

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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

2017
Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization PATIENT ADVOCATE FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 421 BUTLER FARM ROAD City or town, state or province, country, and ZIP or foreign postal code HAMPTON, VA 23666 F Name and address of principal officer: ALAN J. BALCH 421 BUTLER FARM ROAD, HAMPTON, VA 23666 | D Employer identification number 54-1806317 E Telephone number 800.532.5274 G Gross receipts \$ 378,929,316. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.PATIENTADVOCATE.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1996 | | M State of legal domicile: VA |

Part I Summary

| | | | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| 1 | Briefly describe the organization's mission or most significant activities: PATIENT ADVOCATE FOUNDATION (PAF) IS A NATIONAL 501 (C)(3) NON-PROFIT ORGANIZATION THAT PROVIDES | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 246 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 12 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | 8 | 17 |
| 9 | Program service revenue (Part VIII, line 2g) | 9 | 13 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10 | 246 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 11 | 12 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12 | 0. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13 | 0. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 14 | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15 | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 16a | 0. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,027,731. | 16b | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 17 | 0. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 18 | 0. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 19 | 0. |
| 20 | Total assets (Part X, line 16) | 20 | 0. |
| 21 | Total liabilities (Part X, line 26) | 21 | 0. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22 | 0. |

Part II Signature Block

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

| | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Sign Here | Signature of officer ALAN J. BALCH, CHIEF EXECUTIVE OFFICER Type or print name and title | Date November 8, 2018 |
| Paid Preparer Use Only | Print/Type preparer's name CARON E. CROUSE Preparer's signature CARON E. CROUSE Date 11/15/18 Check if self-employed <input type="checkbox"/> PTIN P00630336 Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's EIN ▶ 56-0747981 Firm's address ▶ 440 MONTICELLO AVE, SUITE 1400 NORFOLK, VA 23510 Phone no. (757) 624-5100 | |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 278,416,531. including grants of \$ 271,049,655.) (Revenue \$ 0.)

LAUNCHED IN 2004, THE PATIENT ADVOCATE FOUNDATION'S CO-PAY RELIEF PROGRAM (CPR) PROVIDES FINANCIAL ASSISTANCE WITH CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES REQUIRED BY A PATIENT'S INSURER FOR PHARMACEUTICAL TREATMENTS AND/OR PRESCRIPTION MEDICATIONS PRESCRIBED, TO TREAT AND/OR MANAGE THE PATIENT'S DISEASE. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS USING CALL COUNSELORS, PERSONALLY GUIDING PATIENTS THROUGH THE ENROLLMENT AND BENEFIT PROCESS. IN FY2017/2018, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH TWENTY ONE (25) DISEASE SPECIFIC FUNDS INCLUDING BLADDER CANCER, BREAST CANCER, CERVICAL CANCER, CHRONIC PAIN, ELECTROLYTE IMBALANCE, HEPATITIS B, HEPATITIS C, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC

4b (Code:) (Expenses \$ 5,268,447. including grants of \$ 0.) (Revenue \$ 6,654,188.)

IN FY2008/2009, THE FOUNDATION ENTERED INTO A TRANSPARENT SERVICE ADMINISTRATION AGREEMENT WITH A NATIONAL NONPROFIT ORGANIZATION. THE FOUNDATION HAS BEEN ENGAGED TO PROVIDE FULL SERVICE, TRANSPARENT ADMINISTRATION SERVICES TO QUALIFIED PATIENTS THAT ENTER THEIR CO-PAY ASSISTANCE PROGRAM. THE FOUNDATION CONTINUED TO PROVIDE THIS CONTRACTUAL SERVICE DURING FY2017/2018 AND WAS PAID ADMINISTRATION FEES MONTHLY THROUGH THIS SERVICE AGREEMENT. THE FOUNDATION ADMINISTERED SERVICES TO 27,610 PATIENTS IN FY2017/2018 THROUGH THIS SERVICE AGREEMENT.

4c (Code:) (Expenses \$ 4,889,075. including grants of \$ 42,000.) (Revenue \$ 76,162.)

CASE MANAGEMENT SERVICES FOR OVER 20 YEARS, PATIENT ADVOCATE FOUNDATION (PAF) HAS PROVIDED CASE MANAGEMENT INTERVENTION ON BEHALF OF CRITICALLY OR CHRONICALLY ILL PATIENTS NATIONALLY. ENABLING THEM TO CONNECT WITH, AND MAINTAIN ACCESS TO, PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, OVERCOME INSURANCE BARRIERS, LOCATE RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES WHILE IN TREATMENT, EVALUATE AND MAINTAIN HEALTH INSURANCE COVERAGE AND BETTER MANAGE, OR REDUCE, THE OUT-OF-POCKET MEDICAL AND COST OF LIVING DEBT THEY FACE. PAF PROVIDES ONE-ON-ONE PROFESSIONAL CASE MANAGEMENT SERVICES, WORKING ALONGSIDE PATIENTS, THEIR LOVED ONES, OR MEDICAL PROFESSIONALS AND OFTEN TAKING THE LEAD TO RESOLVE COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY CHALLENGES ENCOUNTERED IN THE HEALTHCARE

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

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

4e Total program service expenses **288,574,053.**Form **990** (2017)

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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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 | 12 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | 246 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 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 | | |
| c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 17 | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 13 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | X |
| 6 Did the organization have members or stockholders? | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | X | |
| b Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | X |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► VA, CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 CORPORATE OFFICE - 757-873-6668
 421 BUTLER FARM ROAD, HAMPTON, VA 23666

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DEBORAH PARHAM HOPSON BOARD PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) ALAN J. BALCH CHIEF EXECUTIVE OFFICER | 20.00 20.00 | X | | X | | | | 186,611. | 125,000. | 10,800. |
| (3) F. MARC STEWART BOARD MEMBER, IMMEDIATE PA | 5.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) NANCY DAVENPORT-ENNIS FOUNDER AND CHAIR EMERITA | 5.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) DIANE MAUK BOARD SECRETARY | 5.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (6) JOHN L. MURPHY FINANCE COMMITTEE CHAIR | 5.00 5.00 | X | | X | | | | 0. | 0. | 0. |
| (7) AL BENSON III BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (8) CHRISTIAN G. DOWNS BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (9) JOHN H. ENNIS CO-FOUNDER | 5.00 | X | | | | | | 0. | 0. | 0. |
| (10) BRIAN GAROFALO BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (11) OTIS MAYNARD BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (12) ANDY MILLER BOARD MEMBER | 5.00 | X | | | | | | 0. | 0. | 0. |
| (13) EDITH MITCHELL BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (14) PEARL MOORE BOARD MEMBER | 5.00 | X | | | | | | 0. | 0. | 0. |
| (15) ROBERT M. RIFKIN BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (16) LORI WILLIAMS BOARD MEMBER | 5.00 5.00 | X | | | | | | 0. | 0. | 0. |
| (17) W. JACKSON WISDOM BOARD MEMBER | 5.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) WILLIAM J. NASON CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 205,716. | 0. | 23,729. |
| (19) FRANCES CASTELLOW PRESIDENT OF OPERATIONS | 40.00 | | | X | | | | 209,478. | 0. | 8,127. |
| (20) ANGELA M. WALKER CHIEF OF TALENT MANAGEMENT | 40.00 | | | | | X | | 166,265. | 0. | 6,378. |
| (21) ERIN SINGLETON CHIEF OF MISSION DELIVERY | 40.00 | | | | | X | | 147,377. | 0. | 10,798. |
| (22) ALAN RICHARDSON EVP OF STRATEGIC PATIENT S | 40.00 | | | | | X | | 145,667. | 0. | 20,734. |
| (23) SAKHTI CHOKKALINGAM SENIOR PEGA SYSTEMS ARCHIT | 40.00 | | | | | X | | 158,154. | 0. | 19,735. |
| (24) SHONTA CHAMBERS EVP OF HEALTH EQUITY INITIATIVES | 40.00 | | | | | X | | 146,012. | 0. | 21,963. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 1,365,280. | 125,000. | 122,264. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,365,280. | 125,000. | 122,264. |

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 **15**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

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*

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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------|
| FIPSAR INC. 424 COURTYARD DRIVE, HILLSBOROUGH, NJ 08844 | SOFTWARE DEVELOPMENT/CONSULTING | 1,313,664. |
| INCONTACT INC PO BOX 410468, SALT LAKE CITY, UT 84141 | HOSTED ACD PHONE SYSTEM SERVICES | 716,222. |
| ARENT FOX, LLP 1717 K ST NW, WASHINGTON, DC 20006 | COMPLIANCE COUNSEL | 380,111. |
| ANTHEM BC/BS PO BOX 580494, CHARLOTTE, NC 28258 | HEALTH INSURANCE TPA | 306,328. |
| EASYLINK SERVICES, 2950 S DELAWARE STREET, BAY MEADOWS STATION 3 BLDG, SAN MATE | ELECTRONIC MESSAGING AND BUSINESS INTEGR | 171,379. |
| 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 12 | | |

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 | 150,000. | | | | |
| | c Fundraising events | 1c | 192,624. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 507,802. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 368,042,535. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 38,374. | | | | |
| | h Total. Add lines 1a-1f | | | | 368,892,961. | | |
| Program Service Revenue | 2 a SERVICE CONTRACTS | Business Code 541900 | | 6,620,860. | 6,620,860. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | 6,620,860. | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,946,894. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| 6 a Gross rents | | (i) Real | (ii) Personal | | | | |
| b Less: rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | | |
| c Gain or (loss) | | | | | | | |
| d Net gain or (loss) | | | | 110,027. | 109,490. | | 537. |
| 8 a Gross income from fundraising events (not including \$ 192,624. of contributions reported on line 1c). See Part IV, line 18 | | a | 149,858. | | | | |
| b Less: direct expenses | | b | 94,527. | | | | |
| c Net income or (loss) from fundraising events | | | | 55,331. | | | 55,331. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | a | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| 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. | | | | 378,626,073. | 6,730,350. | 0. | 3,002,762. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) 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 | 271,091,655. | 271,091,655. | | |
| 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 | 680,510. | 293,668. | 285,096. | 101,746. |
| 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 | 9,952,557. | 8,748,884. | 591,928. | 611,745. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 258,286. | 148,235. | 88,203. | 21,848. |
| 9 Other employee benefits | 1,009,135. | 857,325. | 88,818. | 62,992. |
| 10 Payroll taxes | 704,549. | 596,402. | 57,255. | 50,892. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 359,644. | 144,333. | 215,311. | |
| c Accounting | 144,657. | 16,000. | 128,657. | |
| d Lobbying | 780,000. | | 780,000. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,400,860. | 1,321,913. | 78,947. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,849,947. | 2,502,218. | 302,374. | 45,355. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 719,167. | 661,921. | 33,082. | 24,164. |
| 17 Travel | 185,301. | 70,741. | 18,394. | 96,166. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 502,800. | 469,522. | 33,278. | |
| 20 Interest | 108,384. | 107,036. | 297. | 1,051. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,564,158. | 1,532,804. | 19,998. | 11,356. |
| 23 Insurance | 98,280. | 11,396. | 86,468. | 416. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a _____ | | | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 292,409,890. | 288,574,053. | 2,808,106. | 1,027,731. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance 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 | 18,676,495. | 1 | 24,050,994. |
| | 2 Savings and temporary cash investments | 202,912,026. | 2 | 261,254,275. |
| | 3 Pledges and grants receivable, net | 450,813. | 3 | 30,424,481. |
| | 4 Accounts receivable, net | 663,881. | 4 | 521,604. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 27,249. | 8 | 58,570. |
| | 9 Prepaid expenses and deferred charges | 591,597. | 9 | 405,146. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 9,513,986. | | |
| | b Less: accumulated depreciation | 10b 5,295,814. | | |
| | 11 Investments - publicly traded securities | 5,042,401. | 10c | 4,218,172. |
| | 12 Investments - other securities. See Part IV, line 11 | 1,996,636. | 11 | 1,999,015. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 50,331. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 230,411,429. | 15 | 50,331. | |
| 17 Accounts payable and accrued expenses | 4,220,674. | 16 | 322,982,588. | |
| 18 Grants payable | | 17 | 8,650,706. | |
| 19 Deferred revenue | 16,448,938. | 18 | | |
| 20 Tax-exempt bond liabilities | | 19 | 18,203,925. | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 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 | 2,409,938. | 24 | | |
| 26 Total liabilities. Add lines 17 through 25 | 23,079,550. | 25 | 2,863,063. | |
| 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | 26 | 29,717,694. | |
| 28 Unrestricted net assets | 7,419,535. | 27 | 11,556,465. | |
| 29 Temporarily restricted net assets | 199,912,344. | 28 | 281,708,429. | |
| 30 Permanently restricted net assets | | 29 | | |
| 31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | 30 | | |
| 32 Capital stock or trust principal, or current funds | | 31 | | |
| 33 Paid-in or capital surplus, or land, building, or equipment fund | | 32 | | |
| 34 Retained earnings, endowment, accumulated income, or other funds | 207,331,879. | 33 | 293,264,894. | |
| 35 Total net assets or fund balances | 230,411,429. | 34 | 322,982,588. | |

Form **990** (2017)

Part XI Reconciliation of Net Assets

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

☒

| | | | |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 378,626,073. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 292,409,890. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 86,216,183. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 207,331,879. |
| 5 | Net unrealized gains (losses) on investments | 5 | -27,664. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -255,504. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 293,264,894. |

Part XII Financial Statements and Reporting

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

☒

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

Form **990** (2017)

Department of the Treasury
Internal Revenue Service

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

2017

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 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An 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 in 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).

| 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 | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 35,867,506. | 59,477,193. | 92,569,903. | 183,610,619. | 368,892,961. | 740,418,182. |
| 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 | 35,867,506. | 59,477,193. | 92,569,903. | 183,610,619. | 368,892,961. | 740,418,182. |
| 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) | | | | | | 562,669,032. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 177,749,150. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|--------------|--------------|----------------------------|
| 7 Amounts from line 4 | 35,867,506. | 59,477,193. | 92,569,903. | 183,610,619. | 368,892,961. | 740,418,182. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 258,390. | 402,970. | 713,599. | 1,145,492. | 2,946,894. | 5,467,345. |
| 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 | | | | | | 745,885,527. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 25,023,956. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|---------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 23.83 | % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 27.72 | % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | ► <input type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | ► <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | ► <input checked="" type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | ► <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | ► <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2017

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| 2a | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

| Section D - Distributions | Current Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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 OFFERS THE FOLLOWING FACTS AND CIRCUMSTANCES

IN SUPPORT OF ITS ONGOING CLASSIFICATIONS AS A PUBLIC CHARITY AS DEFINED

IN SECTION 170(B) (1) (A).

ORGANIZATION BACKGROUND & PROGRAM INFORMATION

PATIENT ADVOCATE FOUNDATION (FOUNDATION OR PAF) IS A 501(C) 3 NATIONAL

NONPROFIT ORGANIZATION THAT IS ORGANIZED TO SAFEGUARD PATIENTS THROUGH

EFFECTIVE MEDIATION ASSURING ACCESS TO CARE, MAINTENANCE OF EMPLOYMENT AND

PRESERVATION OF FINANCIAL STABILITY RELATIVE TO THEIR DIAGNOSIS OF LIFE

THREATENING OR DEBILITATING DISEASES. THE FOUNDATION HAS DEVELOPED AND

DELIVERS A DIVERSE PORTFOLIO OF PATIENT CENTERED PROGRAMS TO PATIENTS AND

THEIR FAMILIES INCLUDING IN DEPTH CASE MANAGEMENT SERVICES, SMALL GRANT

PROGRAMS THAT PROVIDE SUPPORT FOR COST OF LIVING EXPENSES FOR LOW INCOME

PATIENTS, AND PATIENT EDUCATIONAL PROGRAMS DELIVERED IN PRINT, DIGITAL AND

ONLINE INTERACTIVE FORMATS. THE FOUNDATION ALSO ADMINISTERS THE CO-PAY

RELIEF PROGRAM (CPR) THAT PROVIDES FINANCIAL SUPPORT FOR CO-PAYMENTS AND

COINSURANCE REQUIRED FOR PHARMACEUTICAL TREATMENTS PRESCRIBED TO TREAT

AND/OR MANAGE CERTAIN CHRONIC AND LIFE-THREATENING CONDITIONS. THROUGH THE

FOUNDATION'S COMPLIMENT OF CASE MANAGEMENT, FINANCIAL ASSISTANCE AND

EDUCATIONAL PROGRAMS, THE FOUNDATION ASSISTS TENS OF THOUSANDS OF PATIENTS

LIVING THROUGHOUT THE UNITED STATES AND US TERRITORIES EVERY YEAR. PAF

SERVED NEARLY 144,000 PATIENTS IN FY2017/2018 AND HAS PROVIDED HELP AND

ASSISTANCE TO OVER ONE MILLION PATIENTS AND FAMILIES SINCE ITS INCEPTION

IN 1996. PAF IS PUBLICLY SUPPORTED, PRIMARILY RECEIVING IT'S 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

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.)

PROGRAMMING TO PATIENTS COMPLETELY FREE OF CHARGE.

CASE MANAGEMENT & FINANCIAL SUPPORT PROGRAMS

FOR OVER 20 YEARS, PATIENT ADVOCATE FOUNDATION (PAF) HAS PROVIDED CASE

MANAGEMENT INTERVENTION ON BEHALF OF CRITICALLY OR CHRONICALLY ILL

PATIENTS NATIONALLY. ENABLING THEM TO CONNECT WITH, AND MAINTAIN ACCESS

TO, PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, OVERCOME INSURANCE

BARRIERS, LOCATE RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES WHILE IN

TREATMENT, EVALUATE AND MAINTAIN HEALTH INSURANCE COVERAGE AND BETTER

MANAGE, OR REDUCE, THE OUT-OF-POCKET MEDICAL AND COST OF LIVING DEBT THEY

FACE. PAF PROVIDES ONE-ON-ONE PROFESSIONAL CASE MANAGEMENT SERVICES,

WORKING ALONGSIDE PATIENTS, THEIR LOVED ONES, OR MEDICAL PROFESSIONALS AND

OFTEN TAKING THE LEAD TO RESOLVE COMPLEX HEALTHCARE ACCESS AND

AFFORDABILITY CHALLENGES ENCOUNTERED IN THE HEALTHCARE SYSTEM. CASE

MANAGEMENT SERVICES ARE PROVIDED AT NO COST TO PATIENTS AND THEIR

FAMILIES. THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY INTERVENED ON

BEHALF OF 24,103 INDIVIDUALS AND CELEBRATED THE PRIVILEGE OF DELIVERING

DIRECT ASSISTANCE TO OUR ONE MILLIONTH PATIENT IN FY2017/2018. THESE

PATIENTS REPRESENT 490 UNIQUE DISEASES AND REQUESTED ASSISTANCE WITH AN

AVERAGE OF TWO ISSUES THAT WERE CREATING OBSTACLES TO CARE. ON AVERAGE,

CASE MANAGERS MADE 20 CONTACTS ON BEHALF OF EACH CASE TO RELEVANT

STAKEHOLDERS TO BRING RESOLUTION TO THE PATIENT'S ACCESS ISSUES. THIS

TRANSLATES TO NEARLY 500,000 UNIQUE CONTACTS ON BEHALF OF PATIENTS AND

FAMILIES RECEIVING CASE MANAGEMENT INTERVENTION SERVICES. PAF PROVIDE

THESE SERVICES THROUGH A COMPLIMENT OF 20 UNIQUE PROGRAMS.

DURING FY2017/2018, PAF ADMINISTERED A SUITE OF SEVEN SMALL GRANT

PROGRAMS, REFERRED TO AS FINANCIAL AID FUNDS, EACH OF WHICH PROVIDE

FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR PRACTICAL COST OF LIVING

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.)

EXPENSES, INCLUDING TRANSPORTATION EXPENSES, FACED BY THESE PATIENTS. IN

FY2017/2018, PAF SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 2,128

PATIENTS, TOTALING OVER \$1,250,250 IN FINANCIAL RELIEF TO QUALIFIED

PATIENTS. THE SMALL GRANTS RANGE FROM \$300-\$1000 PER PATIENT AND ARE

DESIGNED TO DEFRAY THE OUT OF POCKET AND COST OF LIVING EXPENSES,

INCLUDING TRANSPORTATION, LODGING, NUTRITIONAL NEEDS, CHILD CARE AND

BURIAL EXPENSES, FACED BY PATIENTS AS A RESULT OF THEIR DIAGNOSIS AND

TREATMENT. THE FINANCIAL AID FUND PROGRAMS INCLUDE:

DONNA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH BREAST CANCER

THAT HAVE RECEIVED CASE MANAGEMENT SERVICES THROUGH THE DONNA CARELINE

HEART VALVE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH A

VALVULAR CONDITION

LEISHLINE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS, TSS

AND/OR SEPSIS

MAHAN FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE MYELOID

LEUKEMIA

MERKEL CELL CARCINOMA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH

A RARE FORM OF SKIN CANCER

METASTATIC BREAST CANCER FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED

WITH STAGE III OR STAGE IV BREAST CANCER

MULTIPLE MYELOMA TRANSPORTATION FINANCIAL AID FUND: SERVING PATIENTS

DIAGNOSED WITH MULTIPLE MYELOMA

TRANSPORTATION FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH

METASTATIC MELANOMA OR METASTATIC LUNG CANCER

LAUNCHED IN 2004 IN RESPONSE TO A CRITICAL MASS OF PATIENTS REPORTING

THEIR NEED FOR SUPPORT WITH UNMANAGEABLE CO-PAYMENTS FOR LIFE SAVING

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.)

MEDICINES, PATIENT ADVOCATE FOUNDATION'S CO-PAY RELIEF PROGRAM (CPR)

PROVIDES NEEDS-BASED FINANCIAL ASSISTANCE WITH CO-PAYMENTS, CO-INSURANCE

AND DEDUCTIBLES REQUIRED BY A PATIENT'S INSURER FOR PHARMACEUTICAL

TREATMENTS AND/OR PRESCRIPTION MEDICATIONS PRESCRIBED, TO TREAT AND/OR

MANAGE THE PATIENT'S DISEASE. TO QUALIFY FOR A GIVEN DISEASE-SPECIFIC

FUND, AN APPLICANT MUST (1) HAVE A CONFIRMED DIAGNOSIS THAT IS SUPPORTED

BY THE DISEASE FUND, (2) HAVE A TREATMENT REGIMEN IN PLACE, (3) HAVE AND

MAINTAIN HEALTH INSURANCE AND (4) MEET THE FINANCIAL CRITERIA SET FORTH BY

CPR FOR THE FUND. THE PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS

USING CALL COUNSELORS; PERSONALLY, GUIDING PATIENTS THROUGH THE ENROLLMENT

AND BENEFIT PROCESS.

PAF WILL NOT CONSIDER THE IDENTITY OF ANY PHYSICIAN, PROVIDER, SUPPLIER OF

ITEMS OR SERVICES, DONOR, DRUG THERAPY, SERVICES OR SUPPLIES BEING

UTILIZED OR THE REFERRAL SOURCE WHEN ASSESSING WHETHER AN APPLICANT IS

QUALIFIED FOR FINANCIAL ASSISTANCE FROM A PAF CPR DISEASE-SPECIFIC FUND.

UNDER NO CIRCUMSTANCES WILL PAF RECOMMEND OR REFER AN APPLICANT OR

ENROLLEE TO ANY FUND DONOR, PROVIDER, SUPPLIER OR PRODUCT.

QUALIFYING APPLICANTS ARE ENROLLED IN A DISEASE-SPECIFIC FUND FOR UP TO

ONE YEAR FROM THE DATE OF ENROLLMENT AND MUST RE-APPLY THEREAFTER TO

CONTINUE RECEIVING ASSISTANCE FROM A GIVEN DISEASE-SPECIFIC FUND.

ENROLLMENT IN AND FINANCIAL ASSISTANCE FROM ANY DISEASE-SPECIFIC FUND IS

PROVIDED ON A FIRST COME, FIRST SERVE BASIS TO THE EXTENT FUNDING IS AND

REMAINS AVAILABLE.

FINANCIAL ASSISTANCE FROM ANY CPR DISEASE-SPECIFIC FUND IS NOT DEPENDENT

ON THE USE A PARTICULAR DRUG OR PROVIDER AND ENROLLEES ARE FREE TO SWITCH

DRUG THERAPIES, TREATING PHYSICIANS, PHARMACIES AND SUPPLIERS AT ANY TIME

WITHOUT AFFECTING THEIR CONTINUED ELIGIBILITY FOR FINANCIAL ASSISTANCE

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.)

FROM A DISEASE-SPECIFIC FUND.

ENROLLEES ARE REQUIRED TO INFORM PAF IN THE EVENT THEIR FINANCIAL

CIRCUMSTANCES CHANGE, AND/OR THEY LOSE THEIR HEALTH INSURANCE COVERAGE

DURING THEIR ENROLLMENT PERIOD AS SUCH CHANGES MAY AFFECT ENROLLEE

ELIGIBILITY FOR A GIVEN CPR FUND.

IN FY2017/2018, PAF'S CO-PAY RELIEF PROGRAM EXPANDED ITS PROGRAM IMPACT

THROUGH THE ADDITION OF FOUR NEW FUNDS, ASSISTING PATIENTS THROUGH

TWENTY-FIVE (25) DISEASE SPECIFIC FUNDS INCLUDING BLADDER CANCER, BREAST

CANCER, CERVICAL CANCER, CHRONIC PAIN, ELECTROLYTE IMBALANCE, HEPATITIS B,

HEPATITIS C, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL

HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC

BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC GASTRIC CANCER,

METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS,

MYELODYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS (NSCLC),

OSTEOPOROSIS, OVARIAN CANCER, AND PERIODIC PARALYSIS, PERIPHERAL VASCULAR

DISEASE, PROSTATE CANCER, PULMONARY HYPERTENSION & RENAL CELL CARCINOMA.

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

WEB-BASED APPLICATION FOR PATIENTS AND/OR THEIR FAMILY MEMBERS TO ENROLL

ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM DIRECTLY FROM THE CO-PAY

RELIEF PROGRAM WEBSITE. AS WELL, CPR OFFERS TWO DEDICATED, SECURED

WEBSITES FOR MEDICAL PROVIDERS AND PHARMACY REPRESENTATIVES TO ENROLL

ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM ON BEHALF OF THE PATIENTS

THEY ARE WORKING WITH.

SEE CONTINUATION IN SCHEDULE O.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| | |
|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 22,400,314. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 20,199. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 440,391. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 34,648. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 129,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 25,180. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 551,393. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 434,267. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 193,798. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 24,167. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 113,119,991. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 507,802. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 12,858. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | | \$ 23,152. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 181,053. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 142,188. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 11,062. | 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 | | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | | \$ 54,430,577. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 88,826,633. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ 62,912. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 36,661,893. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | | \$ 6,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 30,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | | \$ 11,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | | \$ 185,099. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | | \$ 20,177. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | | \$ 15,219. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 13,515. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | | \$ 145,524. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | | \$ 42,858,069. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | | \$ 261,279. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | | \$ 49,655. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 886,441. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | | \$ 2,494,557. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | | \$ 238,377. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | | \$ 144,708. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | | \$ 97,125. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------|---------------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | | \$ 5,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | | \$ 1,955,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | | \$ 83,657. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-----------------------------|--------------------------------|
| 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 |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

| | |
|-----------------------------|--------------------------------|
| Name of organization | Employer identification number |
| PATIENT ADVOCATE FOUNDATION | 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 |
| | | | |
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| | | | |
| | | | |
| | | | |
| | (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 |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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 (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 780,000. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 780,000. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 291,629,890. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 292,409,890. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---------------------------------------------------------------------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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 | 880,000. | 700,000. | 720,000. | 780,000. | 3,080,000. |
| 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 or 990-EZ) 2017

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2017**Open to Public Inspection****Name of the organization**

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

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

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

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

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

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

| | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2017

732051 10-09-17

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,996,636. | 1,486,242. | 1,933,371. | 1,909,422. | 1,846,290. |
| b Contributions | | 512,115. | | | |
| c Net investment earnings, gains, and losses | 2,379. | -1,721. | 64,986. | 23,949. | 63,132. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | 512,115. | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,999,015. | 1,996,636. | 1,486,242. | 1,933,371. | 1,909,422. |

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

a Board designated or quasi-endowment ☐ 100.00 %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 84,697. | 15,661. | 69,036. |
| d Equipment | | 9,084,619. | 5,280,153. | 3,804,466. |
| e Other | | 344,670. | | 344,670. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,218,172. |

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value | |
|-----------------------------------------------------------------------------|----------------|--|
| (1) Federal income taxes | | |
| (2) ACCRUED VACATION | 318,690. | |
| (3) IBNR RESERVE | 92,974. | |
| (4) POSTRETIREMENT LIABILITY | 2,451,399. | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 2,863,063. | |

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

Schedule D (Form 990) 2017

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 | 378,585,446. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -27,664. |
| b | Donated services and use of facilities | 2b | 2,000. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | -25,664. |
| 3 | Subtract line 2e from line 1 | 3 | 378,611,110. |
| 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 | 14,963. |
| c | Add lines 4a and 4b | 4c | 14,963. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 378,626,073. |

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 | 292,396,927. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 2,000. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -14,963. |
| e | Add lines 2a through 2d | 2e | -12,963. |
| 3 | Subtract line 2e from line 1 | 3 | 292,409,890. |
| 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 | 292,409,890. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUND OF PATIENT ADVOCATE FOUNDATION WAS ESTABLISHED IN 2001

TO FURTHER ITS EXEMPT PURPOSE BY SUPPORTING DIRECT PATIENT SERVICES. THE

ENDOWMENT FUND BUILDS LONG-TERM STABILITY FOR THE FUTURE OF THE FOUNDATION

BY PROVIDING AN ADDITIONAL SOURCE OF INCOME TO MEET AN INCREASING DEMAND

FOR NATIONAL PROGRAMS AND SERVICES. IT PROVIDES FOR INTEREST INCOME TO BE

USED BY PAF AND RESTRICTS ACCESS TO PRINCIPAL BASED UPON BOARD APPROVAL.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND THE COMMONWEALTH OF VIRGINIA STATUTES;

ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A

Part XIII Supplemental Information *(continued)*

PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT -94,527.

GAIN ON FIXED ASSETS INCLUDED IN EXPENSES FOR F/S 109,490.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 14,963.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES FOR FUNDRAISING EVENT 94,527.

GAIN ON FIXED ASSET INCLUDED IN EXPENSES FOR F/S -109,490.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -14,963.

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

OMB No. 1545-0047

2017

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 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.

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

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|--------------|--------------------------|--------------------------------------------------------|
| | | PROMISE OF HOPE (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 342,482. | | | 342,482. |
| | 2 Less: Contributions | 192,624. | | | 192,624. |
| | 3 Gross income (line 1 minus line 2) | 149,858. | | | 149,858. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 38,374. | | | 38,374. |
| | 6 Rent/facility costs | 8,174. | | | 8,174. |
| | 7 Food and beverages | 30,988. | | | 30,988. |
| | 8 Entertainment | 300. | | | 300. |
| | 9 Other direct expenses | 16,691. | | | 16,691. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 94,527. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 55,331. | |

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 name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** 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 <i>(continued)</i> |
|----------------|----------------------------------------------------|

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

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

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

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

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

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

Schedule I (Form 990) (2017)

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 | 12 | 42,000. | 0. | | |
| CO PAY RELIEF ASSISTANCE | 89963 | 271,049,655. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

THROUGH PATIENT ADVOCATE FOUNDATIONS SCHOLARSHIP FOR SURVIVORS, 12

SCHOLARSHIPS WERE AWARDED TO STUDENTS WHOSE STUDIES WERE INTERRUPTED OR

DELAYED BY A DIAGNOSIS OF A LIFE THREATENING, CHRONIC OR DEBILITATING

DISEASE. THE STUDENTS MUST BE ENROLLED FULL-TIME, MAINTAINING GPA OF 3.0 OR

BETTER AND COMPLETE 20 HOURS OF COMMUNITY SERVICE DURING THE ACADEMIC YEAR.

PATIENT ADVOCATE FOUNDATION (PAF) CO-PAY RELIEF PROGRAM (CPR) CURRENTLY

PROVIDES DIRECT FINANCIAL SUPPORT TO INSURED PATIENTS WHO MUST FINANCIALLY

Part IV Supplemental Information

AND MEDICALLY QUALIFY TO ACCESS PHARMACEUTICAL CO-PAYMENT ASSISTANCE. THE

PROGRAM OFFERS PERSONAL SERVICE TO ALL PATIENTS THROUGH THE USE OF CALL

COUNSELORS; PERSONALLY GUIDING PATIENTS THROUGH THE ENROLLMENT PROCESS.

IN FY2017/2018, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH

TWENTY-FIVE (25) DISEASE SPECIFIC FUNDS INCLUDING BLADDER CANCER, BREAST

CANCER, CERVICAL CANCER, CHRONIC PAIN, ELECTROLYTE IMBALANCE, HEPATITIS B,

HEPATITIS C, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL

HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, METASTATIC

BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC GASTRIC CANCER,

METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS,

MYELOYDYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS (NSCLC),

OSTEOPOROSIS, OVARIAN CANCER, AND PERIODIC PARALYSIS, PERIPHERAL VASCULAR

DISEASE, PROSTATE CANCER, PULMONARY HYPERTENSION & RENAL CELL CARCINOMA.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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

2017

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

| | | |
|----|--|---|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| | | |
| 8 | | X |
| | | |
| 9 | | |

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

Schedule J (Form 990) 2017

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ALAN J. BALCH CHIEF EXECUTIVE OFFICER | (i) | 186,611. | 0. | 0. | 10,800. | 1,624. | 199,035. | 0. |
| | (ii) | 125,000. | 0. | 0. | 0. | 0. | 125,000. | 0. |
| (2) WILLIAM J. NASON CHIEF FINANCIAL OFFICER | (i) | 199,571. | 6,145. | 0. | 7,983. | 17,292. | 230,991. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) FRANCES CASTELLOW PRESIDENT OF OPERATIONS | (i) | 203,175. | 6,303. | 0. | 8,127. | 1,483. | 219,088. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ANGELA M. WALKER CHIEF OF TALENT MANAGEMENT | (i) | 161,401. | 4,864. | 0. | 6,378. | 1,446. | 174,089. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ERIN SINGLETON CHIEF OF MISSION DELIVERY | (i) | 143,041. | 4,336. | 0. | 445. | 11,737. | 159,559. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ALAN RICHARDSON EVP OF STRATEGIC PATIENT S | (i) | 141,337. | 4,330. | 0. | 5,653. | 16,426. | 167,746. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) SAKHTI CHOKKALINGAM SENIOR PEGA SYSTEMS ARCHIT | (i) | 155,794. | 2,360. | 0. | 6,232. | 14,970. | 179,356. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) SHONTA CHAMBERS EVP OF HEALTH EQUITY INITIATIVES | (i) | 141,661. | 4,351. | 0. | 5,640. | 17,672. | 169,324. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| | |
|-----------------|---------------------------------|
| 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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

**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 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) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|--------------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 Persons.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) 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? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
| | | | | Yes | No |
| ALAN J. BALCH | CHIEF EXECUTIVE OFF | 1,199,210. | PAF (PATIEN | | X |
| FRANCES CASTELLOW | PRESIDENT, OPERATIO | 222,484. | RELATED PAR | | X |
| BETH MOORE | EVP OF CORPORATE CO | 145,112. | RELATED PAR | | X |
| SHAWN NASON | SPECIAL EVENTS DIRE | 77,171. | RELATED PAR | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ALAN J. BALCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHIEF EXECUTIVE OFFICER

(D) DESCRIPTION OF TRANSACTION: PAF (PATIENT ADVOCATE FOUNDATION) AND

NPAF (NATIONAL PATIENT ADVOCATE FOUNDATION) SHARE THE SAME CHIEF

EXECUTIVE OFFICER. NPAF HAS A CONSULTING AGREEMENT IN WHICH PAF PAYS

NPAF FEES TO REPRESENT THE POLICY INTERESTS OF PAF. THE CONSULTING FEES

FOR FY 2017/2018 WERE \$780,000. NPAF REIMBURSED PAF FOR SALARIES OF

\$232,972 FOR SHARED SERVICES, OF WHICH \$125,000 WAS FOR ALAN BALCH'S

SALARY. PAF ALSO REIMBURSED TO NPAF \$129,228 IN SALARIES FOR SHARED

SERVICES. NPAF ALSO REIMBURSED PAF FOR \$6,448 OF OTHER EXPENSES, AND PAF

REIMBURSED NPAF FOR \$5,562 IN FY 2017/2018. PAF RECEIVED A GRANT FROM THE

ROBERT WOOD JOHNSON FOUNDATION FOR DEVELOPING A WEBSITE, OF WHICH IT

GRANTED \$45,000 TO NPAF IN ORDER TO DEVELOP THE WEBSITE.

(A) NAME OF PERSON: FRANCES CASTELLOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT, OPERATIONS PAF

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY IS THE DAUGHTER OF NANCY

Part V Supplemental Information

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

DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PAF.

(A) NAME OF PERSON: BETH MOORE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP OF CORPORATE COMMUNICATIONS

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY IS THE DAUGHTER OF NANCY

DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PAF.

(A) NAME OF PERSON: SHAWN NASON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPECIAL EVENTS DIRECTOR

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

NASON, CHIEF FINANCIAL OFFICER OF PAF.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

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

Name of the organization

PATIENT ADVOCATE FOUNDATION

Employer identification number

54-1806317

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (AUCTION PRIZE) | X | 204 | 38,374. | COMPARABLE SALES |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

29

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

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 |
| 33 | | |

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

Schedule M (Form 990) 2017

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

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:

BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC GASTRIC CANCER,

METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS,

MYELODYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS (NSCLC),

OSTEOPOROSIS, OVARIAN CANCER, AND PERIODIC PARALYSIS, PERIPHERAL

VASCULAR DISEASE, PROSTATE CANCER, PULMONARY HYPERTENSION & RENAL CELL

CARCINOMA.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

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SECURE WEB-BASED APPLICATION FOR PATIENTS AND/OR THEIR FAMILY MEMBERS

TO ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM DIRECTLY FROM

THE CO-PAY RELIEF PROGRAM WEBSITE. AS WELL, CPR OFFERS TWO DEDICATED,

SECURED WEBSITES FOR MEDICAL PROVIDERS AND PHARMACY REPRESENTATIVES TO

ENROLL ELECTRONICALLY FOR THE CO-PAY RELIEF PROGRAM ON BEHALF OF THE

PATIENTS THEY ARE WORKING WITH.

IN FY2017/2018, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO

89,963 QUALIFIED PATIENTS THROUGH THE 25 ASSISTANCE FUNDS AVAILABLE

THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 255,389

TELEPHONE CALLS AND PROCESSED CLAIMS, TOTALING \$269,799,000, 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 325,000

INDIVIDUALS ALLOCATING MORE THAN \$750 MILLION DOLLARS IN CO-PAYMENT

AWARDS.

DURING FY2017/2018, PAF ALSO ADMINISTERED SEVEN (7) FINANCIAL AID

FUNDS, 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. IN FY2017/2018, PAF SUCCESSFULLY

PROVIDED ONE-TIME SMALL GRANTS TO 2,128 PATIENTS, TOTALING OVER

\$1,250,250 IN FINANCIAL RELIEF TO QUALIFIED PATIENTS. THE SMALL GRANTS

RANGE FROM \$300 - \$1,000 PER PATIENT AND ARE DESIGNED TO DEFRAY THE

COSTS OF TRANSPORTATION AND COST OF LIVING EXPENSES THE PATIENTS FACE.

THE FINANCIAL AID FUND PROGRAMS INCLUDE:

-LEISHLINE FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ARDS,

TSS AND/OR SEPSIS

-METASTATIC BREAST CANCER FINANCIAL AID FUND: SERVING PATIENTS

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DIAGNOSED WITH STAGE III OR STAGE IV BREAST CANCER

-MERKEL CELL CARCINOMA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED

WITH A RARE FORM OF SKIN CANCER KNOWN AS MERKEL CELL CARCINOMA

-MULTIPLE MYELOMA TRANSPORTATION FINANCIAL AID FUND: SERVING PATIENTS

DIAGNOSED WITH MULTIPLE MYELOMA

-TRANSPORTATION FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH

METASTATIC MELANOMA OR METASTATIC LUNG CANCER

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

VALVULAR CONDITION

-DONNA FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH BREAST

CANCER THAT HAVE RECEIVED CASE MANAGEMENT SERVICES THROUGH THE DONNA

CARELINE

-MAHAN FINANCIAL AID FUND: SERVING PATIENTS DIAGNOSED WITH ACUTE

MYELOID LEUKEMIA

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

SYSTEM. CASE MANAGEMENT SERVICES ARE PROVIDED AT NO COST TO PATIENTS

AND THEIR FAMILIES. THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY

INTERVENED ON BEHALF OF 24,103 INDIVIDUALS AND CELEBRATED THE PRIVILEGE

OF DELIVERING DIRECT ASSISTANCE TO OUR ONE MILLIONTH PATIENT IN

FY2017/2018. THESE PATIENTS REPRESENT 490 UNIQUE DISEASES AND REQUESTED

ASSISTANCE WITH AN AVERAGE OF TWO ISSUES THAT WERE CREATING OBSTACLES

TO CARE. ON AVERAGE, CASE MANAGERS MADE 20 CONTACTS ON BEHALF OF EACH

CASE TO RELEVANT STAKEHOLDERS TO BRING RESOLUTION TO THE PATIENT'S

ACCESS ISSUES. THIS TRANSLATES TO NEARLY 500,000 UNIQUE CONTACTS ON

BEHALF OF PATIENTS AND FAMILIES RECEIVING CASE MANAGEMENT INTERVENTION

SERVICES. PAF PROVIDE THESE SERVICES THROUGH A COMPLIMENT OF 20 UNIQUE

PROGRAMS.

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PATIENT EDUCATION & EMPOWERMENT

PAF EXTENDS THE IMPACT OF ITS ONE-TO-ONE CASE MANAGEMENT SERVICES

THROUGH THE DEVELOPMENT AND DELIVERY OF PATIENT EDUCATION AND

EMPOWERMENT TOOLS FOCUSED ON PROVIDING ACTIONABLE ADVICE AND GUIDANCE

TO HEALTHCARE CONSUMERS TO IMPROVE THEIR EVERYDAY EXPERIENCE WITH

INSURANCE AND TO ENCOURAGE PATIENT'S ENGAGEMENT IN THE HEALTHCARE

SYSTEM. PAF'S EDUCATIONAL PORTFOLIO COVERS A BROAD RANGE OF TOPICS,

AVAILABLE IN A VARIETY OF FORMATS, TO MEET THE NEEDS AND PREFERENCES OF

MULTIPLE AUDIENCES, INCLUDING PATIENTS, CAREGIVERS AND PROFESSIONALS.

DURING FY2017/2018, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT

TEAM LAUNCHED A PATIENT INSIGHT AND REVIEWER PANEL CREATING A MECHANISM

THROUGH WHICH FEEDBACK AND SUPPORT ON EDUCATIONAL PROJECTS OF ALL KINDS

CAN BE OBTAINED IN A SYSTEMATIC AND RELIABLE MANNER, DEVELOPED 15 NEW

OR REVISED EDUCATIONAL PUBLICATIONS, LAUNCHED 3 ONLINE EDUCATIONAL

TOOLS AND CREATED 10 PATIENT EMPOWERMENT SERIES WEBINARS. THE

INFRASTRUCTURE AND CONTENT OF THE NATIONAL FINANCIAL RESOURCE

DIRECTORIES, THE MY RESOURCE SEARCH APP, WORDS THAT MATTER VOCABULARY

AND GLOSSARY MATERIALS AND CHATTER THAT MATTERS VIDEOS WERE ALSO

ENHANCED AND THE CONTENT EXPANDED.

HEALTH EQUITY INITIATIVE, COMMUNITY OUTREACH & PATIENT ENGAGEMENT

PAF'S HEALTH EQUITY INITIATIVE CONTINUES TO FOCUS ON COMMUNITIES ACROSS

THE COUNTRY EXPERIENCING HIGH DISEASE MORTALITY AND/OR DISPARITIES FROM

BREAST CANCER AND LUNG CANCER. SPECIFICALLY, EFFORTS CENTER ON LINKING

LOCAL STAKEHOLDER ORGANIZATIONS TO THE PLATFORM OF SERVICES AND SUPPORT

AVAILABLE THROUGH PAF TO COMPLIMENT LOCAL EDUCATION, EARLY DETECTION,

TREATMENT AND SURVIVORSHIP ACTIVITIES. PAF HAS TAKEN AN APPROACH THAT

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INCLUDES ENGAGEMENT WITH A MYRIAD OF COMMUNITY AND NATIONAL PARTNERS TO

ENHANCE THEIR CAPACITY TO FURTHER SUPPORT INDIVIDUALS WITHIN THEIR

COMMUNITIES EXPERIENCING BARRIERS TO ACCESSING AND SUSTAINING THE

HEALTHCARE THEY NEED. THIS APPROACH HAS RESULTED IN LOCAL AND NATIONAL

OPPORTUNITIES TO FURTHER ENHANCE PAF'S INTERFACE WITH LOCAL COMMUNITIES

AND CONNECT WITH NATIONAL ORGANIZATIONAL WITH LOCAL CHAPTERS. THROUGH

VARIOUS OUTREACH ACTIVITIES, PAF HAS REACHED MORE THAN 2,000 LIMITED

RESOURCED INDIVIDUALS OR HEALTHCARE PROVIDERS WHO PROVIDE CARE TO

LIMITED RESOURCED POPULATIONS WERE INTRODUCED TO PAF AND THE

SERVICES/RESOURCES WE PROVIDE THROUGH THREE (3) NATIONAL AND TEN (10)

LOCAL OUTREACH EVENTS.

FOR THE FIRST TIME, PAF CONDUCTED AN EDUCATIONAL SESSION AT THE 2017

NATIONAL BLACK NURSES ASSOCIATION ANNUAL CONFERENCE, EDUCATING NURSES

FROM AROUND THE COUNTRY ON THE VARIOUS RESOURCES, SERVICES, AND SUPPORT

AVAILABLE THROUGH PAF AND HOW TO CONNECT THEIR COMMUNITIES AND THE

PATIENTS THEY SERVE TO THESE RESOURCES. FROM THIS PRESENTATION, A NEW

PARTNERSHIP WAS FORMED WITH THE NBNA ST. LOUIS CHAPTER, ONE OF 10

CITIES WHERE THE BREAST CANCER MORTALITY DISPARITY FOR AFRICAN-AMERICAN

AND CAUCASIAN WOMEN WAS 50% OR GREATER. THROUGH THIS PARTNERSHIP, PAF

AND NBNA ST. LOUIS WILL LAUNCH "NURSING BUDDY" A PILOT INITIATIVE TO

LINK VOLUNTEER NURSES TO NEWLY DIAGNOSED BREAST CANCER PATIENTS TO

EDUCATE THEM ABOUT LOCAL AND NATIONAL RESOURCES, AS WELL AS, SUPPORT

NEWLY DIAGNOSED WOMEN WITH BREAST CANCER ALONG THEIR CANCER JOURNEY.

IN OCTOBER 2017, THROUGH PAF'S ENGAGEMENT WITH THE MEMPHIS BREAST

CANCER CONSORTIUM, PAF PARTICIPATED IN HOSTING MEMPHIS'S INAUGURAL

POLICY SERIES ON BREAST CANCER DISPARITIES ENTITLED "LEVELING THE

PLAYING FIELD: HOW MBCC CAN SET THE BAR FOR HEALTH EQUITY IN BREAST

CARE". THIS EVENT WAS DESIGNED TO BRING AWARENESS TO THE BREAST CANCER

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DISPARITY ISSUE IN MEMPHIS AND TO ENGAGE NEW STAKEHOLDERS IN IDENTIFYING THEIR ROLE IN FINDING SOLUTIONS. THE PANEL INCLUDED REPRESENTATION FROM THE TENNESSEE BREAST AND CERVICAL CANCER SCREENING PROGRAM, BLUE CROSS/BLUE SHIELD OF TENNESSEE AND THE TRANSPORTATION SECURITY ADMINISTRATION. THE DIVERSITY OF THE PANEL WAS INTENTIONAL TO HIGHLIGHT THE INTERSECTIONALITY OF THESE THREE DISTINCT FUNCTIONS AND THE ROLE THAT EACH OF THEM PLAYS IN IMPACTING AND ULTIMATELY REDUCING BREAST CANCER DISPARITIES.

THE FOUNDATION CONTINUES TO EXPAND ITS REACH BEYOND DIRECT PATIENT SERVICES, MAKING AN IMPRESSIVE FOOTPRINT IN POPULATION HEALTH THROUGH THE SELFMADE HEALTH NETWORK (SMHN). THE SMHN IS ONE MEMBER OF THE CDC'S CONSORTIUM OF NATIONAL NETWORKS TO IMPACT POPULATIONS EXPERIENCING TOBACCO-RELATED AND CANCER HEALTH DISPARITIES AND IS SUPPORTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF SMOKING ON HEALTH AND THE DIVISION OF CANCER CONTROL AND PREVENTION.

THE SMHN FOCUSES ON IMPLEMENTING BEST AND PROMISING PRACTICES TO REDUCE TOBACCO AND CANCER RELATED DISPARITIES AMONG POPULATIONS WITH LOW SOCIOECONOMIC STATUS (SES) CHARACTERISTICS INCLUDING VULNERABLE, UNDERSERVED AND LOW-RESOURCED POPULATIONS) RESIDING IN RURAL, URBAN AND FRONTIER REGIONS. SMHN AND ITS PARTNER, UNIVERSITY OF KENTUCKY SCHOOL OF PUBLIC HEALTH, WERE SELECTED FOR ORAL PRESENTATION AT THE 2017 CDC NATIONAL CANCER CONFERENCE. THE PRESENTATION HIGHLIGHTED INITIAL FINDINGS FROM THE KENTUCKY TOBACCO CESSATION WORKSITE PILOT DESIGNED TO WORK WITH BLUE COLLAR WORKSITES TO BOTH PROMOTE AND ADOPT TOBACCO-FREE POLICIES AND PROVIDE LUNG CANCER EDUCATION AND CESSATION SUPPORT. THE PROJECT HAS ENGAGED WITH LOCAL WORKSITES ACROSS KENTUCKY BENEFITING OVER 1,000 BLUE COLLAR EMPLOYEES. IN ADDITION TO THE NOTED CDC CONFERENCE, SMHN HAD TWO POSTERS SELECTED FOR THE TENTH AACR CONFERENCE

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ON THE SCIENCE OF CANCER HEALTH DISPARITIES. ONE POSTER HIGHLIGHTED

THE AFRICAN-AMERICAN BREAST CANCER WORK LED BY SMHN REGIONAL RESOURCE

LEAD ORGANIZATION, MEHARRY MEDICAL COLLEGE AND THE OTHER FEATURED THE

KENTUCKY TOBACCO CESSATION WORKSITE PROJECT, LED BY SMHN REGIONAL

RESOURCE LEAD ORGANIZATION, UNIVERSITY OF KENTUCKY-SCHOOL OF PUBLIC

HEALTH. THE AACR CONFERENCE IS "DESIGNED TO ADVANCE THE UNDERSTANDING

AND, ULTIMATELY, HELP TO ELIMINATE THE DISPARITIES IN CANCER THAT

REPRESENT A MAJOR PUBLIC HEALTH PROBLEM IN OUR COUNTRY". THE AACR

PRESENTATION AFFORDED SMHN THE OPPORTUNITY TO BE AT THE INTERFACE OF

ACADEMIA, INDUSTRY, COMMUNITY AND RESEARCH

TO MAXIMIZE OPPORTUNITIES TO SPECIFICALLY ADDRESS CANCER DISPARITIES

AMONG LOW SES POPULATIONS. IN PARTNERSHIP WITH GEOGRAPHIC HEALTH

EQUITY ALLIANCE, SMHN DEVELOPED ITS FIRST FACT SERIES FOR BLUE COLLAR

WORKSITE ENTITLED "HEALTHIER NATION". THE SERIES WAS FEATURED IN THE

TRUST FOR AMERICA'S HEALTH NEWSLETTER AND DISSEMINATED TO MORE THAN

9,000 SUBSCRIBERS. TWO KEY FUNCTIONS OF THE SMHN ARE THE PROVISION OF

TECHNICAL ASSISTANCE (TA) TO STATE CANCER AND TOBACCO PREVENTION AND

CONTROL PROGRAM, AND RECOMMENDATIONS TO CDC. OVER THE LAST YEAR, SMHN

HAS PROVIDED TA TO STATE CANCER CONTROL PLANS FOR VA, WV AND TX, AND

STATE TOBACCO CONTROL PLANS FOR NE, IL, AND MA. SPECIFICALLY, SMHN

CO-DEVELOPED THE DISPARITIES SECTION OF THE VIRGINIA DEPARTMENT OF

HEALTH'S 2018-2022 STATE CANCER PLAN. ADDITIONALLY, SMHN PROVIDED

GUIDANCE TO THE CDC DIVISION OF CANCER PREVENTION AND CONTROL IN THE

DEVELOPMENT OF WHAT WILL BE THE FIRST NATIONAL NETWORKS SNAPSHOT

DOCUMENT.

CONTINUED LATER IN SCHEDULE O

FORM 990, PART III, LINE 4C

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

WEST VIRGINIA HAS THE HIGHEST LUNG CANCER MORTALITY RATE IN THE COUNTRY, SURPASSING KENTUCKY TO TAKE THE NUMBER ONE SPOT IN 2017. ONE PRIMARY FACTOR CONTRIBUTING TO THIS HIGH MORTALITY RATE IS LATE STATE DIAGNOSIS. ROUTINELY, WEST VIRGINIAN'S DIAGNOSED WITH LUNG CANCER ARE DIAGNOSED AT STAGE THREE AND FOUR. TO ADDRESS THIS DISPARITY, PAF JOINED FORCES WITH LOCAL WEST VIRGINIA STAKEHOLDERS TO LAUNCH THE WEST VIRGINIA LUNG CANCER PROJECT. THE WEST VIRGINIA (WV) LUNG CANCER PROJECT IS DESIGNED TO LINK INDIVIDUALS AT RISK FOR OR DIAGNOSED WITH LUNG CANCER TO PAF'S CASE MANAGEMENT SUPPORT TO ASSIST THEM IN MITIGATING FINANCIAL AND LOGISTICAL BARRIERS TO CARE, INCLUDING ACCESS TO LUNG CANCER SCREENING, WITH SPECIFIC FOCUS ON MEDICAID BENEFICIARIES AND OTHER LOW-INCOME POPULATIONS ACROSS WEST VIRGINIA. THIS PROJECT IS CONDUCTED IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, WV UNIVERSITY CANCER INSTITUTE, WV MOUNTAINS OF HOPE CANCER COALITION, WV CANCER AND TOBACCO PROGRAMS, AETNA BETTER HEALTH (WV CMO) AND THE WV HOSPITAL ASSOCIATION. CRITICAL TO THIS PROJECT ARE THE MEDICAID AND MEDICAID MANAGED CARE ORGANIZATIONS (MMCO) AND THE PROVIDERS WITHIN THESE NETWORKS PROVIDING SERVICES ACROSS WEST VIRGINIA.

PAF CONTINUES TO WORK WITH AETNA BETTER HEALTH OUR INITIAL MEDICAID MANAGED CARE PARTNER. AS A RESULT OF THIS PARTNERSHIP THE FOLLOWING HAS BEEN ACHIEVED DURING FY2017/2018:

- 1,333 AETNA MEMBERS WERE PROACTIVELY CONTACTED AND EDUCATED ABOUT SCREENING GUIDELINES
- 111 SCHEDULED AN APPOINTMENT TO TALK TO THEIR PROVIDER ABOUT LUNG CANCER SCREENING,
- 43 KEPT THEIR APPOINTMENT WITH THEIR PROVIDER,

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-14 COMPLETED A LDCT SCREENING,

-9 WERE NEGATIVE FOR LUNG CANCER,

-4 NEED ADDITIONAL TESTING, AND

-1 WAS POSITIVE FOR CANCER AND HAS STARTED TREATMENT.

COLLECTIVELY, THE FIVE MMCO OPERATING IN WEST VIRGINIA PROVIDE HEALTH

CARE BENEFITS TO WEST VIRGINIA MEDICAID EXPANSION POPULATION, CREATING

AN OPPORTUNITY TO LINK THOSE WHO MAY BE FINANCIAL VULNERABLE TO PAF AT

A TIME WHEN THEY COULD BENEFIT FROM OUR SUPPORT THE MOST.

IN ADDITION TO OUR MEDICAID MANAGED CARE PARTNER, ONE LOCAL HEALTH CARE

SYSTEM LAUNCHED ITS LUNG CANCER SCREENING PROGRAM IN OCTOBER 2017 AND

AS OF JANUARY 2018, HAD CONDUCTED 103 LDCT SCANS.

IN FY2017/2018 PAF WAS THE RECIPIENT OF TWO GRANTS FROM THE ROBERT WOOD

JOHNSON FOUNDATION (RWJF), INCLUDING "ROADMAP TO CONSUMER CLARITY

DISSEMINATION PROJECT" AND "RAISING AWARENESS OF THE IMPORTANCE OF AND

FACILITATING COST-OF-CARE DISCUSSIONS IN HEALTH CARE". THESE ARE THE

SECOND AND THIRD GRANTS PAF HAS BEEN AWARDED BY RWJF.

THE "ROADMAP TO CONSUMER CLARITY DISSEMINATION PROJECT" IS A COMPLIMENT

TO AND EXTENSION OF THE WORK THAT WAS DONE UNDER PAF'S FIRST RWJF GRANT

IN 2016, "CREATING A ROADMAP TO CONSUMER CLARITY IN HEALTH CARE

DECISION MAKING. THIS INITIAL GRANT DEVELOPED A COMPREHENSIVE MODEL FOR

IMPLEMENTING PERSONALIZED CARE ACROSS A WIDE-RANGE OF CLINICAL

SETTINGS. THE DISSEMINATION GRANT PROVIDED A MEANS TO TAKE A KEY

COMPONENT OF THAT MODEL, SKILLED COMMUNICATIONS, AND APPLY IT TO

COMMUNITY SETTINGS. PAF, IN COLLABORATION WITH NATIONAL PATIENT

ADVOCATE FOUNDATION (NPAF), WORKED WITH THREE COMMUNITY PARTNERS TO

ACHIEVE THE GRANT'S OBJECTIVES, THE MOUNTAIN AREA HEALTH EDUCATION

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CENTER (MAHEC) IN ASHEVILLE, NORTH CAROLINA, THE UNIVERSITY OF ILLINOIS
CHICAGO (UIC) AND THE NATIONAL MEDICAL ASSOCIATION (NMA) IN
PHILADELPHIA. THE PRIMARY COMMUNITY BEING ENGAGED FOR THE MAHEC
WORKSHOP WAS THE APPALACHIAN POPULATION, FOR UIC IT WAS AFRICAN
AMERICAN AND LATINO CANCER PATIENTS, AND FOR THE NMA, AFRICAN AMERICAN
PHYSICIANS.

EACH PROGRAM WAS DEVELOPED IN CLOSE COORDINATION WITH THE COMMUNITY
PARTNER AND ADDRESSED THE SPECIFIC NEEDS OF THE REGION AND ITS
POPULATION. THE PROGRAMS WERE DESIGNED TO BE HIGHLY INTERACTIVE,
INCLUDE SIGNIFICANT PARTICIPATION FROM A WIDE RANGE OF STAKEHOLDERS,
INCLUDING PATIENTS AND ADVOCATES, AND STRESS SKILLS THAT CAN BE USED IN
ACTUAL HEALTH CARE DECISION MAKING AT KEY POINTS DURING THE ILLNESS
EXPERIENCES. THE INTENTION IS TO USE THESE WORKSHOPS AS MODELS FOR
CONTINUING TO DEVELOP COLLABORATIVE EFFORTS WITH OTHER COMMUNITY
PARTNERS TO ADVANCE THE PERSONALIZED CARE FOR BOTH PATIENTS AND THEIR
HEALTH CARE TEAMS.

THE FINANCIAL BURDEN OF FACING A SERIOUS ILLNESS OR DISABILITY CAN HAVE
A SIGNIFICANT, OFTEN DEVASTATING IMPACT ON PATIENTS AND CAREGIVERS.
THIS IMPACT CAN BE MEASURED BOTH IN TERMS OF DIRECT COSTS FOR TREATMENT
AND CARE AND DECISIONS THAT PEOPLE MAKE ABOUT THEIR LIVES WHEN THEY
INCUR MEDICAL DEBT. IT IS INCREASINGLY IMPORTANT THAT PATIENTS DISCUSS
THE COSTS OF THEIR CARE WITH THEIR HEALTH CARE PROVIDERS AND
INCORPORATE CONSIDERATIONS OF FINANCIAL BURDEN IN THE DECISION-MAKING
PROCESS. OPEN, HONEST CONVERSATIONS ARE MORE IMPORTANT AND RELEVANT TO
ASSESSING TREATMENT OPTIONS AND HELPING PATIENTS CHOOSE AND REMAIN ON
THEIR TREATMENT PLANS.

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IN 2017, THE ROBERT WOOD JOHNSON FOUNDATION FUNDED EIGHT DIVERSE INVESTIGATORS TO DO EXPLORATORY RESEARCH ON BARRIERS AND OPPORTUNITIES THAT EXIST FOR FACILITATING COST OF CARE DISCUSSIONS AND INTEGRATING THEM INTO THE CLINICAL WORK FLOW. THIS FUNDING SUPPORTED PAF'S PROJECT, "RAISING AWARENESS OF THE IMPORTANCE OF AND FACILITATING COST-OF-CARE DISCUSSIONS IN HEALTH CARE". THAT ACTIVITIES UNDER THIS GRANT HAVE BEEN COMPLETED AND RWJF HAS FUNDED SEVERAL ORGANIZATIONS, INCLUDING PAF TO DEVELOP INNOVATIVE MEANS OF DISSEMINATING THESE FINDINGS AND RAISING AWARENESS OF THE IMPORTANCE OF COST OF CARE DISCUSSIONS IN HEALTH CARE. PAF, IN COLLABORATION WITH NPAF, IS CURRENTLY DEVELOPING A WEBSITE FOR THIS PURPOSE, WILL SPONSOR A SERIES OF WEBINARS ON COST OF CARE RELATED TOPICS AND DEDICATE ITS POLICY CONSORTIUM TO COST OF CARE RELATED ISSUES.

SCHOLARSHIP FOR SURVIVORS PROGRAM DURING PAF'S DAILY INTERACTIONS WITH PATIENTS, PAF STAFF OFTEN INTERFACE WITH PATIENTS WHO EITHER THEMSELVES OR A LOVED ONE HAS EXPERIENCED THE IMPACT OF A CHRONIC ILLNESS OR LIFE-THREATENING DISEASE ON ONE'S POST- SECONDARY EDUCATION. IN 2000, THE SCHOLARSHIP FOR SURVIVORS PROGRAM WAS ESTABLISHED TO HONOR THESE INDIVIDUALS BY OFFERING EDUCATIONAL SCHOLARSHIPS TO INDIVIDUALS WHO HAVE SUFFERED (OR ARE SUFFERING) A LIFE-THREATENING DISEASE OR CHRONIC CONDITION. THESE STUDENTS HAVE, DESPITE THEIR DISEASE/CONDITION, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO PURSUE A SECONDARY EDUCATION. DONORS GIVING DURING SILENT AND LIVE AUCTIONS AT PATIENT ADVOCATE FOUNDATION'S 17TH ANNUAL A PROMISE OF HOPE AFFAIR, AS WELL AS A PAF STAFF GUIDED COMMUNITY FUNDRAISING INITIATIVE, HELPED MAKE IT POSSIBLE

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TO DRAMATICALLY EXPAND THE SCHOLARSHIP FOR SURVIVORS PROGRAM FROM

TWELVE TO TWENTY STUDENTS FOR THE UPCOMING ACADEMIC YEAR. TO DATE, PAF

HAS AWARDED 95 SCHOLARSHIPS TOTALING OVER \$542,000.

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

JOHN L. MURPHY, BOARD MEMBER AND FINANCE COMMITTEE CHAIR OF PATIENT

ADVOCATE FOUNDATION, IS THE BROTHER-IN-LAW OF NANCY DAVENPORT-ENNIS,

FOUNDER AND CHAIR EMERITA OF PATIENT ADVOCATE FOUNDATION.

JOHN H. ENNIS, BOARD MEMBER AND CO-FOUNDER, IS THE HUSBAND OF NANCY

DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PATIENT ADVOCATE FOUNDATION.

FRANCES CASTELLOW, PRESIDENT, OPERATIONS OF PATIENT ADVOCATE FOUNDATION, IS

THE DAUGHTER OF NANCY DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF PATIENT

ADVOCATE FOUNDATION.

BETH MOORE, EVP OF CORPORATE COMMUNICATIONS OF PATIENT ADVOCATE FOUNDATION,

IS THE DAUGHTER OF NANCY DAVENPORT-ENNIS, FOUNDER AND CHAIR EMERITA OF

PATIENT ADVOCATE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 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.

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

MEMBERS OF THE PAF BOARD OF DIRECTORS ARE REQUIRED TO REVIEW AND SIGN THE
CONFLICT OF INTEREST POLICY UPON ESTABLISHING MEMBERSHIP AND ANNUALLY
COMPLETE AN UPDATED CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. EACH
MEMBER MUST DISCLOSE ANY/ALL KNOWN CONFLICTS OF INTEREST AT THAT TIME. IF
ANY CONFLICTS OF INTEREST ARE NOTED MORE INFORMATION WILL BE GATHERED BY
THE GOVERNANCE & COMPLIANCE COMMITTEE AND A DETERMINATION ON THE EXISTENCE
OF A MATERIAL CONFLICT WILL BE ISSUED. THE GOVERNANCE & COMPLIANCE
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
"MEET PAF" SECTION. ADDITIONALLY, PAF MAKES AVAILABLE THE GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, ARCHIVED FORM 990S (OLDER THAN 10

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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 -255,504.

FORM 990, PART XII, LINE 2C

NO CHANGES WERE MADE TO THE ORGANIZATION OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST

CONTINUED FROM SCHEDULE A (A).

IN FY2017/2018, THE FOUNDATION ADMINISTERED CO-PAYMENT ASSISTANCE TO

89,963 QUALIFIED PATIENTS, A 20% INCREASE OVER FY2016/2017, THROUGH THE

25 ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE

PROGRAM STAFF FIELDDED 255,389 TELEPHONE CALLS AND PROCESSED CLAIMS,

TOTALING \$269,799,000, 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 325,000 INDIVIDUALS ALLOCATING MORE THAN \$750

MILLION DOLLARS IN CO-PAYMENT AWARDS.

HEALTH EQUITY INITIATIVE, COMMUNITY OUTREACH & PATIENT ENGAGEMENT

PATIENT ADVOCATE FOUNDATION CONTINUES TO EXPAND ITS REACH BEYOND DIRECT

PATIENT SERVICES TO POPULATION HEALTH AS IT CONTINUES ITS' WORK UNDER A

5-YEAR COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND

PREVENTION, JOINTLY FUNDED THROUGH THE OFFICE OF SMOKING AND HEALTH AND

DIVISION OF CANCER CONTROL. THROUGH THIS AWARD, PATIENT ADVOCATE

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FOUNDATION ADMINISTERS THE SELFMADE HEALTH NETWORK (SMHN), A MEMBER OF

THE CDC'S CONSORTIUM OF NATIONAL NETWORKS TO IMPACT POPULATIONS

EXPERIENCING TOBACCO-RELATED AND CANCER HEALTH DISPARITIES. THE SMHN

FOCUSES ON IMPLEMENTING BEST AND PROMISING PRACTICES TO REDUCE TOBACCO

AND CANCER RELATED DISPARITIES AMONG POPULATIONS WITH LOW SOCIOECONOMIC

STATUS (SES) CHARACTERISTICS INCLUDING VULNERABLE, UNDERSERVED AND

LOW-RESOURCED POPULATIONS, RESIDING IN RURAL, URBAN AND FRONTIER

REGIONS.

IN FY2017/2018, SMHN AND ITS PARTNER, UNIVERSITY OF KENTUCKY SCHOOL OF

PUBLIC HEALTH, WERE SELECTED FOR ORAL PRESENTATION AT THE 2017 CDC

NATIONAL CANCER CONFERENCE. THE PRESENTATION HIGHLIGHTED INITIAL

FINDINGS FROM THE KENTUCKY TOBACCO CESSATION WORKSITE PILOT DESIGNED TO

WORK WITH BLUE COLLAR WORKSITES TO BOTH PROMOTE AND ADOPT TOBACCO-FREE

POLICIES AND PROVIDE LUNG CANCER EDUCATION AND CESSATION SUPPORT. THE

PROJECT HAS ENGAGED WITH LOCAL WORKSITES ACROSS KENTUCKY BENEFITING

OVER 1,000 BLUE COLLAR EMPLOYEES.

IN ADDITION TO THE NOTED CDC CONFERENCE, SMHN HAD TWO POSTERS SELECTED

FOR THE TENTH AACR CONFERENCE ON THE SCIENCE OF CANCER HEALTH

DISPARITIES. ONE POSTER HIGHLIGHTED THE AFRICAN-AMERICAN BREAST CANCER

WORK LED BY SMHN REGIONAL RESOURCE LEAD ORGANIZATION, MEHARRY MEDICAL

COLLEGE AND THE OTHER FEATURED THE KENTUCKY TOBACCO CESSATION WORKSITE

PROJECT, LED BY SMHN REGIONAL RESOURCE LEAD ORGANIZATION, UNIVERSITY OF

KENTUCKY-SCHOOL OF PUBLIC HEALTH. THE AACR PRESENTATION AFFORDED SMHN

THE OPPORTUNITY TO BE AT THE INTERFACE OF ACADEMIA, INDUSTRY, COMMUNITY

AND RESEARCH TO MAXIMIZE OPPORTUNITIES TO SPECIFICALLY ADDRESS CANCER

DISPARITIES AMONG LOW SES POPULATIONS.

NOTABLE SMHN ACCOMPLISHMENTS IN FY2017/2018 INCLUDE:

IN PARTNERSHIP WITH GEOGRAPHIC HEALTH EQUITY ALLIANCE, SMHN DEVELOPED

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ITS FIRST FACT SERIES FOR BLUE COLLAR WORKSITE ENTITLED "HEALTHIER NATION". THE SERIES WAS FEATURED IN THE TRUST FOR AMERICA'S HEALTH NEWSLETTER AND DISSEMINATED TO MORE THAN 9,000 SUBSCRIBERS. TWO KEY FUNCTIONS OF THE SMHN ARE THE PROVISION OF TECHNICAL ASSISTANCE (TA) TO STATE CANCER AND TOBACCO PREVENTION AND CONTROL PROGRAM, AND RECOMMENDATIONS TO CDC. OVER THE LAST YEAR, SMHN HAS PROVIDED TA TO STATE CANCER CONTROL PLANS FOR VA, WV AND TX, AND STATE TOBACCO CONTROL PLANS FOR NE, IL, AND MA. SPECIFICALLY, SMHN CO-DEVELOPED THE DISPARITIES SECTION OF THE VIRGINIA DEPARTMENT OF HEALTH'S 2018-2022 STATE CANCER PLAN. ADDITIONALLY, SMHN PROVIDED GUIDANCE TO THE CDC DIVISION OF CANCER PREVENTION AND CONTROL IN THE DEVELOPMENT OF WHAT WILL BE THE FIRST NATIONAL NETWORKS SNAPSHOT DOCUMENT.

SMHN ALSO HELD AN "INSIDE KNOWLEDGE: GETS THE FACTS ABOUT GYNECOLOGICAL CANCER" EDUCATIONAL SESSION ON FRIDAY, JUNE 29, 2018 AT HOWARD UNIVERSITY, A HISTORICALLY BLACK UNIVERSITY IN WASHINGTON, D.C. SESSION ATTENDEES (42) INCLUDED RISING SOPHOMORE AND JUNIOR FEMALES PARTICIPATING IN THE SUMMER HEALTH PROFESSIONS EDUCATION PROGRAM (SHPEP) AT HOWARD UNIVERSITY.

SMHN INITIATED TWO COMMUNITY LEVEL INITIATIVES DURING FY2017/2018 FOCUSED ON TOBACCO CESSATION WITH THE SOUTH CAROLINA TOBACCO FREE COLLABORATIVE (SCTFC) AND THE ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH) TOBACCO CONTROL PROGRAM. THE SCTFC PROJECT IS A HEALTH SYSTEM INTERVENTION DESIGNED TO INCREASE CAPACITY OF LOCAL FEDERALLY QUALIFIED HEALTH SYSTEM TO ASSESS FOR AND REFER TOBACCO USERS TO TOBACCO CESSATION SUPPORT AS S PART OF THEIR STANDARD OPERATING PROCEDURES. A MEMORANDUM OF UNDERSTANDING HAS BEEN ESTABLISHED WITH THE SOUTH CAROLINA STATE OFFICE OF RURAL HEALTH SUPPORT RECRUITMENT OF RURAL HEALTH CLINICS TO PARTICIPATE IN PROJECT. A SERIES OF TRAINING,

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INCLUDING CERTIFIED TOBACCO CESSATION SPECIALIST ARE SLATED TO BEGIN IN
JULY 2018.

SELFMADE HEALTH NETWORK CONTINUED TO EXPAND THE REACH OF THE NETWORK
IN FY2017/2018 BY SEEKING AND ENGAGING WITH ORGANIZATIONS ACROSS THE
PUBLIC HEALTH SPECTRUM WITH BROAD REACH. AS A RESULT OF THIS EFFORT,
SMHN HAS EXPANDED ITS REACH BY 143,816 AND RECORDED MORE THAN 243,400
IMPRESSIONS ON TWITTER.

PAF SUBMITTED A GRANT APPLICATION FOR CONSIDERATION UNDER THE
NETWORKING2SAVE CDC'S NATIONAL NETWORK APPROACH TO PREVENTING AND
CONTROLLING TOBACCO-RELATED CANCERS IN SPECIAL POPULATIONS (DP 18-1808)
FUNDING OPPORTUNITY. THIS NOFO WAS DESIGNED TO FUND A CONSORTIUM OF
NATIONAL NETWORKS TO IMPLEMENT POPULATION-SPECIFIC, PUBLIC
HEALTH-ORIENTED STRATEGIES THAT IMPACT THE PREVALENCE OF COMMERCIAL
TOBACCO USE AND TOBACCO RELATED CANCERS. STRATEGIES AND ACTIVITIES WILL
FOCUS ON NETWORK ADMINISTRATION AND MANAGEMENT; TRAINING AND TECHNICAL
ASSISTANCE; ENGAGEMENT OF THE TARGET POPULATIONS IN NATIONAL, STATE,
TRIBAL, TERRITORIAL INTERVENTIONS; AND MASS REACH HEALTH
COMMUNICATIONS.

PAF WAS SELECTED AS A GRANTEE UNDER THIS FUNDING OPPORTUNITY AND WAS
AWARDED A 5-YEAR GRANT FOR THE PERIOD OF 2018-2023. THE TARGET
POPULATION THAT PAF WAS FUNDED TO ADDRESS ARE PERSONS WITH LOW
SOCIOECONOMIC STATUS. WE WILL ACCOMPLISH THIS WORK THROUGH THE
CONTINUED ADMINISTRATION OF THE SELFMADE HEALTH NETWORK WHICH WE
ESTABLISHED UNDER THE PREVIOUS AWARD (DP 13-1314).

AS EVIDENCE OF PAF'S COMMITMENT TO CONTINUALLY BROADENING THE WAY PAF
SUPPORTS PATIENTS LIVING WITH CHRONIC AND CRITICAL DISEASE, THE WEST
VIRGINIA (WV) LUNG CANCER PROJECT WAS LAUNCHED BY PAF IN FY2016/2017 AS
A MULTI-YEAR PROJECT. THE WEST VIRGINIA (WV) LUNG CANCER PROJECT IS

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DESIGNED TO LINK INDIVIDUALS AT RISK FOR OR DIAGNOSED WITH LUNG CANCER

TO PAF'S CASE MANAGEMENT SUPPORT TO ASSIST THEM IN MITIGATING FINANCIAL

AND LOGISTICAL BARRIERS TO CARE, INCLUDING ACCESS TO LUNG CANCER

SCREENING, WITH SPECIFIC FOCUS ON MEDICAID BENEFICIARIES AND OTHER

LOW-INCOME POPULATIONS ACROSS WEST VIRGINIA. THIS PROJECT IS CONDUCTED

IN PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY, WV UNIVERSITY CANCER

INSTITUTE, WV MOUNTAINS OF HOPE CANCER COALITION, WV CANCER AND TOBACCO

PROGRAMS, AETNA BETTER HEALTH (WV CMO) AND THE WV HOSPITAL ASSOCIATION.

CRITICAL TO THIS PROJECT ARE THE MEDICAID AND MEDICAID MANAGED CARE

ORGANIZATIONS (MMCO) AND THE PROVIDERS WITHIN THESE NETWORKS PROVIDING

SERVICES ACROSS WEST VIRGINIA.

PAF CONTINUED TO WORK WITH AETNA BETTER HEALTH OUR INITIAL MEDICAID

MANAGED CARE PARTNER THIS YEAR. AS A RESULT OF THIS PARTNERSHIP THE

FOLLOWING HAS BEEN ACHIEVED DURING FY2017/2018:

1,333 AETNA MEMBERS WERE PROACTIVELY CONTACTED AND EDUCATED ABOUT

SCREENING GUIDELINES

111 SCHEDULED AN APPOINTMENT TO TALK TO THEIR PROVIDER ABOUT LUNG

CANCER SCREENING,

43 KEPT THEIR APPOINTMENT WITH THEIR PROVIDER,

14 COMPLETED A LDCT SCREENING,

9 WERE NEGATIVE FOR LUNG CANCER,

4 NEED ADDITIONAL TESTING, AND

1 WAS POSITIVE FOR CANCER AND HAS STARTED TREATMENT.

ONE LOCAL HEALTH CARE SYSTEM LAUNCHED ITS LUNG CANCER SCREENING PROGRAM

IN OCTOBER 2017 AND AS OF JANUARY 2018, HAD CONDUCTED 103 LDCT SCANS.

COLLECTIVELY, THE FIVE MMCO OPERATING IN WEST VIRGINIA PROVIDE HEALTH

CARE BENEFITS TO WEST VIRGINIA MEDICAID EXPANSION POPULATION, CREATING

AN OPPORTUNITY TO LINK THOSE WHO MAY BE FINANCIAL VULNERABLE TO PAF AT

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A TIME WHEN THEY COULD BENEFIT FROM PAF'S SUPPORT THE MOST.

IN FY2017/2018 PAF WAS THE RECIPIENT OF TWO GRANTS FROM THE ROBERT WOOD

JOHNSON FOUNDATION (RWJF), INCLUDING "ROADMAP TO CONSUMER CLARITY

DISSEMINATION PROJECT" AND "RAISING AWARENESS OF THE IMPORTANCE OF AND

FACILITATING COST-OF-CARE DISCUSSIONS IN HEALTH CARE". THESE ARE THE

SECOND AND THIRD GRANTS PAF HAS BEEN AWARDED BY RWJF.

CONTINUED LATER IN SCHEDULE O (B).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST

CONTINUATION FROM SCHEDULE O (B).

THE "ROADMAP TO CONSUMER CLARITY DISSEMINATION PROJECT" IS A COMPLIMENT

TO AND EXTENSION OF THE WORK THAT WAS DONE UNDER PAF'S FIRST RWJF GRANT

IN 2016, "CREATING A ROADMAP TO CONSUMER CLARITY IN HEALTH CARE

DECISION MAKING. THIS INITIAL GRANT DEVELOPED A COMPREHENSIVE MODEL FOR

IMPLEMENTING PERSONALIZED CARE ACROSS A WIDE-RANGE OF CLINICAL

SETTINGS. THE DISSEMINATION GRANT PROVIDED A MEANS TO TAKE A KEY

COMPONENT OF THAT MODEL, SKILLED COMMUNICATIONS, AND APPLY IT TO

COMMUNITY SETTINGS. PAF, IN COLLABORATION WITH NATIONAL PATIENT

ADVOCATE FOUNDATION (NPAF), WORKED WITH THREE COMMUNITY PARTNERS TO

ACHIEVE THE GRANT'S OBJECTIVES, THE MOUNTAIN AREA HEALTH EDUCATION

CENTER (MAHEC) IN ASHEVILLE, NORTH CAROLINA, THE UNIVERSITY OF ILLINOIS

CHICAGO (UIC) AND THE NATIONAL MEDICAL ASSOCIATION (NMA) IN

PHILADELPHIA. THE PRIMARY COMMUNITY BEING ENGAGED FOR THE MAHEC

WORKSHOP WAS THE APPALACHIAN POPULATION, FOR UIC IT WAS AFRICAN

AMERICAN AND LATINO CANCER PATIENTS, AND FOR THE NMA, AFRICAN AMERICAN

PHYSICIANS.

EACH PROGRAM WAS DEVELOPED IN CLOSE COORDINATION WITH THE COMMUNITY

PARTNER AND ADDRESSED THE SPECIFIC NEEDS OF THE REGION AND ITS

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POPULATION. THE PROGRAMS WERE DESIGNED TO BE HIGHLY INTERACTIVE,
 INCLUDE SIGNIFICANT PARTICIPATION FROM A WIDE RANGE OF STAKEHOLDERS,
 INCLUDING PATIENTS AND ADVOCATES, AND STRESS SKILLS THAT CAN BE USED IN
 ACTUAL HEALTH CARE DECISION MAKING AT KEY POINTS DURING THE ILLNESS
 EXPERIENCES. THE INTENTION IS TO USE THESE WORKSHOPS AS MODELS FOR
 CONTINUING TO DEVELOP COLLABORATIVE EFFORTS WITH OTHER COMMUNITY
 PARTNERS TO ADVANCE THE PERSONALIZED CARE FOR BOTH PATIENTS AND THEIR
 HEALTH CARE TEAMS.

THE FINANCIAL BURDEN OF FACING A SERIOUS ILLNESS OR DISABILITY CAN HAVE
 A SIGNIFICANT, OFTEN DEVASTATING IMPACT ON PATIENTS AND CAREGIVERS.
 THIS IMPACT CAN BE MEASURED BOTH IN TERMS OF DIRECT COSTS FOR TREATMENT
 AND CARE AND DECISIONS THAT PEOPLE MAKE ABOUT THEIR LIVES WHEN THEY
 INCUR MEDICAL DEBT. IT IS INCREASINGLY IMPORTANT THAT PATIENTS DISCUSS
 THE COSTS OF THEIR CARE WITH THEIR HEALTH CARE PROVIDERS AND
 INCORPORATE CONSIDERATIONS OF FINANCIAL BURDEN IN THE DECISION-MAKING
 PROCESS. OPEN, HONEST CONVERSATIONS ARE MORE IMPORTANT AND RELEVANT TO
 ASSESSING TREATMENT OPTIONS AND HELPING PATIENTS CHOOSE AND REMAIN ON
 THEIR TREATMENT PLANS.

IN 2017, THE ROBERT WOOD JOHNSON FOUNDATION FUNDED EIGHT DIVERSE
 INVESTIGATORS TO DO EXPLORATORY RESEARCH ON BARRIERS AND OPPORTUNITIES
 THAT EXIST FOR FACILITATING COST OF CARE DISCUSSIONS AND INTEGRATING
 THEM INTO THE CLINICAL WORK FLOW. THIS FUNDING SUPPORTED PAF'S PROJECT,
 "RAISING AWARENESS OF THE IMPORTANCE OF AND FACILITATING COST-OF-CARE
 DISCUSSIONS IN HEALTH CARE". THAT ACTIVITIES UNDER THIS GRANT HAVE
 BEEN COMPLETED AND RWJF HAS FUNDED SEVERAL ORGANIZATIONS, INCLUDING PAF
 TO DEVELOP INNOVATIVE MEANS OF DISSEMINATING THESE FINDINGS AND RAISING
 AWARENESS OF THE IMPORTANCE OF COST OF CARE DISCUSSIONS IN HEALTH CARE.

PAF, IN COLLABORATION WITH NPAF, IS CURRENTLY DEVELOPING A WEBSITE FOR

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THIS PURPOSE, WILL SPONSOR A SERIES OF WEBINARS ON COST OF CARE RELATED

TOPICS AND DEDICATE ITS POLICY CONSORTIUM TO COST OF CARE RELATED

ISSUES.

PATIENT EDUCATION & EMPOWERMENT

LASTLY, PAF EXTENDS THE IMPACT OF ITS ONE-TO-ONE CASE MANAGEMENT

SERVICES THROUGH THE DEVELOPMENT AND DELIVERY OF PATIENT EDUCATION AND

EMPOWERMENT TOOLS FOCUSED ON PROVIDING ACTIONABLE ADVICE AND GUIDANCE

TO HEALTHCARE CONSUMERS TO IMPROVE THEIR EVERYDAY EXPERIENCE WITH

INSURANCE AND TO ENCOURAGE PATIENT'S ENGAGEMENT IN THE HEALTHCARE

SYSTEM. EACH YEAR, PAF CREATES, MAINTAINS AND DISTRIBUTES A WIDE ARRAY

OF PATIENT EDUCATION MATERIALS AND ONLINE TOOLS, IN PRINTED AND

ELECTRONIC FORM. PAF'S EDUCATIONAL PORTFOLIO COVERS A BROAD RANGE OF

TOPICS, AVAILABLE IN A VARIETY OF FORMATS, TO MEET THE NEEDS AND

PREFERENCES OF MULTIPLE AUDIENCES, INCLUDING PATIENTS, CAREGIVERS AND

PROFESSIONALS INCLUDING THOSE WHO INTERACT DIRECTLY WITH THE FOUNDATION

REQUESTING ASSISTANCE AS WELL AS THE GENERAL PUBLIC VISITING OUR

WEBSITE AND CONNECTING WITH PAF. PAF'S PATIENT EDUCATION MATERIALS ARE

ROUTINELY UTILIZED BY OTHER ORGANIZATIONS AND FACILITIES WHO SHARE THEM

WITH THEIR PATIENTS. THE FOUNDATION MAINTAINS AN EXTENSIVE LIBRARY OF

PAF AUTHORED PATIENT EDUCATIONAL PUBLICATIONS, AS WELL AS A CULTIVATED

GROUP OF MATERIALS FROM OTHER INDUSTRY EXPERTS, ALL OF WHICH ARE

AVAILABLE FREE OF CHARGE TO PATIENT.

DURING FY2017/2018, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT

TEAM LAUNCHED A PATIENT INSIGHT AND REVIEWER PANEL CREATING A MECHANISM

THROUGH WHICH FEEDBACK AND SUPPORT ON EDUCATIONAL PROJECTS OF ALL KINDS

CAN BE OBTAINED IN A SYSTEMATIC AND RELIABLE MANNER, DEVELOPED 15 NEW

AND REVISED EDUCATIONAL PUBLICATIONS, LAUNCHED 3 ONLINE EDUCATIONAL

TOOLS AND CREATED 10 PATIENT EMPOWERMENT SERIES WEBINARS. THE

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INFRASTRUCTURE AND CONTENT OF THE NATIONAL FINANCIAL RESOURCE

DIRECTORIES, THE MY RESOURCE SEARCH APP, WORDS THAT MATTER VOCABULARY

AND GLOSSARY MATERIALS AND CHATTER THAT MATTERS VIDEOS WERE ALSO

ENHANCED AND THE CONTENT EXPANDED. PATIENT EMPOWERMENT SERIES WEBCASTS

PATIENT EMPOWERMENT SERIES WEBCASTS

15 ON-DEMAND SESSIONS AVAILABLE IN LIBRARY, 3 WERE PRESENTED LIVE

DURING REPORTING PERIOD

ATTENDEES UNIVERSALLY REPORT THAT WEBINARS ARE INFORMATIVE, VALUABLE

AND PRESENTER IS KNOWLEDGEABLE ABOUT TOPIC.

PAF'S PUBLICATION LIBRARY & EXPERT PARTNER RESOURCES

INCREASED USE OF ELECTRONIC DISTRIBUTION OF PUBLICATIONS, AND ONLINE

CONTENT THROUGH EDUCATIONAL TEXT ARTICLES AND UPDATED PUBLICATION

IMPROVED WEB DOWNLOAD EXPERIENCE FOR ELECTRONIC DISTRIBUTION OF PAF

PUBLICATIONS WITH UPDATED PAF WEBSITE

UPDATED ONLINE LAYOUT AND ORGANIZED EDUCATIONAL MATERIAL INTO 12 EASY

TO UNDERSTAND TOPIC AREAS FOR QUICKER PATIENT ACCESS

ADDITION OF SPANISH VERSIONS OF PUBLICATIONS FOR ELECTRONIC DOWNLOAD

INTRODUCED NEW PUBLICATIONS "CLINICAL TRIALS ARE DEFINITELY WORTH A

SECOND LOOK FOR ANY PATIENT", AND "UNDERSTANDING HOW SSI AND SSDI CAN

HELP PATIENTS"

NEARLY 30,000 MAILED PIECES OF PATIENT EDUCATIONAL MATERIALS

DISTRIBUTED, PLUS OVER 17,000 ELECTRONICALLY SENT

PAF NATIONAL RESOURCE DIRECTORIES & MOBILE APP

USERS COMPLETED 32,592 ELECTRONIC SEARCHES FOR RESOURCES

1,048,422 MATCHING RESOURCES WERE PROVIDED TO USERS

148 RESOURCES ADDED, 229 RESOURCES UPDATED, 50 RESOURCES CLOSED BY PAF

STAFF

FINANCIAL ASSISTANCE TYPES REPRESENT MOST COMMONLY SEARCHED

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CHARACTERISTIC

PUBLISHED UPDATED VERSION IN APP STORES TO ACCOMMODATE CHANGES IN
PHONE OPERATING SYSTEMS
CUSTOMIZED MATERIAL FOR SPECIFIC PATIENT POPULATIONS
DEVELOPMENT OF "MATTERS OF THE HEART" EDUCATIONAL SYNDICATION TOOL FOR
PAF AND CARDIOVASCULAR NONPROFIT PARTNER USE
CREATION OF 19 EDUCATIONAL TIP SHEETS TO ACCOMPANY THE "MATTERS OF THE
HEART" MATERIAL FOR CARDIOVASCULAR PATIENTS
PUBLISHED "CLINICAL TRIALS: WHAT PATIENT ADVOCATES WANT YOU TO KNOW"
FOR METASTATIC BREAST CANCER PATIENTS
DURING FY2017/2018, MEMBERS OF THE FOUNDATION'S STAFF CONDUCTED,
PARTICIPATED IN AND HOSTED EDUCATIONAL OUTREACH AT THE LOCAL, REGIONAL
AND NATIONAL LEVELS WITH THE GOAL OF EDUCATING THE GENERAL PUBLIC,
NONPROFIT ORGANIZATIONS AND MEMBERS OF THE HEALTHCARE COMMUNITY WHO
SUPPORT PATIENTS ABOUT THE SERVICES AND EDUCATIONAL MATERIALS OFFERED
BY THE FOUNDATION AND THE CHALLENGES FACING PATIENTS AS THEY NAVIGATE
THEIR TREATMENT JOURNEY. THIS OUTREACH WAS, IN SOME CASES, TARGETED TO
A SPECIFIC POPULATION THAT IS KNOWN TO BE CONSIDERED DISPARATE IN
HEALTHCARE ACCESS AND DISEASE OUTCOMES DATA. IN FY2017/2018, THE
FOUNDATION ATTENDED 81 OUTREACH EVENTS AND DISTRIBUTED OVER 5000
EDUCATIONAL PUBLICATIONS THROUGH THESE EVENTS.
CONTINUED LATER IN SCHEDULE O (C).

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

PUBLIC SUPPORT PERCENTAGE

THE FOUNDATION'S CUMULATIVE PUBLIC SUPPORT PERCENTAGE THROUGH JUNE 30,
2018 IS 23.83%, WHICH IS ABOVE THE MINIMUM AMOUNT OF 10% AT WHICH FACTS

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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

PRESENT A VERY STRONG CASE IN SUPPORT OF ITS ONGOING CLASSIFICATION AS

A PUBLIC CHARITY. THESE FACTS AND CIRCUMSTANCES INCLUDE THE FOLLOWING:

1. THE FOUNDATION MAINTAINS ITS INDEPENDENCE FROM ITS DONORS BOTH

OPERATIONALLY AND FROM A GOVERNANCE PERSPECTIVE. DONORS TO PAF DO NOT

HAVE INFLUENCE OR CONTROL OVER THE FOUNDATION, ITS OPERATIONS OR ITS

PROGRAMMING.

IT IS IMPORTANT TO NOTE THAT, BY ITS' VERY NATURE, THE CO-PAY RELIEF

PROGRAM, TO WHICH CHARITABLE DONATIONS ARE MADE THAT EFFECT PAF'S

PUBLIC SUPPORT PERCENTAGE THE GREATEST, IS REQUIRED TO BE INDEPENDENTLY

OPERATED, WITHOUT THE INFLUENCE OR CONTROL OF ITS DONORS PER GUIDANCE

PROVIDED BY THE OFFICE OF INSPECTOR GENERAL (OIG) IN ITS OPINION 04-15.

PAF HAS A DEEP COMMITMENT TO COMPLIANCE WITH ITS OIG OPINION, AS IS

EVIDENCED BY ITS ORGANIZATIONAL COMPLIANCE PROGRAM AND ONGOING OUTCOMES

INTERNAL AND EXTERNAL REVIEWS AND AUDITS.

2. PAF SEEKS, AND SUCCESSFULLY SECURES, FUNDING FOR ALL ITS PROGRAMS

FROM A MULTITUDE OF SOURCES INCLUDING GOVERNMENTAL AGENCIES, OTHER

PUBLIC CHARITIES, CORPORATIONS AND FROM THE GENERAL PUBLIC.

3. PAF'S EXECUTIVE BOARD OF DIRECTORS IS COMPRISED OF MEMBERS WITH

DIVERSE PROFESSIONAL BACKGROUNDS, REPRESENTING THE INTERESTS OF THE

CHRONICALLY AND CRITICALLY ILL SEGMENT OF THE GENERAL PUBLIC SERVED BY

PAF. THE MEMBERS OF THE PAF BOARD OF DIRECTORS HAVE EXPERTISE IN THE

FIELDS OF HEALTHCARE ADMINISTRATION, CLINICAL PRACTICE AND RESEARCH,

DIRECT PATIENT CARE, NON-PROFIT MANAGEMENT, GOVERNMENT, PATIENT

ADVOCACY, HEALTH INSURANCE, TECHNOLOGY AND LAW; WHEN COMBINED, THE

MEMBERS CLEARLY REPRESENT A BROAD CROSS SECTION OF THE VIEWS AND

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INTERESTS OF THE COMMUNITY/PUBLIC.

4. THE FOUNDATION'S SUPPORT AND SERVICES BROADLY BENEFIT THE GENERAL

PUBLIC, SPECIFICALLY THOSE DIAGNOSED AND LIVING WITH CHRONIC AND

CRITICAL DISEASES, THEIR FAMILIES AND CARE TEAMS. PAF HAS A

LONGSTANDING, DEMONSTRATED HISTORY OF PROVIDING ROBUST CASE MANAGEMENT

SERVICES, PATIENT/PUBLIC EDUCATION AND THE PROVISION OF FINANCIAL

SUPPORT FOR PHARMACEUTICAL CO-PAYMENTS THROUGH ITS CPR PROGRAM;

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 22-YEAR HISTORY AND THE NUMBER AND

DIVERSITY OF DONORS TO THE FOUNDATION. PAF HAS A POLICY OF SEEKING AND

SECURING CHARITABLE DONATIONS FROM A MULTITUDE OF SOURCES FOR ALL ITS

PROGRAMS, INCLUDING CASE MANAGEMENT, PATIENT EDUCATION AND EMPOWERMENT

PROGRAMS, HEALTH EQUITY INITIATIVES, AND FINANCIAL ASSISTANCE PROGRAMS

INCLUDING ITS FINANCIAL AID FUNDS (FAF) AND ITS CO-PAY RELIEF (CPR)

PROGRAM AS OUTLINED IN OIG ADVISORY OPINION 04-15. PAF HAS BEEN

SUCCESSFUL IN SECURING BROAD SUPPORT FROM A MYRIAD OF SOURCES,

EXPANDING ITS BASE OF SUPPORT EACH YEAR. PAF DOES NOT HAVE A PERPETUAL

SOURCE OF REVENUE (I.E. LARGE 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

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CHARGED WITH FUNDRAISING ACTIVITIES, ARE RESPONSIBLE FOR SECURING

SUPPORT SUFFICIENT ENOUGH TO SUPPORT THE FOUNDATION'S PROGRAM SERVICES

FOR THE GENERAL PUBLIC EACH YEAR.

THE FOUNDATION EMPLOYS A PROGRAM DEVELOPMENT STAFF OF FIVE (5) WHOM, IN

PARTNERSHIP WITH THE CEO AND BOARD OF DIRECTORS, IS RESPONSIBLE FOR

DEVELOPING AND EXECUTING MULTIFACETED FUNDRAISING PLANS ALIGNED WITH

THE MISSION OF THE FOUNDATION OF PROVIDING SUSTAINED CASE MANAGEMENT,

FINANCIAL SUPPORT AND EDUCATION TO THE UN- AND UNDER- INSURED,

FINANCIALLY DISADVANTAGED POPULATION IN OUR NATION. THE PROGRAM

DEVELOPMENT TEAM WORKS TO IDENTIFY AND RESPOND TO FUNDING OPPORTUNITIES

FOR THE FOUNDATION FROM ALL GOVERNMENT, BUSINESS AND NON-PROFIT

SECTORS. IN FY2017/2018, THE PROGRAM DEVELOPMENT STAFF SUBMITTED 235

GRANTS AND FACILITATED FUNDRAISING CAMPAIGNS TO THE GENERAL PUBLIC.

THIS REPRESENTS A 7% INCREASE IN GRANT SUBMISSIONS AS COMPARED TO

FY2016/2017.

FURTHER IN 2017/2018, PAF RECEIVED DONATIONS OF SUPPORT FROM

THIRTY-THREE (33) NON-PROFIT ORGANIZATIONS, ALL 501C3 PUBLIC CHARITIES

AND PRIVATE FOUNDATIONS, OF WHICH 13 WERE NEW DONORS. THESE

ORGANIZATIONS FUNDED GRANTS TO PAF IN SUPPORT OF ITS CASE MANAGEMENT,

PATIENT EDUCATION, FINANCIAL AID FUNDS AND CO-PAY RELIEF PROGRAM.

GRANT SUPPORT FROM NON-PROFIT ORGANIZATIONS REPRESENTED THE MAJORITY OF

FUNDING FOR THE PAF CASE MANAGEMENT PROGRAMS. IN FY2017/2018, PAF ALSO

EXPANDED ITS RELATIONSHIP WITH THE BEGIN AGAIN FOUNDATION, WHO IN

ADDITION TO PROVIDING CONTINUED SUPPORT FOR THE LEISHLINE FAF EXPANDED

TO SUPPORT CASE MANAGEMENT SERVICES. THE ROBERT WOOD JOHNSON

FOUNDATION EXPANDED THEIR SUPPORT TO INCLUDE A SECOND YEAR OF FUNDING

FOR DISSEMINATION OF THE PREVIOUS YEAR'S RESEARCH PROJECT. PAF SECURED

SPONSORSHIPS AND SOLD TICKETS FOR ITS BLACK-TIE FUNDRAISER, PROMISE OF

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HOPE AFFAIR, IN FEBRUARY 2018, ATTENDED BY MORE THAN 300 ATTENDEES WHO

SUPPORTED PAF AT THE EVENT AS WELL THROUGH LIVE AND SILENT AUCTIONS.

PAF MAINTAINS, ON ITS PUBLIC WEBSITES, (WWW.PATIENTADVOCATE.ORG AND

WWW.COPAYS.ORG), DONATION PAGES THAT THE GENERAL PUBLIC USES TO MAKE

DONATIONS TO THE FOUNDATION. PAF DEVELOPMENT TEAM DESIGNS AND LAUNCHES

SEVERAL INDIVIDUAL APPEAL CAMPAIGNS ANNUALLY.

FURTHER, PAF MAINTAINS CLEAR INDEPENDENCE OF OPERATIONS OF ITS PROGRAMS

SO TO ENSURE THEY ARE DESIGNED AND OPERATED IN A MANNER THAT ADDRESSES

THE NEEDS OF CHRONICALLY AND CRITICALLY ILL PATIENTS IN THE GENERAL

POPULATION AS SUPPORTED BY PAF PATIENT NEEDS DATA. PAF INDEPENDENTLY,

AND WITHOUT DONOR INFLUENCE OR CONTROL, IDENTIFIES THE NEED FOR, AND

DEFINES AND ESTABLISHES THE OPERATIONAL PARAMETERS FOR, EACH OF ITS

DISEASE SPECIFIC FUNDS IN THE CPR PROGRAM CONSISTENT WITH ITS OIG

ADVISORY OPINION, 04-15, AS MODIFIED AND ALL PUBLISHED OIG GUIDANCE

THAT IS APPLICABLE TO CHARITABLE PATIENT ASSISTANCE PROGRAMS. PAF

ALSO IDENTIFIES THE NEED FOR, DEFINES AND ESTABLISHES THE OPERATIONAL

PARAMETERS FOR ITS CASE MANAGEMENT PROGRAMMING, SMALL GRANT PROGRAMS

AND PUBLIC/PATIENT EDUCATION PROGRAMS, FREE FROM DONOR INFLUENCE OR

CONTROL.

THE PAF BOARD OF DIRECTORS ADOPTED THE CHARITABLE PATIENT ASSISTANCE

PROGRAM (CPAP) CODE OF ETHICS THAT WAS DRAFTED IN 2014-2015 BY A

COLLECTION OF ORGANIZATIONS WHO ALL PROVIDE CHARITABLE PATIENT

ASSISTANCE SIMILAR TO THAT PROVIDED BY PAF THROUGH ITS CO-PAY RELIEF

PROGRAM. THIS INITIATIVE WAS LED BY PAF AND MANAGED BY REGULATORY

COUNSEL FROM WASHINGTON, DC. PAF HAS A GOVERNANCE COMMITTEE OF THE

BOARD OF DIRECTORS. MEMBERSHIP ON THIS COMMITTEE IS LIMITED TO

INDEPENDENT BOD MEMBERS AND NO MEMBER CAN HAVE ANY RELATIONSHIP TO A

DONOR ORGANIZATION. ADOPTION OF THIS VOLUNTARY CODE FURTHER

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DEMONSTRATES PAF'S COMMITMENT TO COMPLIANCE AND INDEPENDENCE FROM DONOR
INFLUENCE.

AREN'T FOX, LLP, WHO ARE EXPERTS IN REGULATORY COMPLIANCE, SPECIALIZING
IN COMPLIANCE PROGRAMS RELATIVE TO PATIENT ASSISTANCE PROGRAMS, PROVIDE
MANAGEMENT OF PAF'S ORGANIZATIONAL COMPLIANCE PROGRAM, AS WELL AS SERVE
AS COMPLIANCE COUNSEL. ALL PROGRAMS OPERATED BY PAF, INCLUDING CPR, ARE
MONITORED AND EVALUATED AS PART OF THE COMPLIANCE PROGRAM, AS DEFINED
IN THE COMPLIANCE CHARTER. THE PROGRAM IS DESIGNED TO ASSIST THE
FOUNDATION IN PREVENTING, DETECTING, AND RESPONDING TO ILLEGAL,
IMPROPER, AND UNETHICAL CONDUCT, SERVING AS A PROCEDURAL FRAMEWORK FOR
ENHANCING AND MONITORING COMPLIANCE WITH APPLICABLE LAW, REGULATION,
THE PAF CODE OF CONDUCT, THE CHARITABLE PATIENT ASSISTANCE PROGRAM CODE
OF ETHICS AND THE FOUNDATION'S POLICIES AND PROCEDURES.

CONTINUED LATER IN SCHEDULE O (D).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST

CONTINUATION FROM SCHEDULE O (D).

THE COMPLIANCE PROGRAM IS BASED ON THE ELEMENTS OF AN EFFECTIVE
COMPLIANCE PROGRAM SET FORTH IN THE FEDERAL SENTENCING GUIDELINES

MANUAL AND APPLICABLE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF
INSPECTOR GENERAL GUIDANCE. KEY PROGRAM GOVERNANCE POLICIES AND
PROCEDURES INCLUDE:

1. COMPLIANCE PROGRAM OVERVIEW

2. GOVERNANCE AND COMPLIANCE COMMITTEE CHARTER

3. COMPLIANCE COMMITTEE MEMBERSHIP CRITERIA

4. PAF ORGANIZATIONAL CODE OF CONDUCT

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

SUBCONTRACTORS AND AGENTS

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

7. COMPLIANCE REPORTING AND NON-RETALIATION POLICY AND PROCEDURE

8. BACKGROUND CHECK POLICY

9. STAFF AND BOARD OF DIRECTORS COMPLIANCE TRAINING

10. ESTABLISHMENT OF AN ANONYMOUS HOTLINE FOR EMPLOYEES TO REPORT

CONCERNS

ANNUAL COMPLIANCE TRAINING WAS DELIVERED TO THE PAF EXECUTIVE BOARD OF

DIRECTORS IN NOVEMBER 2017 AND THE ENTIRE PAF STAFF RECEIVED THE ANNUAL

TRAINING IN AUGUST 2017. THESE TRAININGS INCLUDED A CLEAR OVERVIEW OF

THE AKS AND CIVIL MONETARY PENALTIES LAW AND THEIR APPLICABILITY TO PAF

AND THE CPR PROGRAM. ALL NEW HIRES, INCLUDING TEMPORARY STAFF, RECEIVE

THE TRAINING DURING THE FIRST TWO DAYS OF EMPLOYMENT. ANNUAL REFRESHER

TRAINING IS DELIVERED TO ALL STAFF, AND BOARD MEMBERS, AS WELL.

FINALLY, TO ENSURE COMPLIANT COMMUNICATIONS WITH DONORS AND CLEARLY

ARTICULATE PAF'S INDEPENDENCE OF OPERATIONS, PAF, IN COLLABORATION WITH

THE PAF COMPLIANCE COUNSEL, DEVELOPED AND IMPLEMENTED DONOR

COMMUNICATION, FUND DEVELOPMENT AND MANAGEMENT STANDARD OPERATING

PROCEDURES AND ACCOMPANYING TEMPLATES. THIS MANUAL, AND ASSOCIATED

MANDATORY TRAINING THAT IS DELIVERED ANNUALLY, PROVIDES GUIDELINES AND

PROCEDURES RELATIVE TO KEY AREAS OF DONOR INTERACTION & OPERATIONAL

DESIGN DECISIONS.

2. SOURCES OF SUPPORT

PAF HAS BEEN SUCCESSFUL IN PROCURING SUBSTANTIAL CHARITABLE

CONTRIBUTIONS FROM A DIVERSITY OF SOURCES INCLUDING THE GENERAL 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

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AND/OR CHARITABLE CONTRIBUTIONS FROM ORGANIZATIONS INCLUDING, BUT NOT

LIMITED TO, THE FOLLOWING:

OTHER 501(C)3 CHARITABLE ORGANIZATIONS INCLUDE:

☐ ALLIANCE FOR AGING RESEARCH

☐ AMERICAN CANCER SOCIETY

☐ APLASTIC ANEMIA & MDS INTERNATIONAL FOUNDATION

☐ ALS ASSOCIATION

☐ AVON PRODUCTS FOUNDATION, INC.

☐ AVON BREAST CANCER CRUSADE, LLC

☐ BREAST CANCER AWARENESS COMMITTEE (CA)

☐ CAN DO MULTIPLE SCLEROSIS

☐ COMMUNITY ONCOLOGY ALLIANCE

☐ THE DONNA FOUNDATION

☐ FRIENDS OF CANCER RESEARCH

☐ GOODCOIN FOUNDATION

☐ GUIDESTAR.ORG

☐ IOWA CANCER CONSORTIUM

☐ JPMORGAN CHASE FOUNDATION

☐ LEUKEMIA AND LYMPHOMA SOCIETY

☐ LIBERTY HILL BAPTIST CHURCH

☐ LIVESTRONG FOUNDATION

☐ LUNGEVITY FOUNDATION

☐ NATIONAL COMPREHENSIVE CANCER NETWORK, INC.

☐ ONCOLOGY NURSING SOCIETY, LANCASTER RED ROSE CHAPTER

☐ ORANGE COUNTY'S UNITED WAY

☐ PANCREATIC CANCER ACTION NETWORK

☐ PHRMA FOUNDATION

☐ SCHWAB CHARITABLE

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☐ SILICON VALLEY COMMUNITY FOUNDATION

☐ SUSAN G. KOMEN FOR THE CURE

☐ TIAA CHARITABLE INC.

☐ UNITED WAY SALT LAKE

☐ THE WISHLIST FOUNDATION

☐ ZERO-THE END OF PROSTATE CANCER

GOVERNMENTAL AGENCIES:

☐ CENTER FOR DISEASE CONTROL (4, MULTI-YEAR COOPERATIVE AGREEMENTS)

☐ NATIONAL CANCER INSTITUTE (NCI)

CORPORATIONS AND CORPORATE FOUNDATIONS

☐ INCREASED CORPORATE PARTNERS FROM:

17 IN FY2011/2012

30 IN FY2015/2016

71 IN FY2016/2017

88 IN FY2017/2018

ACADEMIC AND RESEARCH INSTITUTIONS & PRIVATE FOUNDATIONS

☐ BEGIN AGAIN FOUNDATION

☐ DUKE UNIVERSITY

☐ ECOG-ACRIN MEDICAL RESEARCH FOUNDATION

☐ FRED HUTCHINSON CANCER RESEARCH CENTER

☐ HIGH PINES FOUNDATION

☐ JEFF GORDON CHILDREN'S FOUNDATION

☐ JENNIFER JAFF CENTER

☐ KINGS CARE FOUNDATION

☐ MAHAN FOUNDATION

☐ OBICI HEALTHCARE FOUNDATION

☐ RIVERSIDE HEALTH SYSTEM FOUNDATION

☐ ROBERT WOOD JOHNSON FOUNDATION

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O SEATTLE CANCER CARE ALLIANCE

O THE WILDFLOWER FOUNDATION

O VITOLOGY FOUNDATION

GENERAL PUBLIC

O RECEIVED MEMORIAL, HONORARY AND GENERAL SUPPORT AND CONTRIBUTIONS FROM OVER 650 INDIVIDUALS IN FY2017/2018, A 31% INCREASE OVER THE PREVIOUS FISCAL YEAR.

O HOSTED BLACK TIE GALA IN FEBRUARY 2018 ATTENDED BY OVER 300 GUESTS SUPPORTING THE EVENT, INCLUDING LIVE AND SILENT AUCTION

O RECEIVED SUPPORT FROM MORE THAN 70 INDIVIDUAL DONORS AND 4 CORPORATE DONORS IN SUPPORT OF STAFF PARTICIPATION IN CRAWL N' CRAB 5K RACE IN 2018, A 40% INCREASE IN INDIVIDUAL DONORS OVER THE PREVIOUS FISCAL YEAR.

O RECEIVED DONATIONS FROM OVER 1800 INDIVIDUALS OVER THE PAST 5 YEARS IN FY2017/2018, PAF RECEIVED CONTRIBUTIONS FROM OVER 750 DONORS INCLUDING SUPPORT FROM INDIVIDUALS, CORPORATE PARTNERS AND FOUNDATIONS, GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS.

3. REPRESENTATIVE GOVERNING BODY

THE PAF EXECUTIVE BOARD OF DIRECTORS COMPRISED OF 16 MEMBERS, ALL OF WHOM ARE NATIONALLY RECOGNIZED EXPERTS IN THE FIELDS OF HEALTHCARE ADMINISTRATION, CLINICAL PRACTICE AND RESEARCH, DIRECT PATIENT CARE, NON-PROFIT MANAGEMENT, GOVERNMENT/PUBLIC HEALTH, PATIENT ADVOCACY, HEALTH INSURANCE, TECHNOLOGY AND LAW. THE COMPOSITION OF THE BOARD IS A LIVING DEMONSTRATION TO PAF'S COMMITMENT REPRESENTING THE BROAD INTEREST, AND UNIQUE PERSPECTIVES, OF THE GENERAL PUBLIC AND TO GOVERN THE OPERATIONS WITH A DIVERSE, YET UNIFIED, POINT OF VIEW THAT WILL ENABLE THE FOUNDATION TO EXECUTE MEANINGFUL PATIENT PROGRAMS, DESIGNED TO ADDRESS GAPS IN THE CURRENT HEALTHCARE ENVIRONMENT AND ATTRACT

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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 INSURE THE ORGANIZATION IS RUN IN A FISCALLY RESPONSIBLE MANNER AND THAT ALL PROGRAMS INITIATED AND DELIVERED BY PAF ARE GERMANE TO THE MISSION OF PAF. THE PAF BOARD OF DIRECTORS ASSESSES THE ORGANIZATIONS PERFORMANCE AND EFFECTIVENESS AND DETERMINES FUTURE ACTIONS REQUIRED, IF ANY, TO ACHIEVE ITS MISSION.

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

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

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

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

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

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

CONFLICTS ARISE THROUGH THE COMPLETION OF THE COI DISCLOSURE FORM.

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

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

INDEPENDENCE PURSUANT TO IRS REQUIREMENTS AND DEFINITION OF

"INDEPENDENCE". PURSUANT TO THESE STANDARDS, PAF HAD 13 INDEPENDENT

DIRECTORS IN FY2017/2018 AND THREE DIRECTORS WHO WERE NON-INDEPENDENT,

INCLUSIVE OF THE CURRENT CEO, AND THE TWO FOUNDERS OF THE ORGANIZATION.

CONTINUED LATER IN SCHEDULE O (E).

FORM 990, SCH A, PART II, SECTION C, LINE 17A, FACTS A

CONTINUATION FROM SCHEDULE O (E).

PAF'S GOVERNANCE AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS IS

CHARGED WITH OVERSEEING, MONITORING, AND ENFORCING COMPLIANCE WITH

BOARD STANDARDS OF CONDUCT AND DUTIES, INCLUDING, BUT NOT LIMITED TO

COI, SELF-DEALING, CODE OF CONDUCT, CONFIDENTIALITY, AND COMPENSATION.

THEY ARE CHARGED WITH THE REVIEW AND DETERMINATIONS OF COI'S AND

DIRECTOR'S INDEPENDENCE ANNUALLY AND, AS REQUIRED. MEMBERS OF THE

COMMITTEE ARE SUBJECT TO THE INDEPENDENCE POLICY AND MUST MEET ALL

THREE CRITERIA UNDER THE IRS INDEPENDENCE TEST. FURTHER, THE DIRECTOR,

NOR IMMEDIATE FAMILY MEMBER OF THE DIRECTOR, CAN BE A DONOR TO PAF'S

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

PROGRAM. A DIRECTOR CANNOT BE A FORMER DIRECTOR, OFFICER OR EMPLOYEE

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

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

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

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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 FY2017/2018 CONSISTED OF SIX (6) INDEPENDENT MEMBERS

OF THE PAF BOARD OF DIRECTORS.

PAF'S BOARD DOES NOT INCLUDE ANY EMPLOYEE AND/OR BOARD MEMBERS OF A

DONOR ORGANIZATION, THUS, ELIMINATING THE INFLUENCE OF A DONOR FROM THE

GOVERNING BODY OF PAF. MOREOVER, NO DONOR HAS THE AUTHORITY TO APPOINT

DIRECTORS TO THE PAF BOARD. IN THIS REGARD, PAF IS STRIKINGLY

DIFFERENT FROM A PRIVATE FOUNDATION WHERE IT IS COMMONPLACE FOR THE

GOVERNING BODY TO BE COMPRISED OF MAJOR CONTRIBUTORS, MEMBERS CHOSEN BY

MAJOR CONTRIBUTORS AND/OR FAMILY MEMBERS AFFILIATED TO THE FOUNDATION,

OR BOTH.

4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION

IN PROGRAMS OR POLICIES

PAF'S PROGRAMS ARE DESIGNED FOR, AND AVAILABLE TO, THE GENERAL PUBLIC

AND THE ORGANIZATION'S OPERATIONAL MODELS SUPPORT BROAD AVAILABILITY OF

AND ACCESS TO PAF'S PATIENT SERVICES INCLUDING CASE MANAGEMENT SUPPORT,

FINANCIAL AID FUNDS, THE CO-PAY RELIEF PROGRAM, PATIENT EDUCATION AND

EMPOWERMENT PROGRAMS AND HEALTH EQUITY PROGRAMMING. OVER THE COURSE

OF THE ORGANIZATION'S HISTORY, PAF HAS CONTINUOUSLY OFFERED PATIENT

SERVICE PROGRAMS TO THE PUBLIC. THERE HAS BEEN A GREAT DEAL OF TIME AND

ENERGY DEDICATED TO THE PROMOTION OF THE PROGRAMS OFFERED BY PAF AS IT

IS A KEY PRIORITY OF THE ORGANIZATION THAT THE PROGRAMS REACH ANYONE

WHO NEEDS THEM. IN FY2017/2018, PAF SERVED NEARLY 144,000 PEOPLE,

LIVING IN ALL 50 STATES AND US TERRITORIES, SUFFERING WITH 490 VARIOUS

CHRONIC, DEBILITATING AND/OR CRITICAL DISEASES. REFERRALS INTO PAF

PROGRAMS COME FROM THOUSANDS OF SOURCES, WITH OTHER CHARITABLE

NON-PROFIT ORGANIZATIONS TOPPING THE LIST WITH THE GREATEST FREQUENCY

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OF REFERRALS, AS DOCUMENTED IN THE PAF PATIENT PROGRAM DATABASES. 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, MEDIA (EARNED AND

PAID), OTHER NON-PROFIT, DISEASE SPECIFIC ORGANIZATIONS, PROVIDERS,

PHARMACIES, SOCIAL WORKERS, FINANCIAL COUNSELORS, SOCIAL SERVICES,

GOVERNMENT AGENCIES AND OTHER PATIENTS SERVED PREVIOUSLY BY PAF. PAF

UTILIZES VARIOUS PROMOTIONS AND EDUCATION ACTIVATES TO ENSURE THAT

THERE IS BROAD AWARENESS IN THE GENERAL PUBLIC, AND AMONG THOSE

HEALTHCARE STAKEHOLDERS CARING FOR THE SICK AND DISABLED LIVING IN

SOCIETY, OF THE FOUNDATION'S PATIENT PROGRAMS INCLUDING, BUT NOT

LIMITED TO:

REGULAR EMAIL COMMUNICATIONS TO THE PAF LIST SERVE; INCLUSIVE OF

THOUSANDS OF PROVIDERS, PHARMACIES, NON-PROFIT ORGANIZATIONS, PATIENTS,

FAMILIES AND CAREGIVERS WHO HAVE UTILIZED PAF PROGRAMS

DEVELOPMENT AND MAINTENANCE OF PAF AND CPR WEBSITES; INCLUSIVE OF

EXTENSIVE PATIENT EDUCATION MATERIALS AND RESOURCE DIRECTORIES/ONLINE

TOOLS.

ROUTINE PARTICIPATION IN LOCAL, REGIONAL AND NATIONAL OUTREACH EVENTS;

INCLUDING EXHIBITING AT CONFERENCES, SPEAKING ENGAGEMENTS, AND TRAINING

SESSIONS FOR OTHER AGENCIES.

ROUTINE DELIVERY OF "PATIENT EMPOWERMENT SERIES", AN EDUCATIONAL

WEBINAR SERIES DESIGNED TO TEACH THE FUNDAMENTAL CONCEPTS OF VARIOUS

HEALTHCARE/INSURANCE AND/OR ENTITLEMENT PROGRAMS; LIVE AND ON DEMAND

LINKS FROM AND TO VARIOUS NON-PROFIT PATIENT ORGANIZATIONS WEBSITES

AND PAF'S WEBSITES AND ONLINE RESOURCE TOOLS.

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ONGOING RELATIONSHIP DEVELOPMENT AND MAINTENANCE WITH DISEASE SPECIFIC

NON-PROFIT ORGANIZATIONS THAT SERVE THE PATIENTS FOR WHICH WE HAVE

PROGRAMS AVAILABLE TO ENSURE THEY ARE CONNECTING PATIENTS TO OUR

PROGRAMS AS THEY NEED OUR SUPPORT.

DISTRIBUTION OF PRESS RELEASES PUBLICLY ANNOUNCING THE ADDITION OF NEW

PATIENT PROGRAMS AND/OR EXPANSION OF EXISTING PROGRAMS.

INCLUSION IN EARNED MEDIA STORIES; PROFILES OF PAF PROGRAMS AND

PATIENTS SERVED BY PAF

SUMMARY

IN SUMMARY, PATIENT ADVOCATE FOUNDATION EMBODIES ALL THE

CHARACTERISTICS OF A PUBLICLY SUPPORTED ORGANIZATION, BASED ON THE

FACTS AND CIRCUMSTANCES TEST DESCRIBED IN SECTION 1.170A-9(E) (3) OF

THE TREASURY REGULATIONS. PAF DEMONSTRATES, IN POLICY AND PRACTICE,

THAT ITS OPERATIONS ARE FREE FROM THE INFLUENCE AND CONTROL OF ITS

DONORS, FURTHER, THERE IS NO EVIDENCE THAT A SMALL GROUP OF DONORS

CONTROL PAF; RATHER, PAF IS A DIVERSE, COMPLEX PATIENT SUPPORT

ORGANIZATION THAT HAS OPERATED AS A PUBLICLY SUPPORTED ORGANIZATION,

MEETING THE ONE-THIRD TEST FOR MOST OF ITS 22-YEAR HISTORY. PAF

CONTINUES TO OPERATE CONGRUENTLY WITH A PUBLICLY SUPPORTED

ORGANIZATION, INCLUDING GARNERING SUPPORT FROM A BROAD CROSS SECTION OF

DONORS, INCLUDING THE GOVERNMENT, OTHER PUBLIC CHARITIES AND THE

GENERAL PUBLIC, WITH A REPRESENTATIVE GOVERNING BODY. PAF CONTINUES

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).

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PATIENT ADVOCATE FOUNDATION

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

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

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

Part III

[illegible]

Part IV

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| 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 | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) NATIONAL PATIENT ADVOCATE FOUNDATION | B | 45,000. | |
| (2) NATIONAL PATIENT ADVOCATE FOUNDATION | M | 780,000. | |
| (3) NATIONAL PATIENT ADVOCATE FOUNDATION | O | 362,200. | |
| (4) NATIONAL PATIENT ADVOCATE FOUNDATION | P | 5,562. | |
| (5) NATIONAL PATIENT ADVOCATE FOUNDATION | Q | 6,448. | |
| (6) | | | |

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.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

NATIONAL PATIENT ADVOCATE FOUNDATION (NPAF)

DIRECT CONTROLLING ENTITY: NPAF IS THE SISTER ORGANIZATION TO PAF.

MR. BALCH IS CEO OF AND PAID BY BOTH.

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | FURNITURE & FIXTURES | | | | | | | | | | | | | | |
| 358 | OFFICE SHELF SUPPLIES | 05/01/10 | SL | 7.00 | | 16 | 4,674. | | | | 4,674. | 4,674. | | 0. | 4,674. |
| 397 | TABLES LARGE TRAINING ROOM | 05/01/10 | SL | 10.00 | | 16 | 2,700. | | | | 2,700. | 1,935. | | 270. | 2,205. |
| 398 | CHAIRS LARGE TRAINING ROOM | 05/01/10 | SL | 10.00 | | 16 | 4,500. | | | | 4,500. | 3,225. | | 450. | 3,675. |
| 399 | SCREENS LARGE TRAINING ROOM | 05/01/10 | SL | 10.00 | | 16 | 1,500. | | | | 1,500. | 1,075. | | 150. | 1,225. |
| 400 | TABLES CAFETERIA | 05/01/10 | SL | 10.00 | | 16 | 1,950. | | | | 1,950. | 1,398. | | 195. | 1,593. |
| 401 | CHAIRS CAFETERIA | 05/01/10 | SL | 10.00 | | 16 | 4,800. | | | | 4,800. | 3,440. | | 480. | 3,920. |
| 402 | TABLES SMALL TRAINING ROOM | 05/01/10 | SL | 10.00 | | 16 | 900. | | | | 900. | 645. | | 90. | 735. |
| 403 | CHAIRS SMALL TRAINING ROOM | 05/01/10 | SL | 10.00 | | 16 | 2,400. | | | | 2,400. | 1,720. | | 240. | 1,960. |
| 404 | SCREENS SMALL TRAINING ROOM | 05/01/10 | SL | 10.00 | | 16 | 1,500. | | | | 1,500. | 1,075. | | 150. | 1,225. |
| 405 | LARGE CONFERENCE TABLE EXEC BOARD ROOM | 05/01/10 | SL | 10.00 | | 16 | 2,000. | | | | 2,000. | 1,433. | | 200. | 1,633. |
| 406 | CHAIRS EXEC BOARD ROOM | 05/01/10 | SL | 10.00 | | 16 | 2,000. | | | | 2,000. | 1,433. | | 200. | 1,633. |
| 407 | CUBICLES | 05/01/10 | SL | 10.00 | | 16 | 268,750. | | | | 268,750. | 192,604. | | 26,875. | 219,479. |
| 408 | OFFICES - FULL OFFICE FURNITURE | 05/01/10 | SL | 10.00 | | 16 | 32,500. | | | | 32,500. | 23,292. | | 3,250. | 26,542. |
| 413 | WRIGHTLINE LMS WORKBENCHES | 05/01/10 | SL | 10.00 | | 16 | 3,000. | | | | 3,000. | 2,150. | | 300. | 2,450. |
| 414 | 4'X2'X7' LARGE COMMERCIAL SHELVING/UNITS | 05/01/10 | SL | 10.00 | | 16 | 1,235. | | | | 1,235. | 884. | | 124. | 1,008. |
| 415 | 5'X2'X7' LARGE COMMERCIAL SHELVING/UNITS | 05/01/10 | SL | 10.00 | | 16 | 578. | | | | 578. | 414. | | 58. | 472. |
| 416 | 6'X2'X7' LARGE COMMERCIAL SHELVING/UNITS | 05/01/10 | SL | 10.00 | | 16 | 814. | | | | 814. | 583. | | 81. | 664. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------------------------------------------|---------------|--------|-------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 417 | WHITE BOARDS | 05/01/10 | SL | 10.00 | | 16 | 3,696. | | | | 3,696. | 2,649. | | 370. | 3,019. |
| 423 | FILE CABINET 2 DRAWER | 08/17/10 | SL | 7.00 | | 16 | 6,900. | | | | 6,900. | 6,736. | | 164. | 6,900. |
| 424 | 4DR VERTICAL FILE | 08/18/10 | SL | 7.00 | | 16 | 1,358. | | | | 1,358. | 1,326. | | 32. | 1,358. |
| 425 | QUICKSTAND RETRACTABLE BANNERSTAND AND DESIGN LAYOUT FOR PAP | 02/21/11 | SL | 7.00 | | 16 | 2,145. | | | | 2,145. | 1,940. | | 205. | 2,145. |
| 426 | 10 FOOT DISPLAYS WITH LIGHTS AND SHIPPING CASES | 05/05/11 | SL | 7.00 | | 16 | 6,908. | | | | 6,908. | 6,086. | | 822. | 6,908. |
| 586 | 12K MITSUBISHI MINI SPLIT AC | 04/15/16 | SL | 7.00 | | 16 | 3,290. | | | | 3,290. | 588. | | 470. | 1,058. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | | 360,098. | | | | 360,098. | 261,305. | | 35,176. | 296,481. |
| | OTHER | | | | | | | | | | | | | | |
| 307 | BOARD TABLE | 01/02/01 | 200DE | 7.00 | HY | 16 | 1,195. | | | | 1,195. | 1,195. | | 0. | 1,195. |
| 308 | REFRIDGE/18 FT | 03/15/03 | 200DE | 7.00 | HY | 16 | 399. | | | | 399. | 399. | | 0. | 399. |
| 309 | COPORTE EX/88631 SOFA | 06/15/03 | 200DE | 7.00 | HY | 16 | 503. | | | | 503. | 503. | | 0. | 503. |
| 310 | 4 DRAWER FILE | 07/01/03 | SL | 7.00 | | 16 | 180. | | | | 180. | 180. | | 0. | 180. |
| 311 | 2 COMPUTER CARTS | 07/21/03 | SL | 7.00 | | 16 | 260. | | | | 260. | 260. | | 0. | 260. |
| 312 | 4 DRAWER FILE | 08/21/03 | SL | 7.00 | | 16 | 190. | | | | 190. | 190. | | 0. | 190. |
| 313 | 1 LATERAL FILE | 01/16/04 | SL | 7.00 | | 16 | 149. | | | | 149. | 147. | | 0. | 147. |
| 314 | DESK & BOOKCASE | 05/17/04 | SL | 7.00 | | 16 | 528. | | | | 528. | 528. | | 0. | 528. |
| 315 | HON 314PL/FILE CABINETS FOR OFF | 04/23/05 | SL | 7.00 | | 16 | 1,770. | | | | 1,770. | 1,770. | | 0. | 1,770. |
| 316 | BURST TABLE TOP DISPLAY | 11/10/05 | SL | 7.00 | | 16 | 1,055. | | | | 1,055. | 1,055. | | 0. | 1,055. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------------------------|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 317 | CORT FURNITURE / CA OFFICE | 03/10/06 | SL | 7.00 | | 16 | 3,385. | | | | 3,385. | 3,385. | | 0. | 3,385. |
| 323 | NESC-BADEG CAMERA & PRINTER | 04/10/07 | SL | 5.00 | | 16 | 2,742. | | | | 2,742. | 2,742. | | 0. | 2,742. |
| 329 | (D)VPN FIREWALL FOR CA OFFICE | 03/15/07 | SL | 3.00 | | 16 | 1,182. | | | | 1,182. | 1,182. | | 0. | 1,182. |
| 335 | AVAYA PHONE SYSTEM | 04/01/08 | SL | 5.00 | | 16 | 312,686. | | | | 312,686. | 312,686. | | 0. | 312,686. |
| 336 | FURNITURE AND COPIER CA OFFICE | 01/30/09 | SL | 5.00 | | 16 | 2,552. | | | | 2,552. | 2,552. | | 0. | 2,552. |
| 341 | (D)EMC STORAGE ARRAY | 09/22/08 | SL | 5.00 | | 16 | 74,035. | | | | 74,035. | 74,035. | | 0. | 74,035. |
| 343 | VIRTUALIZATION SOFTWARE | 09/25/08 | SL | 3.00 | | 16 | 39,800. | | | | 39,800. | 39,800. | | 0. | 39,800. |
| 344 | DELL SERVER RACK | 10/07/08 | SL | 5.00 | | 16 | 2,911. | | | | 2,911. | 2,911. | | 0. | 2,911. |
| 347 | NATIONAL DIRECTORY DATABASE | 03/20/09 | SL | 3.00 | | 16 | 2,130. | | | | 2,130. | 2,130. | | 0. | 2,130. |
| 352 | SQL, WINDOWS SOFTWARE | 06/07/09 | SL | 3.00 | | 16 | 13,528. | | | | 13,528. | 13,528. | | 0. | 13,528. |
| 360 | (D)LEASE BUY FOR SHARP AR 7000 COPIER | 01/01/10 | SL | 5.00 | | 16 | 2,547. | | | | 2,547. | 2,547. | | 0. | 2,547. |
| 361 | 20 AVAYA 1616 PHONES AND LICENSES | 01/10/10 | SL | 5.00 | | 16 | 12,541. | | | | 12,541. | 12,541. | | 0. | 12,541. |
| 363 | 3 AVAYA 1692 VOLP CONFERENCE PHONES | 01/10/10 | SL | 5.00 | | 16 | 4,898. | | | | 4,898. | 4,898. | | 0. | 4,898. |
| 371 | (D)EMC 4G DAE SHELF AND 7 EMC 1000GB 7200 RPM SATA | 10/12/09 | SL | 5.00 | | 16 | 14,166. | | | | 14,166. | 14,166. | | 0. | 14,166. |
| 372 | 7 AVAYA 1616 VOLP PHONES AND LICENSES | 10/14/09 | SL | 5.00 | | 16 | 4,945. | | | | 4,945. | 4,945. | | 0. | 4,945. |
| 373 | (D)4 EMC 146GB 15K 4GB FC SAS1000 | 10/16/09 | SL | 5.00 | | 16 | 5,031. | | | | 5,031. | 5,031. | | 0. | 5,031. |
| 378 | RED HAT ENT LNX PO #176 | 12/01/09 | SL | 5.00 | | 16 | 3,550. | | | | 3,550. | 3,550. | | 0. | 3,550. |
| 380 | RESOURCE DIRECTORY - PAC | 12/22/09 | SL | 5.00 | | 16 | 82,500. | | | | 82,500. | 82,500. | | 0. | 82,500. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------------------------------------------------|---------------|--------|-------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 383 | (D)SOFTWARE FOR DELL COMPUTERS; 1 DELL OPTIPLEX 380 COMPUTER; 13 MS | 04/16/10 | SL | 3.00 | | 16 | 1,524. | | | | 1,524. | 1,524. | | 0. | 1,524. |
| 389 | SECURITY FOR BUTLER FARM ROAD BUILDING | 05/01/10 | GSL | 39.00 | MM | 16 | 41,371. | | | | 41,371. | 7,603. | | 1,061. | 8,664. |
| 390 | SIGNS FOR NEW BUILDING | 05/01/10 | SL | 39.00 | MM | 16 | 10,086. | | | | 10,086. | 1,854. | | 259. | 2,113. |
| 391 | CABLE INSTALLATION AND AV | 05/01/10 | SL | 39.00 | MM | 16 | 21,175. | | | | 21,175. | 3,891. | | 543. | 4,434. |
| 392 | SERVER RACK FOR VIOP SYSTEM | 05/01/10 | SL | 39.00 | MM | 16 | 917. | | | | 917. | 169. | | 24. | 193. |
| 393 | WINDOWS SERVER / EXCHANGE SERVER / SYMANTEC EXCHANGE / OFFICE | 11/01/09 | SL | 5.00 | | 16 | 7,662. | | | | 7,662. | 7,662. | | 0. | 7,662. |
| 395 | SQL SERVER ENTERPRISE | 11/01/09 | SL | 5.00 | | 16 | 23,104. | | | | 23,104. | 23,104. | | 0. | 23,104. |
| 411 | 510' CHATSWORTH 15" UNIVERSAL CABLE RUNWAY | 05/01/10 | SL | 10.00 | | 16 | 6,885. | | | | 6,885. | 4,935. | | 689. | 5,624. |
| 412 | CHATSWORTH 80" RELAY RACK | 05/01/10 | SL | 10.00 | | 16 | 1,570. | | | | 1,570. | 1,125. | | 157. | 1,282. |
| 418 | 3 ROUTERS WITH PRI CARDS FOR TELEPHONE SYSTEM REPLACEMENT | 04/15/15 | SL | 5.00 | | 16 | 4,800. | | | | 4,800. | 2,160. | | 960. | 3,120. |
| 419 | D575 FOLDER/INSERTER | 04/30/15 | SL | 5.00 | | 16 | 14,825. | | | | 14,825. | 6,424. | | 2,965. | 9,389. |
| 420 | 50% CPR DATABASE | 07/27/11 | SL | 5.00 | | 16 | 22,400. | | | | 22,400. | 22,400. | | 0. | 22,400. |
| 421 | CUSTOMER #087280643 OPTIPLEX PC W/ DUAL MONITORS FOR MEDIA TEAM | 09/05/14 | SL | 5.00 | | 16 | 2,092. | | | | 2,092. | 1,185. | | 418. | 1,603. |
| 428 | QB ENTERPRISE UPGRADE | 07/08/10 | SL | 5.00 | | 16 | 3,496. | | | | 3,496. | 3,496. | | 0. | 3,496. |
| 449 | AVAYA 1616 IP PHONE, LICENSE, HEADSET | 07/08/10 | SL | 5.00 | | 16 | 1,406. | | | | 1,406. | 1,406. | | 0. | 1,406. |
| 450 | AVAYA 1616 IP PHONE, LICENSE, HEADSET | 07/08/10 | SYD | 5.00 | HY | 16 | 1,406. | | | | 1,406. | 1,406. | | 0. | 1,406. |
| 451 | AVAYA 1616 IP PHOE, LICENSE, HEADSET | 07/08/10 | SL | 5.00 | | 16 | 1,984. | | | | 1,984. | 1,984. | | 0. | 1,984. |
| 455 | ROOM ALERT 25W | 08/03/10 | SL | 5.00 | | 16 | 1,199. | | | | 1,199. | 1,199. | | 0. | 1,199. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 457 | DEST TOP AUTOMATION | 08/10/10 | SL | 5.00 | | 16 | 7,665. | | | | 7,665. | 7,665. | | 0. | 7,665. |
| 458 | CCL EXPANSION | 08/13/10 | SL | 5.00 | | 16 | 20,180. | | | | 20,180. | 20,180. | | 0. | 20,180. |
| 459 | HR EXPANSION | 08/13/10 | SL | 5.00 | | 16 | 1,365. | | | | 1,365. | 1,365. | | 0. | 1,365. |
| 462 | (D)EMC SAN SHELF - 15 DISK DRIVES | 08/13/10 | SL | 5.00 | | 16 | 22,215. | | | | 22,215. | 22,215. | | 0. | 22,215. |
| 463 | MONITORING SOFTWARE | 10/01/10 | SL | 5.00 | | 16 | 5,967. | | | | 5,967. | 5,967. | | 0. | 5,967. |
| 470 | SUPRAPLUS MICROPHONE | 11/15/10 | SL | 5.00 | | 16 | 1,365. | | | | 1,365. | 1,365. | | 0. | 1,365. |
| 471 | SUPRAPLUS MICROPHONE | 11/15/10 | SL | 5.00 | | 16 | 1,365. | | | | 1,365. | 1,365. | | 0. | 1,365. |
| 475 | G6 BLADE | 11/18/10 | SL | 5.00 | | 16 | 5,831. | | | | 5,831. | 5,831. | | 0. | 5,831. |
| 480 | 15 X MICROSOFT WIN SERVER CAL | 12/31/10 | SL | 5.00 | | 16 | 2,154. | | | | 2,154. | 2,154. | | 0. | 2,154. |
| 482 | (D)EMC 8 X 2TB SATA DRIVES | 01/17/11 | SL | 5.00 | | 16 | 12,129. | | | | 12,129. | 12,129. | | 0. | 12,129. |
| 483 | AVAYA 1616 VOIP PHONE | 02/01/11 | SL | 5.00 | | 16 | 1,243. | | | | 1,243. | 1,243. | | 0. | 1,243. |
| 485 | RESPOND CENTER POINT 3 LICENSES | 03/01/11 | SL | 5.00 | | 16 | 9,000. | | | | 9,000. | 9,000. | | 0. | 9,000. |
| 486 | RESPOND CENTER LICENSE 1 | 03/01/11 | SL | 5.00 | | 16 | 3,000. | | | | 3,000. | 3,000. | | 0. | 3,000. |
| 487 | RESPOND CENTERPOINT LICENSE | 03/01/11 | SL | 5.00 | | 16 | 6,000. | | | | 6,000. | 6,000. | | 0. | 6,000. |
| 488 | RESPOND LICENSES 10 USERS | 03/01/11 | SL | 5.00 | | 16 | 20,000. | | | | 20,000. | 20,000. | | 0. | 20,000. |
| 489 | (D)20 DELL P2210 | 04/01/11 | SL | 5.00 | | 16 | 3,400. | | | | 3,400. | 3,400. | | 0. | 3,400. |
| 492 | 20 X AVAYA 1616 | 04/15/11 | SL | 5.00 | | 16 | 12,028. | | | | 12,028. | 12,028. | | 0. | 12,028. |
| 494 | 3X HP LJ P4515X PRINTER | 05/01/11 | SL | 5.00 | | 16 | 4,333. | | | | 4,333. | 4,333. | | 0. | 4,333. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 497 | (D)EMC 300 GIG 15K SCSCI DISK STORAGE | 06/01/11 | SL | 5.00 | | 16 | 7,055. | | | | 7,055. | 7,055. | | 0. | 7,055. |
| 498 | PATCH AUTHORITY AND DESKTOP AUTHORITY LICENSES | 06/01/11 | SL | 5.00 | | 16 | 4,609. | | | | 4,609. | 4,609. | | 0. | 4,609. |
| 499 | (D)CABLE INSTALLATION FO SAN ANTONIO OFFICE | 02/02/11 | SL | 39.00 | MM | 16 | 1,982. | | | | 1,982. | 326. | | 0. | 326. |
| 500 | (D)ORIGINAL LABOR AND COST OF INSTALLATION FOR SAN ANTONIO | 03/01/11 | SL | 39.00 | MM | 16 | 1,383. | | | | 1,383. | 224. | | 0. | 224. |
| 501 | (D)ORIGINAL LABOR AND COST OF INSTALLATION FOR SAN ANTONIO OFFICE | 03/01/11 | SL | 39.00 | MM | 16 | 1,982. | | | | 1,982. | 322. | | 0. | 322. |
| 502 | 5 FILE OPEN SHELVES FOR FILE ROOM | 08/03/11 | SL | 5.00 | | 16 | 2,375. | | | | 2,375. | 2,375. | | 0. | 2,375. |
| 503 | FILE CABINETWS | 08/03/11 | SL | 5.00 | | 16 | 2,350. | | | | 2,350. | 2,350. | | 0. | 2,350. |
| 504 | AVAYA S8300 MEDIA SERVER/G430 MEDIA GATEWAY | 12/23/11 | SL | 5.00 | | 16 | 64,766. | | | | 64,766. | 64,766. | | 0. | 64,766. |
| 512 | 2 OPTIPLEX MINITOWERS - FINANCE | 08/02/14 | SL | 5.00 | | 16 | 1,772. | | | | 1,772. | 974. | | 354. | 1,328. |
| 514 | REMAINDER OF CPR PROJECT | 08/30/11 | SL | 5.00 | | 16 | 22,400. | | | | 22,400. | 22,400. | | 0. | 22,400. |
| 518 | CPR ENHANCEMENTS PHASE II | 10/11/11 | SL | 5.00 | | 16 | 28,000. | | | | 28,000. | 28,000. | | 0. | 28,000. |
| 519 | 50% FTE ALLOCATED MONTHLY SERVICES - JUNE 2012 | 06/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 520 | PROJECT MANAGER TESTING - 50% CPR | 05/01/11 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 521 | 50% FTE ALLOCATED MONTHLY SERVICES - MAY 2012 | 05/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 522 | PROJECT MANAGER TESTING - 50% CPR | 04/23/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 524 | 50% FTE ALLOCATED MONTHLY SERVICES MARCH 2012 | 04/23/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 525 | 50% FTE ALLOCATED MONTHLY SERVICES APRIL 2012 | 04/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 526 | 50% FTE ALLOCATED MONTHLY SERVICES | 04/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 527 | AVAYA S8300 MEDIA SERVER/G430 MEDIA GATEWAY | 12/23/11 | SL | 5.00 | | 16 | 16,483. | | | | 16,483. | 16,483. | | 0. | 16,483. |
| 528 | 50% FTE ALLOCATED MONTHLY SERVICE | 01/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 529 | 50% FTE ALLOCATED MONTHLY SERVICE | 01/01/11 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 531 | AVAYA AURATM VOIP TELEPHONE SYSTEM UPGRADE - NEWPORT NEWS | 05/13/13 | SL | 5.00 | | 16 | 63,991. | | | | 63,991. | 53,326. | | 10,665. | 63,991. |
| 534 | MICROSOFT SERVER - OPEN LICENSES WITH SOFTWARE | 02/01/12 | SL | 5.00 | | 16 | 2,947. | | | | 2,947. | 2,947. | | 0. | 2,947. |
| 538 | (D)APC 20KW ISX UPS SOLUTION | 03/18/13 | SL | 5.00 | | 16 | 126,315. | | | | 126,315. | 107,368. | | 10,525. | 117,893. |
| 539 | JULY 2012 CPR UNICENTRIC SYSTEM MODIFICATIONS | 07/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,500. | | 0. | 2,500. |
| 540 | NITRO PDF SOFTWARE LICENSES | 04/03/12 | SL | 5.00 | | 16 | 2,039. | | | | 2,039. | 2,039. | | 0. | 2,039. |
| 542 | AUGUST 2012 CPR UNICENTRIC SYSTEM MODIFICATIONS | 08/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,458. | | 42. | 2,500. |
| 543 | SEPTEMBER 2012 CPR UNICENTRIC SYSTEM MODIFICATIONS | 09/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,417. | | 83. | 2,500. |
| 544 | OCTOBER 2012 CPR UNICENTRIC SYSTEM MODIFICATIONS | 10/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,375. | | 125. | 2,500. |
| 545 | NOVEMBER 2012 CPR UNICENTRIC SYSTEM MODIFICATIONS | 11/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,333. | | 167. | 2,500. |
| 546 | DECEMBER 2012 CPR UNICENTRIC SYSTEM MODIFICATIONS | 12/01/12 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,292. | | 208. | 2,500. |
| 547 | JANUARY 2013 CPR UNICENTRIC SYSTEM MODIFICATIONS | 01/01/13 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,250. | | 250. | 2,500. |
| 548 | FEBRUARY 2013 CPR UNICENTRIC SYSTEM MODIFICATIONS | 02/01/13 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,208. | | 292. | 2,500. |
| 549 | MARCH 2013 CPR UNICENTRIC SYSTEM MODIFICATIONS | 03/01/13 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,167. | | 333. | 2,500. |
| 550 | APRIL 2013 CPR UNICENTRIC SYSTEM MODIFICATIONS | 04/01/13 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,125. | | 375. | 2,500. |
| 551 | MAY 2013 CPR UNICENTRIC SYSTEM MODIFICATIONS | 05/01/13 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,083. | | 417. | 2,500. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 552 | JUNE 2013 CPR UNICENTRIC SYSTEM MODIFICATIONS | 06/01/13 | SL | 5.00 | | 16 | 2,500. | | | | 2,500. | 2,042. | | 458. | 2,500. |
| 553 | PREPURCHASE CPR PROJECT ENHANCEMENTS | 06/01/13 | SL | 5.00 | | 16 | 27,000. | | | | 27,000. | 25,650. | | 1,350. | 27,000. |
| 555 | SYSTEM PSI FOR VNX 5300 | 09/30/13 | SL | 5.00 | | 16 | 182,445. | | | | 182,445. | 136,834. | | 36,489. | 173,323. |
| 556 | S8500 MEDIA SERVER | 04/19/13 | SL | 5.00 | | 16 | 28,373. | | | | 28,373. | 23,645. | | 4,728. | 28,373. |
| 557 | ATLANTIC AIR CORPORATION - ICE MACHINES | 08/01/13 | SL | 5.00 | | 16 | 4,167. | | | | 4,167. | 3,264. | | 833. | 4,097. |
| 558 | ATLANTIC AIR CORPORATION - ICE MACHINES | 08/01/13 | SL | 5.00 | | 16 | 4,167. | | | | 4,167. | 3,194. | | 833. | 4,027. |
| 559 | DVR INSTALLATION AND PROGRAMMING | 02/21/13 | SL | 5.00 | | 16 | 1,195. | | | | 1,195. | 856. | | 239. | 1,095. |
| 560 | MX-6240N COPY MACHINE | 01/06/14 | SL | 5.00 | | 16 | 16,359. | | | | 16,359. | 11,452. | | 3,272. | 14,724. |
| 561 | ACCESS CONTROL SYSTEM MODIFICATION | 02/10/14 | SL | 5.00 | | 16 | 7,170. | | | | 7,170. | 4,900. | | 1,434. | 6,334. |
| 562 | 3 LASER JET PRINTERS FOR MISSION DELIVERY | 09/30/13 | SL | 5.00 | | 16 | 6,805. | | | | 6,805. | 5,217. | | 1,361. | 6,578. |
| 563 | DELL LATITUDE 3330 WITH DELL PROTECTION | 09/30/13 | SL | 5.00 | | 16 | 2,571. | | | | 2,571. | 1,928. | | 514. | 2,442. |
| 565 | 10 DELL LATITUDE E6540 | 01/06/14 | SL | 5.00 | | 16 | 14,847. | | | | 14,847. | 10,393. | | 2,969. | 13,362. |
| 567 | PATHSOLUTIONS VOIP & NETWORK PERPETUAL LICENSE | 03/10/14 | SL | 5.00 | | 16 | 5,873. | | | | 5,873. | 3,916. | | 1,175. | 5,091. |
| 568 | LEASE FOR HP EQUIPMENT | 11/30/13 | SL | 5.00 | | 16 | 90,490. | | | | 90,490. | 64,851. | | 18,098. | 82,949. |
| 569 | CRUCIAL MEMORY 32GB FOR PAF AND NPAF | 06/01/14 | SL | 5.00 | | 16 | 4,512. | | | | 4,512. | 2,707. | | 902. | 3,609. |
| 570 | DELL - LAPTOP AND SOFTWARE FOR SHONTA CHAMBERS | 10/31/14 | SL | 5.00 | | 16 | 1,484. | | | | 1,484. | 792. | | 297. | 1,089. |
| 571 | BEACON IN SERVICE 6/1/15 | 06/01/15 | SL | 5.00 | | 16 | 2,457,029. | | | | 2,457,029. | 1,023,762. | | 491,406. | 1,515,168. |
| 572 | BEACON - JUNE | 06/01/15 | SL | 5.00 | | 16 | 147,905. | | | | 147,905. | 61,627. | | 29,581. | 91,208. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 573 | LAPTOP FOR B PATTERSON MOORE | 07/08/14 | SL | 5.00 | | 16 | 1,485. | | | | 1,485. | 891. | | 297. | 1,188. |
| 574 | 3 PANASONIC SCANNERS | 07/01/14 | SL | 5.00 | | 16 | 10,800. | | | | 10,800. | 6,480. | | 2,160. | 8,640. |
| 575 | BEACON PROJECT SERVICES - JULY 2015-PAF9-1507 | 07/31/15 | SL | 5.00 | | 16 | 81,238. | | | | 81,238. | 31,142. | | 16,248. | 47,390. |
| 576 | BEACON PROJECT SERVICES - AUGUST 2015-PAF8-1508 | 08/31/15 | SL | 5.00 | | 16 | 204,660. | | | | 204,660. | 75,042. | | 40,932. | 115,974. |
| 577 | BEACON PROJECT SERVICES - AUGUST 2015-PAF9-1508 | 08/31/15 | SL | 5.00 | | 16 | 82,835. | | | | 82,835. | 30,373. | | 16,567. | 46,940. |
| 578 | DELL CAPITAL LEASE #501 | 03/20/16 | SL | 3.00 | | 16 | 49,716. | | | | 49,716. | 20,715. | | 16,572. | 37,287. |
| 579 | DELL CAPITAL LEASE #503 | 03/20/16 | SL | 3.00 | | 16 | 23,635. | | | | 23,635. | 9,848. | | 7,878. | 17,726. |
| 580 | DELL MARKETING | 07/19/16 | SL | 5.00 | | 16 | 30,784. | | | | 30,784. | 5,644. | | 6,157. | 11,801. |
| 581 | FIPSAR COMPUTERS | 07/31/16 | SL | 5.00 | | 16 | 34,370. | | | | 34,370. | 6,301. | | 6,874. | 13,175. |
| 582 | BARCODE PRINTERS | 08/25/16 | SL | 5.00 | | 16 | 4,566. | | | | 4,566. | 761. | | 913. | 1,674. |
| 583 | FIPSAR PAF SOW | 11/30/16 | SL | 5.00 | | 16 | 15,000. | | | | 15,000. | 1,750. | | 3,000. | 4,750. |
| 584 | FIPSAR PAF POC | 01/17/17 | SL | 5.00 | | 16 | 72,966. | | | | 72,966. | 6,081. | | 14,593. | 20,674. |
| 585 | RAM COMPUTERS | 02/27/17 | SL | 5.00 | | 16 | 67,461. | | | | 67,461. | 4,497. | | 13,492. | 17,989. |
| 587 | PROJECT #1002-PAF BEACON DATA MIGRATION & REPORTING JULY 2015 | 07/31/15 | SL | 5.00 | | 16 | 12,015. | | | | 12,015. | 4,606. | | 2,403. | 7,009. |
| 588 | JULY BEACON PROJECT SERVICES-PAF7-1509 | 07/31/15 | SL | 5.00 | | 16 | 75,375. | | | | 75,375. | 28,894. | | 15,075. | 43,969. |
| 589 | JULY BEACON PROJECT SERVICES-PAF8-1509 | 08/31/15 | SL | 5.00 | | 16 | 91,638. | | | | 91,638. | 35,128. | | 18,328. | 53,456. |
| 590 | BEACON PROJECT SERVICES - SEPTEMBER 2015-PAF10-1509 | 09/30/15 | SL | 5.00 | | 16 | 21,955. | | | | 21,955. | 7,684. | | 4,391. | 12,075. |
| 591 | BEACON PROJECT SERVICES - SEPTEMBER 2015-PAF8-1509 | 09/30/15 | SL | 5.00 | | 16 | 221,180. | | | | 221,180. | 77,413. | | 44,236. | 121,649. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------------------------------------|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 592 | BEACON PROJECT SERVICES - SEPTEMBER 2015- PAF9-1509 | 09/30/15 | SL | 5.00 | | 16 | 9,975. | | | | 9,975. | 3,491. | | 1,995. | 5,486. |
| 593 | BEACON PROJECT SERVICES - OCTOBER 2015- PAF8-1510 | 10/31/15 | SL | 5.00 | | 16 | 105,365. | | | | 105,365. | 35,122. | | 21,073. | 56,195. |
| 594 | BEACON PROJECT SERVICES - OCTOBER 2015- PAF10-1510 | 10/31/15 | SL | 5.00 | | 16 | 161,830. | | | | 161,830. | 53,943. | | 32,366. | 86,309. |
| 595 | BEACON PROJECT SERVICES - NOVEMBER 2015- PAF10-1511 | 11/30/15 | SL | 5.00 | | 16 | 204,518. | | | | 204,518. | 64,764. | | 40,904. | 105,668. |
| 596 | BEACON PROJECT SERVICES - DECEMBER 2015- PAF10-1512 | 12/31/15 | SL | 5.00 | | 16 | 235,100. | | | | 235,100. | 70,530. | | 47,020. | 117,550. |
| 597 | BEACON PROJECT SERVICES - BILLABLE - JANUARY 2016- PAF11-1601 | 01/31/16 | SL | 5.00 | | 16 | 212,115. | | | | 212,115. | 60,099. | | 42,423. | 102,522. |
| 598 | BEACON PROJECT SERVICES - BILLABLE - FEBRUARY 2016- PAF11-1602 | 03/08/16 | SL | 5.00 | | 16 | 222,915. | | | | 222,915. | 59,444. | | 44,583. | 104,027. |
| 599 | BEACON PROJECT SERVICES - BILLABLE - MARCH 2016- PAF11-1603 | 04/06/16 | SL | 5.00 | | 16 | 159,260. | | | | 159,260. | 39,815. | | 31,852. | 71,667. |
| 600 | FIPSAR PDMI - MARCH: SUGANTHI | 03/31/16 | SL | 5.00 | | 16 | 11,520. | | | | 11,520. | 2,880. | | 2,304. | 5,184. |
| 601 | FIPSAR PDMI - APRIL: SUGANTHI | 04/30/16 | SL | 5.00 | | 16 | 11,520. | | | | 11,520. | 2,688. | | 2,304. | 4,992. |
| 602 | FIPSAR - MAY 2016 | 05/31/16 | SL | 5.00 | | 16 | 27,540. | | | | 27,540. | 5,967. | | 5,508. | 11,475. |
| 603 | PAF_OFFSHORE_ONSITE_JUNE 2016 | 06/30/16 | SL | 5.00 | | 16 | 26,820. | | | | 26,820. | 5,364. | | 5,364. | 10,728. |
| 604 | PAF_RP_LLS_MAR_MAY 2016 | 06/30/16 | SL | 5.00 | | 16 | 15,200. | | | | 15,200. | 3,040. | | 3,040. | 6,080. |
| 605 | PAF_RP_SOW_APR 2016 | 06/30/16 | SL | 5.00 | | 16 | 32,000. | | | | 32,000. | 6,400. | | 6,400. | 12,800. |
| 606 | PAF_RP_SOW_MAY 2016 | 06/30/16 | SL | 5.00 | | 16 | 32,000. | | | | 32,000. | 6,400. | | 6,400. | 12,800. |
| 607 | PAF_PERF_SOW_MAY '16 | 06/30/16 | SL | 5.00 | | 16 | 15,000. | | | | 15,000. | 3,000. | | 3,000. | 6,000. |
| 608 | (D)HP SERVER BLADES AND INTEL PROCESSORS | 09/15/15 | SL | 5.00 | | 16 | 13,985. | | | | 13,985. | 5,128. | | 1,399. | 6,527. |
| 609 | (D)RAM FOR SERVER BLADE | 09/15/15 | SL | 5.00 | | 16 | 7,309. | | | | 7,309. | 2,680. | | 731. | 3,411. |

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(D) - Asset disposed

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|-----------|-----------------------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 610 | FERTILITY PROGRAM - SOFTWARE | UPDATE/15 | SL | 3.00 | | 16 | 39,000. | | | | 39,000. | 20,583. | | 13,000. | 33,583. |
| 611 | FERTILITY PROGRAM - SOFTWARE | UPDATE/16 | SL | 3.00 | | 16 | 2,500. | | | | 2,500. | 1,180. | | 833. | 2,013. |
| 612 | LATITUDE E6540 COMPUTERS FOR NEW HIRE STAFF | 12/07/15 | SL | 5.00 | | 16 | 5,937. | | | | 5,937. | 1,880. | | 1,187. | 3,067. |
| 613 | LATITUDE E7250 BTX | 12/07/15 | SL | 5.00 | | 16 | 1,557. | | | | 1,557. | 493. | | 311. | 804. |
| 614 | HARD DRIVE CUSTOM KIT | 12/13/15 | SL | 5.00 | | 16 | 1,371. | | | | 1,371. | 434. | | 274. | 708. |
| 615 | 8 DELL 22" MONITOR - P2213 / 3 YR LMTD WARRANTY | 02/17/16 | SL | 5.00 | | 16 | 1,208. | | | | 1,208. | 323. | | 242. | 565. |
| 616 | 36 DELL 22" MONITOR - P2213 / 3 YR LMTD WARRANTY | 02/17/16 | SL | 5.00 | | 16 | 4,952. | | | | 4,952. | 1,320. | | 990. | 2,310. |
| 617 | BEACON IN SERVICE 6/30 | 12/31/15 | SL | 5.00 | | 16 | 1,176,616. | | | | 1,176,616. | 352,776. | | 235,323. | 588,099. |
| 618 | CENTER FIBER INSTALL - INV# 504620/PC 945 | 06/20/16 | SL | 39.00 | MM | 16 | 3,709. | | | | 3,709. | 111. | | 95. | 206. |
| 619 | QA AUTOMATION | 03/31/17 | SL | 5.00 | | 16 | 96,120. | | | | 96,120. | 4,803. | | 19,224. | 24,027. |
| 620 | DELL LATITUDE LAPTOP | 06/28/17 | SL | 5.00 | | 16 | 1,015. | | | | 1,015. | | | 203. | 203. |
| 621 | COMPUTERS | 06/30/17 | SL | 5.00 | | 16 | 169,097. | | | | 169,097. | | | 33,819. | 33,819. |
| 622 | EXPERIAN - BEACON IMPROVEMENT | 06/30/17 | SL | 5.00 | | 16 | 15,070. | | | | 15,070. | | | 3,014. | 3,014. |
| 623 | WAP INSTALLATION | 06/29/17 | SL | 39.00 | MM | 16 | 2,092. | | | | 2,092. | | | 54. | 54. |
| 624 | PROGRESS | 06/30/17 | NC | 39.00 | MM | | 344,670. | | | | 344,670. | | | 0. | |
| 625 | DELL LATITUDE E5570 LAPTOP | 07/13/17 | SL | 5.00 | | 16 | 1,186. | | | | 1,186. | | | 237. | 237. |
| 626 | DELL 22 MONITOR OPTIPLEX 3040 SMALL FORM FACTOR BTX | 07/21/17 | SL | 5.00 | | 16 | 3,126. | | | | 3,126. | | | 573. | 573. |
| 627 | DELL LATITUTDE E7270, BTX | 07/21/17 | SL | 5.00 | | 16 | 2,855. | | | | 2,855. | | | 523. | 523. |

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|-----------|------------------------------------------------------------------------|---------------|--------|------|------------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 628 | DELL LATITUDE E7270, BTX | 07/21/17 | SL | 5.00 | | 16 | 1,300. | | | | 1,300. | | | 238. | 238. |
| 629 | DELL LATITUDE E7270, BTX | 07/21/17 | SL | 5.00 | | 16 | 1,300. | | | | 1,300. | | | 238. | 238. |
| 630 | DELL LATITUDE E5570 15" 1 YR. PROSUPPORT | 07/21/17 | SL | 5.00 | | 16 | 2,352. | | | | 2,352. | | | 431. | 431. |
| 631 | BEACON PROJECT | 07/31/17 | SL | 5.00 | | 16 | 120,790. | | | | 120,790. | | | 22,145. | 22,145. |
| 632 | 16- DELL OPTIPLEX 3040SFF AND 19- DELL PROFESSIONAL P2217H 22" LED LCD | 08/25/17 | SL | 5.00 | | 16 | 13,107. | | | | 13,107. | | | 2,185. | 2,185. |
| 633 | DELL LATITUDE 5480 DELL WD15 DOCKING STATION DELL 1YR PROSUPPORT | 09/08/17 | SL | 5.00 | | 16 | 1,417. | | | | 1,417. | | | 236. | 236. |
| 634 | REAL TIME EXPERIAN | 10/01/17 | SL | 5.00 | | 16 | 50,050. | | | | 50,050. | | | 7,508. | 7,508. |
| 635 | INTACCT IN SERVICE | 10/01/17 | SL | 5.00 | | 16 | 29,674. | | | | 29,674. | | | 4,451. | 4,451. |
| 636 | RAM COMPUTERS INV# 50597- COMPUTER EQUIPMENT | 11/10/17 | SL | 5.00 | | 16 | 8,679. | | | | 8,679. | | | 1,157. | 1,157. |
| 637 | RAM COMPUTERS INV# 50910 QNAP LAN 10G2SF QNAP RAIL B02 | 12/18/17 | SL | 5.00 | | 16 | 3,701. | | | | 3,701. | | | 370. | 370. |
| 638 | CAREY-CCTV VIDEO MONITORING | 01/21/18 | SL | 5.00 | | 16 | 750. | | | | 750. | | | 63. | 63. |
| 639 | NEW ENGLAND SECURITY & COMMUNICATIONS BB UPGRADE | 01/24/18 | SL | 5.00 | | 16 | 1,471. | | | | 1,471. | | | 123. | 123. |
| 640 | DELL OPTIPLEX 3020 COMPUTERS | 05/04/18 | SL | 5.00 | | 16 | 21,239. | | | | 21,239. | | | 708. | 708. |
| 641 | CROSSCONNECT ENGINEERING 11 NETWORK SWITCHES | 05/11/18 | SL | 5.00 | | 16 | 58,949. | | | | 58,949. | | | 1,965. | 1,965. |
| 642 | DELL OPTIPLEX 3050SFF | 05/31/18 | SL | 5.00 | | 16 | 8,047. | | | | 8,047. | | | 134. | 134. |
| 643 | DELL LED LCD MONITORS | 05/31/18 | SL | 5.00 | | 16 | 6,282. | | | | 6,282. | | | 105. | 105. |
| 644 | 7- LATITUDE 5590 15.6" NOTEBOOK | 06/31/18 | SL | 5.00 | | 16 | 11,074. | | | | 11,074. | | | 185. | 185. |
| 645 | CARDIO PT EMPOWERMENT PROJECT | 06/30/18 | SL | 5.00 | | 16 | 48,785. | | | | 48,785. | | | 0. | |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 646 | DISASTER RECOVER FUND | 06/30/18 | SL | 5.00 | | 16 | 7,090. | | | | 7,090. | | | 0. | |
| 647 | MAHAN FAF | 06/30/18 | SL | 5.00 | | 16 | 1,738. | | | | 1,738. | | | 0. | |
| 648 | ABS FIREWALL | 06/30/18 | SL | 5.00 | | 16 | 20,612. | | | | 20,612. | | | 0. | |
| 649 | DIGITAL VIDEO CABLE- 6FT C2G DISPLAYPORT CABLE W/LATCHES | 07/21/17 | SL | 5.00 | | 16 | 2,613. | | | | 2,613. | | | 479. | 479. |
| 650 | APC 20KW ISX UPS SOLUTION | 04/05/18 | SL | 5.00 | | 16 | 139,831. | | | | 139,831. | | | 6,992. | 6,992. |
| 651 | OFFICE CHAIRS | 09/21/17 | SL | 5.00 | | 16 | 44,699. | | | | 44,699. | | | 6,705. | 6,705. |
| 652 | OFFICE CHAIRS | 11/06/17 | SL | 5.00 | | 16 | 5,904. | | | | 5,904. | | | 787. | 787. |
| 653 | OFFICE CHAIRS | 11/09/17 | SL | 5.00 | | 16 | 44,699. | | | | 44,699. | | | 5,960. | 5,960. |
| 654 | VICOM: VICOM AVAYA G450 POWER SUPPLY | 06/30/18 | SL | 5.00 | | 16 | 1,113. | | | | 1,113. | | | 93. | 93. |
| 655 | ATLANTIC AIR CORPORATION ICE MACHINES | 06/30/18 | SL | 5.00 | | 16 | 4,743. | | | | 4,743. | | | 79. | 79. |
| 656 | RAM COMPUTER SUPPLY EPSON POWERLITE LCD PROJECTOR | 06/04/18 | SL | 5.00 | | 16 | 1,421. | | | | 1,421. | | | 24. | 24. |
| 657 | RAM COMPUTER SUPPLY EPSON POWERLITE 2250U LCD PROJECTOR | 06/11/18 | SL | 5.00 | | 16 | 4,263. | | | | 4,263. | | | 71. | 71. |
| 658 | RAM COMPUTER SUPPLY EPSON POWERLITE 1785W LCD PROJECTOR | 06/13/18 | SL | 5.00 | | 16 | 870. | | | | 870. | | | 15. | 15. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 9,450,136. | | | | 9,450,136. | 3,742,333. | | 1,528,982. | 5,271,315. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 9,810,234. | | | | 9,810,234. | 4,003,638. | | 1,564,158. | 5,567,796. |
| | | | | | | | | | | | | | | | |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 9,134,504. | | | 0. | 9,134,504. | 4,003,638. | | | 5,503,016. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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