVED MEMORIAL, HONORARY, AND GENERAL SUPPORT AND CONTRIBUTIONS FROM OVER 459 INDIVIDUALS IN FY2024/2025.</p> <p>O RECEIVED DONATIONS FROM OVER 1763 INDIVIDUALS OVER THE PAST 5 YEARS IN FY2024/2025, PAF RECEIVED CONTRIBUTIONS FROM 542 DONORS INCLUDING SUPPORT FROM INDIVIDUALS, CORPORATE PARTNERS AND FOUNDATIONS, GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS.</p>		

3. REPRESENTATIVE GOVERNING BODY

THE PAF EXECUTIVE BOARD OF DIRECTORS COMPRISES 14 VOTING MEMBERS, AND 3
NON-VOTING MEMBERS, ALL OF WHOM ARE NATIONALLY RECOGNIZED EXPERTS IN
THE FIELDS OF HEALTHCARE ADMINISTRATION, CLINICAL PRACTICE AND

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<p>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 GOVERNING THE OPERATIONS WITH A DIVERSE, YET UNIFIED, POINT OF VIEW THAT WILL ENABLE THE FOUNDATION TO EXECUTE MEANINGFUL PATIENT PROGRAMS, DESIGNED TO ADDRESS GAPS AND HEALTH INEQUITIES IN THE CURRENT HEALTHCARE ENVIRONMENT AND ATTRACT SUPPORT FROM A BROAD RANGE OF POTENTIAL DONORS. THE PAF EXECUTIVE BOARD OF DIRECTORS 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 ALIGNED WITH THE MISSION OF PAF. THE PAF BOARD OF DIRECTORS ASSESSES THE ORGANIZATION'S PERFORMANCE AND EFFECTIVENESS AND DETERMINES FUTURE ACTIONS REQUIRED, IF ANY, TO ACHIEVE ITS MISSION.</p> <p>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 FULLY 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 BIANNUAL BASIS.</p> <p>THE PAF EXECUTIVE BOARD IS KNOWLEDGEABLE ABOUT THE HEALTHCARE AND BUSINESS ENVIRONMENTS AND SERVES AS ADVISORS TO PAF MANAGEMENT TO ENSURE THAT PAF PROGRAMMING MEETS THE NEEDS OF THE CRONICALLY AND CRITICALLY ILL PATIENTS LIVING AMONG US IN THE GENERAL POPULATION. PAF'S COMPLIANCE PROGRAM REQUIRES THAT ALL BOARD OF DIRECTORS MEMBERS 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 COMPLETE A 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 BE INDEPENDENT PER THE IRS DEFINITION OF INDEPENDENCE. ALL VOTING MEMBERS OF PAF'S EXECUTIVE BOARD OF DIRECTORS WERE INDEPENDENT IN FY2024/2025.</p> <p>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. ADDITIONAL PROVISIONS TO ENSURE INDEPENDENCE THAT HAVE BEEN ADOPTED BY PAF INCLUDE; THE DIRECTOR, NOR IMMEDIATE FAMILY MEMBER OF</p>	

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
<p>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 FY2024/2025 CONSISTED OF SEVEN (7) INDEPENDENT MEMBERS OF THE PAF BOARD OF DIRECTORS.</p>	

PER POLICY, 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 WITH 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, ADVOCACY AND OUTREACH PROGRAMS, HEALTH SERVICES RESEARCH 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 FY2024/2025, PAF SERVED 162,172 PEOPLE, LIVING IN ALL 50 STATES AND US TERRITORIES, 91% OF ALL US COUNTIES, SUFFERING WITH OVER 773 VARIOUS CHRONIC, DEBILITATING AND/OR CRITICAL DISEASES.

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

REFERRALS INTO PAF PROGRAMS COME FROM THOUSANDS OF SOURCES, WITH OTHER CHARITABLE NON-PROFIT ORGANIZATIONS AND HEALTHCARE PROFESSIONS, INCLUDING NURSES, SOCIAL WORKERS AND FINANCIAL COUNSELORS, TOPPING THE LIST WITH THE GREATEST FREQUENCY OF REFERRALS, AS DOCUMENTED IN THE PAF PATIENT PROGRAM SERVICE DATA AND ANNUAL IMPACT REPORT. EACH 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, MULTI-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. IN FY2024/2025, OVER 1.5 MILLION EMAILS SUCCESSFULLY REACHED PAF SUBSCRIBERS WITH PAF NEWS, DISEASE INFORMATION AND PUBLIC HEALTH PREFERENCES, WITH A 44.5% OVERALL OPEN RATE. PAF UTILIZES VARIOUS

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
<p>PROMOTIONS AND EDUCATION ACTIVITIES TO ENSURE THAT THERE IS BROAD AWARENESS IN THE GENERAL PUBLIC, AND AMONG THOSE HEALTHCARE STAKEHOLDERS CARING FOR THE SICK AND DISABLED, OF THE FOUNDATION'S PATIENT PROGRAMS INCLUDING, BUT NOT LIMITED TO:</p> <p>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</p> <p>REGULAR POSTS ON THE PAF FACEBOOK PAGE; INCLUSIVE OF PROGRAM AND PATIENT RESOURCE INFORMATION.</p> <p>DEVELOPMENT AND MAINTENANCE OF PAF AND CPR WEBSITES; INCLUSIVE OF EXTENSIVE PATIENT EDUCATION MATERIALS AND RESOURCE DIRECTORIES/ONLINE TOOLS.</p> <p>ROUTINE PARTICIPATION IN LOCAL, REGIONAL, AND NATIONAL OUTREACH EVENTS; INCLUDING EXHIBITING AT CONFERENCES, SPEAKING ENGAGEMENTS, AND TRAINING SESSIONS FOR OTHER AGENCIES.</p> <p>ROUTINE DELIVERY OF "THE SPOTLIGHT," AN EDUCATIONAL SERIES DESIGNED TO ADDRESS CONCEPTS RELATED TO VARIOUS HEALTHCARE/INSURANCE AND/OR ENTITLEMENT PROGRAMS,</p> <p>DEVELOPMENT AND RELEASE OF PAF TOPIC-BASED STORY BOARDS</p> <p>AD PLACEMENTS ON SOCIAL CHANNELS INCLUDING FACEBOOK AND YOUTUBE</p> <p>AD AND PSA PLACEMENTS ON IHART RADIO</p> <p>PUBLISHING AND DISSEMINATION OF THE PAF ANNUAL IMPACT REPORT</p> <p>LINKS FROM AND TO VARIOUS NON-PROFIT PATIENT ORGANIZATIONS WEBSITES AND PAF'S WEBSITES AND ONLINE RESOURCE TOOLS.</p> <p>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.</p> <p>DEVELOPMENT OF THE PATIENT PARTNER FOR EQUITY PROGRAM AND DISTRIBUTION OF ASSOCIATED NEWSLETTER</p> <p>DISTRIBUTION OF PUBLIC PRESS RELEASES TO ANNOUNCE THE ADDITION OF NEW PATIENT PROGRAMS AND/OR EXPANSION OF EXISTING PROGRAMS.</p> <p>INCLUSION IN EARNED MEDIA STORIES; PROFILES OF PAF PROGRAMS AND PATIENTS SERVED BY PAF</p>	
<p>SUMMARY</p> <p>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.</p> <p>PAF CONTINUES TO OPERATE CONGRUENTLY WITH A PUBLICLY SUPPORTED ORGANIZATION, 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 ITS DILIGENCE IN SEEKING NEW SOURCES OF SUPPORT FROM THE GENERAL PUBLIC AS WELL AS OTHER ORGANIZATIONS AND GOVERNMENTAL AGENCIES. ACCORDINGLY, THE FOUNDATION QUALIFIES AS A "PUBLICLY SUPPORTED" ORGANIZATION AS DESCRIBED IN SECTION 170(B) (1) (A) (VI).</p>	

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.

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.

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

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.

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.

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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	516,000.	
(2) NATIONAL PATIENT ADVOCATE FOUNDATION	O	464,522.	
(3) NATIONAL PATIENT ADVOCATE FOUNDATION	P	13,140.	
(4) NATIONAL PATIENT ADVOCATE FOUNDATION	Q	8,700.	
(5)			
(6)			

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

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

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.

DR. BALCH IS CEO OF AND PAID BY BOTH.