

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>PATIENT ADVOCATE FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>421 BUTLER FARM ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>HAMPTON, VA 23666</b> <b>F</b> Name and address of principal officer: <b>ALAN J. BALCH</b> <b>421 BUTLER FARM ROAD, HAMPTON, VA 23666</b>	<b>D</b> Employer identification number <b>54-1806317</b> <b>E</b> Telephone number <b>800.532.5274</b> <b>G</b> Gross receipts \$ <b>291,489,579.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.PATIENTADVOCATE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PATIENT ADVOCATE FOUNDATION (PAF) IS A NATIONAL 501 (C)(3) NON-PROFIT ORGANIZATION THAT PROVIDES</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>252</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>310,011,893.</b>	<b>280,243,032.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,809,874.</b>	<b>10,661,859.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>716,307.</b>	<b>571,629.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>&lt;94,728.&gt;</b>
<b>12</b>			<b>318,538,074.</b>	<b>291,381,792.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>247,467,194.</b>	<b>265,800,340.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>14,788,999.</b>	<b>16,595,224.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,204,818.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,703,313.</b>	<b>7,729,272.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>269,959,506.</b>	<b>290,124,836.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>48,578,568.</b>	<b>1,256,956.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>401,924,747.</b>	<b>403,543,559.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>34,231,365.</b>	<b>34,769,539.</b>
	<b>22</b>		<b>367,693,382.</b>	<b>368,774,020.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ALAN J. BALCH, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HUGH BARLOW</b>	Preparer's signature <b>HUGH BARLOW</b>	Date <b>11/14/22</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00422004</b>
	Firm's name ▶ <b>BROWN, EDWARDS &amp; COMPANY, LLP</b> Firm's address ▶ <b>701 TOWN CENTER DRIVE NEWPORT NEWS, VA 23606</b>	Firm's EIN ▶ <b>54-0504608</b> Phone no. <b>757-873-1033</b>		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 272,400,350. including grants of \$ 265,710,340. ) (Revenue \$ ) FINANCIAL SUPPORT PROGRAMS FOR 18 YEARS, PAF'S CO-PAY RELIEF PROGRAM (CPR) HAS PROVIDED FINANCIAL ASSISTANCE FOR CO-PAYMENTS, CO- INSURANCE AND DEDUCTIBLES REQUIRED BY A PATIENT'S INSURER FOR MEDICATIONS PRESCRIBED TO TREAT AND/OR MANAGE THE PATIENT'S DISEASE.

IN FY2021/2022, PAF'S CO-PAY RELIEF PROGRAM EXPANDED ITS IMPACT THROUGH THE ADDITION OF TWELVE (12) NEW FUNDS, INCLUDING TEN (10) HEALTH EQUITY FUNDS, BRINGING THE TOTAL FUNDS SUPPORTING PATIENTS TO FORTY-THREE (43) INCLUDING ACROMEGALY, ASTHMA, BLADDER CANCER, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL CANCER, COVID-19, CYSTIC FIBROSIS, DIABETES, ELECTROLYTE IMBALANCE, GAUCHER DISEASE, HEMOPHILIA,

4b (Code: ) (Expenses \$ 7,453,429. including grants of \$ ) (Revenue \$ 10,533,354. ) NON-PROFIT SERVICE AGREEMENTS IN 2009, THE FOUNDATION ENTERED INTO A TRANSPARENT SERVICE ADMINISTRATION AGREEMENT WITH A NATIONAL NONPROFIT ORGANIZATION. THE FOUNDATION HAS BEEN ENGAGED TO PROVIDE FULL SERVICE, TRANSPARENT ADMINISTRATION SERVICES TO QUALIFIED PATIENTS THAT ENTER THEIR CO-PAY ASSISTANCE AND PATIENT FINANCIAL AID PROGRAMS. THE FOUNDATION CONTINUED TO PROVIDE THIS CONTRACTUAL SERVICE DURING 2022 AND 2021. THE FOUNDATION ADMINISTERED SERVICES TO 74,774 AND 42,133 PATIENTS IN 2022 AND 2021, RESPECTIVELY, THROUGH THIS SERVICE AGREEMENT.

4c (Code: ) (Expenses \$ 6,326,784. including grants of \$ 90,000. ) (Revenue \$ 128,505. ) CASE MANAGEMENT SERVICES FOR 26 YEARS, PATIENT ADVOCATE FOUNDATION (FOUNDATION, PAF) HAS PROVIDED CASE MANAGEMENT INTERVENTIONS ON BEHALF OF CRITICALLY OR CHRONICALLY ILL PATIENTS NATIONALLY; ENABLING THEM TO CONNECT WITH, AND MAINTAIN ACCESS TO, PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, OVERCOME INSURANCE BARRIERS, LOCATE RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES WHILE IN TREATMENT, EVALUATE AND MAINTAIN HEALTH INSURANCE COVERAGE AND BETTER MANAGE, OR REDUCE, THE OUT-OF-POCKET MEDICAL AND COST OF LIVING DEBT THEY FACE. PAF PROVIDES ONE-ON-ONE PROFESSIONAL CASE MANAGEMENT SERVICES, WORKING ALONGSIDE PATIENTS, THEIR LOVED ONES, AND THEIR CARE TEAMS, OFTEN TAKING THE LEAD TO RESOLVE COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY CHALLENGES ENCOUNTERED IN THE

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

4e Total program service expenses 286,180,563.

**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> ? See instructions	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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 donor-restricted endowments or in 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> See instructions		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
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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 26	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CORPORATE OFFICE - 757-873-6668
421 BUTLER FARM ROAD, HAMPTON, VA 23666

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN J. BALCH, PHD CHIEF EXECUTIVE OFFICER	20.00 20.00			X				301,117.	125,000.	12,955.
(2) WILLIAM J. NASON CHIEF FINANCIAL OFFICER	40.00			X				255,290.	0.	26,495.
(3) FRANCES CASTELLOW PRESIDENT OF OPERATIONS	40.00			X				259,694.	0.	11,437.
(4) ANGELA M. WALKER CHIEF OF TALENT MANAGEMENT	40.00					X		218,957.	0.	5,849.
(5) SAKTHI CHOKKALINGAM DIRECTOR OF IT BUSINESS SOLUTIONS	40.00					X		200,721.	0.	23,250.
(6) SHONTA CHAMBERS EVP OF HEALTH EQUITY INITIATIVES	40.00					X		179,896.	0.	22,700.
(7) ERIN BRADSHAW CHIEF OF MISSION DELIVERY	40.00					X		181,472.	0.	18,176.
(8) CHRISTINE WILSON VP ADVOCACY COMMUNICATIONS	40.00					X		181,054.	0.	8,436.
(9) JOHN L. MURPHY FINANCE COMMITTEE CHAIR	1.00 1.00	X		X				0.	0.	0.
(10) AL BENSON III, MD, FACP BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(11) NORMAN HUBBARD, MBA BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(12) DAVID JACKMAN, MD BOARD MEMBER	1.00	X						0.	0.	0.
(13) AARON LYSS, MBA BOARD MEMBER	1.00	X						0.	0.	0.
(14) OTIS MAYNARD, ESQ BOARD VICE PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(15) EDITH MITCHELL, MD, FACP BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(16) PEARL MOORE, RN, MN, FAAN BOARD PRESIDENT	1.00	X		X				0.	0.	0.
(17) LARRI SHORT, JD BOARD SECRETARY	1.00 1.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAUREEN CULBERTSON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(19) ANAEZE C. OFFODILE II, MD, MPH BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) DANIEL PRESS, PHD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(21) VEENA SHANKARAN, MD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) ROLF BENIRSCHKE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(23) DAVID WHITE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(24) GABRIELLE ROCQUE, MD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(25) REGINALD TUCKER-SEELEY, MA, SCM BOARD MEMBER	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,778,201.	125,000.	129,298.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,778,201.	125,000.	129,298.

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 **25**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TEKCLAN SOFTWARE SOLUTIONS, PVT, LTD, 43, MANI STREET, V PURAM, AMBATTUR, CHENNAI, PHARMACY DATA MANAGEMENT GROUP	IT SUPPORT	1,867,444.
8530 CROSSROADS DR, POLAND, OH 44514	PROCESS PHARMACY CLAIMS	801,352.
CROSSCONNECT ENGINEERING, 1155 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920	IT SUPPORT	252,089.
ARENT FOX SCHIFF, LLP P.O. BOX 644672, PITTSBURG, PA 15264	COMPLIANCE COUNSEL	165,893.
PASSPORT HEALTH COMMUNICATIONS GROUP PO BOX 886133, LOS ANGELES, CA 90088	INCOME VERIFICATION	142,800.

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 **5**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	100,000.				
	<b>c</b> Fundraising events .....	<b>1c</b>	213,627.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	498,803.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	279,430,602.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 31,956.				
	<b>h Total.</b> Add lines 1a-1f .....		280243032.				
	Program Service Revenue	<b>2 a</b> NON-PROFIT PROGRAM SERVICE ADMINI	<b>Business Code</b>				
		541900	10,533,354.	10533354.			
<b>b</b> SCHOLARSHIP GRANT REVENUE		541900	128,505.	128,505.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		10,661,859.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		580,710.			580,710.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	9,081.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	<9,081.>				
	<b>d</b> Net gain or (loss) .....		<9,081.>			<9,081.>	
<b>8 a</b> Gross income from fundraising events (not including \$ 213,627. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		3,978.				
			98,706.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			<94,728.>			<94,728.>	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			291381792.	10661859.	0.	476,901.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	265,800,340.	265,800,340.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	844,906.	389,495.	337,068.	118,343.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	13,103,700.	11,753,722.	610,788.	739,190.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	378,183.	199,918.	144,318.	33,947.
<b>9</b> Other employee benefits .....	1,272,612.	1,035,441.	130,654.	106,517.
<b>10</b> Payroll taxes .....	995,823.	908,327.	45,710.	41,786.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	170,380.		170,380.	
<b>c</b> Accounting .....	162,131.	12,100.	150,031.	
<b>d</b> Lobbying .....	780,000.		780,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,711,380.	1,710,912.	268.	200.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	1,517,595.	1,324,936.	145,066.	47,593.
<b>14</b> Information technology .....	889,522.	822,479.	52,065.	14,978.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	797,675.	743,195.	31,189.	23,291.
<b>17</b> Travel .....	49,007.	8,338.	925.	39,744.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	53,621.	43,284.	962.	9,375.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,025,766.	955,890.	40,436.	29,440.
<b>23</b> Insurance .....	112,066.	12,091.	99,595.	380.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM GRANT EXPENSES	460,129.	460,095.	0.	34.
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	290,124,836.	286,180,563.	2,739,455.	1,204,818.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	28,356,319.	<b>1</b>	30,689,086.	
	<b>2</b> Savings and temporary cash investments .....	347,997,242.	<b>2</b>	345,883,599.	
	<b>3</b> Pledges and grants receivable, net .....	17,613,158.	<b>3</b>	18,218,453.	
	<b>4</b> Accounts receivable, net .....	1,900,284.	<b>4</b>	1,954,922.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	72,356.	<b>8</b>	80,194.	
	<b>9</b> Prepaid expenses and deferred charges .....	390,886.	<b>9</b>	460,069.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,694,325.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,295,274.	3,861,164.	<b>10c</b>	4,399,051.
	<b>11</b> Investments - publicly traded securities .....	1,683,007.	<b>11</b>	1,807,854.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	50,331.	<b>15</b>	50,331.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	401,924,747.	<b>16</b>	403,543,559.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,777,237.	<b>17</b>	10,198,425.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	21,918,604.	<b>19</b>	21,569,093.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,535,524.	<b>25</b>	3,002,021.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	34,231,365.	<b>26</b>	34,769,539.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	21,048,024.	<b>27</b>	24,928,178.	
	<b>28</b> Net assets with donor restrictions .....	346,645,358.	<b>28</b>	343,845,842.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	367,693,382.	<b>32</b>	368,774,020.	
<b>33</b> Total liabilities and net assets/fund balances .....	401,924,747.	<b>33</b>	403,543,559.		

**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	291,381,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	290,124,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,256,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	367,693,382.
5	Net unrealized gains (losses) on investments	5	<55,818.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<120,500.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	368,774,020.

**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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	368892961	234013794	290724577	310011893	280243032	1483886257.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	368892961	234013794	290724577	310011893	280243032	1483886257.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1179634868.
<b>6 Public support.</b> Subtract line 5 from line 4.						304251389

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	368892961	234013794	290724577	310011893	280243032	1483886257.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2946894.	5514479.	3816326.	718,528.	580,710.	13576937.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1497463194.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	36,746,740.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	20.32	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	19.08	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

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

PATIENT ADVOCATE FOUNDATION

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

FACTS & CIRCUMSTANCES TEST; FY2021/2022

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. FOR MORE THAN TWO DECADES, PAF HAS PROVIDED FINANCIAL AND INSURANCE NAVIGATION, SOCIAL SERVICES SUPPORT, DIRECT FINANCIAL SUPPORT AND EDUCATIONAL SERVICES FOR MILLIONS OF PRIMARILY LOW-INCOME PATIENTS AND CAREGIVERS EXPERIENCING DISTRESSING FINANCIAL, EMPLOYMENT, INSURANCE COVERAGE OR HOUSEHOLD MATERIAL HARDSHIPS BECAUSE OF THEIR HEALTH CONDITIONS AND ASSOCIATED TREATMENT. THROUGH THIS WORK WE HAVE CREATED AND CURATED AN EXTENSIVE CATALOGUE OF RESOURCES, EXPERIENCE, AND EXPERTISE IN DESIGNING AND IMPLEMENTING PROJECTS AS WELL AS ANALYZING DATA TO SUPPORT OUR GROWING RESEARCH AND EVALUATION PORTFOLIO TO PROMOTE THE DELIVERY OF PERSON-CENTERED CARE.

THE FOUNDATION HAS DEVELOPED AND DELIVERS A DIVERSE PORTFOLIO OF PATIENT CENTERED PROGRAMS TO PATIENTS AND THEIR FAMILIES INCLUDING IN DEPTH CASE

**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.)

MANAGEMENT SERVICES, SMALL GRANT PROGRAMS THAT PROVIDE SUPPORT FOR COST-OF-LIVING EXPENSES FOR LOW-INCOME PATIENTS, AND PATIENT EDUCATIONAL PROGRAMS DELIVERED IN PRINT, DIGITAL, VIDEO AND ONLINE INTERACTIVE FORMATS. THE FOUNDATION ALSO ADMINISTERS THE CO-PAY RELIEF PROGRAM (CPR), PROVIDING FINANCIAL SUPPORT FOR CO-PAYMENTS AND COINSURANCE REQUIRED FOR PHARMACEUTICAL TREATMENTS PRESCRIBED TO TREAT AND/OR MANAGE CERTAIN CHRONIC AND LIFE-THREATENING CONDITIONS. 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 179,000 PATIENTS IN FY2021/2022, INCLUDING CASE MANAGEMENT SERVICES AND FINANCIAL AID TO OVER 2,000 PEOPLE WHO WERE IMPACTED BY THE COVID-19 GLOBAL PANDEMIC AND LIVE WITH A CHRONIC OR CRITICAL HEALTH CONDITION. PAF HAS PROVIDED HELP AND ASSISTANCE TO OVER 1.7 MILLION PATIENTS AND FAMILIES SINCE ITS INCEPTION IN 1996. PAF IS PUBLICLY SUPPORTED, PRIMARILY RECEIVING ITS' SUPPORT THROUGH CHARITABLE CONTRIBUTIONS, GRANTS, COOPERATIVE AGREEMENTS WITH GOVERNMENTAL AGENCIES AND OTHER 501(C)3 NON-PROFIT ORGANIZATIONS AND DONATIONS FROM THE GENERAL PUBLIC, THUS, ALLOWING PAF TO OFFER ITS DIVERSE PROGRAMMING TO PATIENTS COMPLETELY FREE OF CHARGE.

CASE MANAGEMENT & FINANCIAL SUPPORT PROGRAMS FOR 26 YEARS, PATIENT ADVOCATE FOUNDATION (PAF) HAS PROVIDED CASE MANAGEMENT INTERVENTIONS ON BEHALF OF CRITICALLY OR CHRONICALLY ILL PATIENTS NATIONALLY; ENABLING THEM TO CONNECT WITH, AND MAINTAIN ACCESS TO, PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, OVERCOME INSURANCE BARRIERS, LOCATE RESOURCES TO SUPPORT COST-OF-LIVING EXPENSES WHILE IN

**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.)

TREATMENT, EVALUATE AND MAINTAIN HEALTH INSURANCE COVERAGE AND BETTER  
MANAGE, OR REDUCE, THE OUT-OF-POCKET MEDICAL AND COST OF LIVING DEBT THEY  
FACE. PAF PROVIDES ONE-ON-ONE PROFESSIONAL CASE MANAGEMENT SERVICES,  
WORKING ALONGSIDE PATIENTS, THEIR LOVED ONES, AND THEIR CARE TEAMS, OFTEN  
TAKING THE LEAD TO RESOLVE COMPLEX HEALTHCARE ACCESS AND AFFORDABILITY  
CHALLENGES ENCOUNTERED IN THE HEALTHCARE SYSTEM. CASE MANAGEMENT SERVICES  
ARE PROVIDED AT NO COST TO PATIENTS AND THEIR FAMILIES. THE FOUNDATION'S  
CASE MANAGEMENT STAFF DIRECTLY INTERVENED ON BEHALF OF 18,923 INDIVIDUALS,  
LIVING IN ALL 50 STATES, IN FY2021/2022. THESE PATIENTS ARE LIVING WITH  
1,003 UNIQUE DISEASES AND REQUESTED ASSISTANCE WITH ISSUES THAT WERE  
CREATING OBSTACLES TO CARE. ON AVERAGE, CASE MANAGERS MADE 19.8 CONTACTS  
ON BEHALF OF EACH CASE TO RELEVANT STAKEHOLDERS TO BRING RESOLUTION TO THE  
PATIENT'S ACCESS ISSUES. THIS TRANSLATES TO APPROXIMATELY 374,555 UNIQUE  
CONTACTS AND AN AVERAGE DEBT RELIEF/PATIENT SAVING OF \$1,035 PER CASE ON  
BEHALF OF PATIENTS AND FAMILIES RECEIVING CASE MANAGEMENT SERVICES. PAF  
ALSO PROVIDED 6,532 EDUCATION PUBLICATIONS TO THE PATIENTS SERVED BY CASE  
MANAGEMENT AND THOSE WHO REQUESTED EDUCATIONAL INFORMATION. PAF PROVIDES  
THESE SERVICES THROUGH A COMPLIMENT OF 34 UNIQUE PROGRAMS.

PAF ALSO ADMINISTERED A SUITE OF SEVENTEEN (17) SMALL GRANT PROGRAMS IN  
FY2021/2022, REFERRED TO AS FINANCIAL AID FUNDS, EACH PROVIDING FINANCIAL  
ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING  
EXPENSES PATIENTS STRUGGLE TO MANAGE WHEN DEALING WITH A CHRONIC OR  
CRITICAL DISEASE. IN FY2021/2022, PROGRAM STAFF FIELDDED 13,288 TELEPHONE  
CALLS AND SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 1,509 PATIENTS,  
TOTALING \$963,300 IN FINANCIAL RELIEF. THE SMALL GRANTS RANGE FROM  
\$300-\$2500 PER PATIENT AND ARE DESIGNED TO DEFRAY NON-MEDICAL EXPENSES,

**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.)

INCLUDING TRANSPORTATION, LODGING, NUTRITIONAL NEEDS, CHILDCARE AND BURIAL EXPENSES, FACED BY PATIENTS BECAUSE 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

- ANGEL FINANCIAL AID FUND: SUPPORTS FUNERAL EXPENSES ASSOCIATED WITH PATIENTS WHO HAVE PASSED AND DIED FROM 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

- NATIONAL OVARIAN CANCER COALITION CLINICAL TRIAL FUND: SUPPORTS PATIENTS THAT HAVE BEEN DIANOSED WITH OVARIAN CANCER, FALLOPIAN TUBE CANCER OR PERITONEAL CANCER AND ARE PARTICIPATING IN A CLINICAL TRIAL, BY PROVIDING FINANCIAL ASSISTANCE FOR COST-OF-LIVING EXPENSES.

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

- ZERO DRIVE PROGRAM: PROVIDES FINANCIAL ASSISTANCE FOR TRAVEL COSTS TO PATIENTS LIVING IN FLORIDA, GEORGIA, IOWA, NEW YORK, NORTH CAROLINA,

**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.)

PENNSYLVANIA, SOUTH CAROLINA, AND TEXAS, WHO ARE BEING EVALUATED, UNDERGOING TREATMENT, OR RECEIVING FOLLOW UP CARE FOR PROSTATE CANCER.

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

PAF DOES NOT CONSIDER THE IDENTITY OF ANY PHYSICIAN, PROVIDER, SUPPLIER OF ITEMS OR SERVICES, DONOR, DRUG THERAPY, SERVICES OR SUPPLIES BEING UTILIZED OR THE REFERRAL SOURCE WHEN ASSESSING WHETHER AN APPLICANT IS QUALIFIED FOR FINANCIAL ASSISTANCE FROM A PAF CPR DISEASE-SPECIFIC FUND. UNDER NO CIRCUMSTANCES WILL PAF RECOMMEND OR REFER AN APPLICANT OR ENROLLEE TO ANY FUND DONOR, PROVIDER, SUPPLIER OR PRODUCT.



**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.)

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.

(CONTINUED ON SCHEDULE O)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>72,362.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>581,437.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,595,670.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>14,555.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>166,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>19,080,404.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>104,661,732.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>498,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>32,713.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>305,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>153,496.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>68,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>53,751.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>43,795,179.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ <u>84,269,115.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>1,026,758.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>523,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>965,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 118,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 185,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 9,889,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 2,280,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 249,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 214,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ <u>1,002,970.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ <u>6,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ <u>6,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ <u>40,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ <u>995,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 9,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 15,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 13,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 14,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 20,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ <u>50,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>27,078.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ <u>503,741.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ <u>43,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	 <hr/> <hr/> <hr/>	\$ <u>10,226.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	 <hr/> <hr/> <hr/>	\$ <u>24,155.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	 <hr/> <hr/> <hr/>	\$ <u>12,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**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 <b>PATIENT ADVOCATE FOUNDATION</b>	Employer identification number <b>54-1806317</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021



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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	780,000.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	780,000.													
<b>d</b>	Other exempt purpose expenditures .....	289453262.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	290233262.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	780,000.	780,000.	780,000.	780,000.	3,120,000.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,194,524.	2,186,163.	2,078,900.	1,999,015.	1,996,636.
b Contributions					
c Net investment earnings, gains, and losses	<27,254.>	8,361.	107,263.	79,885.	2,379.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,167,270.	2,194,524.	2,186,163.	2,078,900.	1,999,015.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		93,478.	25,302.	68,176.
d Equipment		11,707,740.	9,269,972.	2,437,768.
e Other		1,893,107.		1,893,107.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,399,051.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	611,412.
(3) IBNR RESERVE	128,825.
(4) POSTRETIREMENT LIABILITY	2,251,558.
(5) DUE TO NPAF	10,226.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,002,021.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	291,443,481.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<55,818.>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	9,720.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<46,098.>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	291,489,579.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<107,787.>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<107,787.>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	291,381,792.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	290,242,343.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	9,720.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	107,787.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	117,507.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	290,124,836.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	290,124,836.

**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:

LOSS ON FIXED ASSET INCLUDED IN EXPENSES FOR F/S	-9,081.
FUNDRAISING EXPENSES OFFSET REVENUE ON 990	-98,706.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-107,787.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET INCLUDED IN EXPENSES FOR F/S	9,081.
FUNDRAISING EXPENSES OFFSET REVENUE ON 990	98,706.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	107,787.

**SCHEDULE G  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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			
<b>Total</b> .....				▶		

- 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	(d) Total events (add col. (a) through col. (c))
		PROMISE OF HOPE - SEPT. (event type)	PROMISE OF HOPE - SEPT. (event type)	NONE (total number)	
Revenue	1	Gross receipts	165,656.	51,949.	217,605.
	2	Less: Contributions	161,678.	51,949.	213,627.
	3	Gross income (line 1 minus line 2)	3,978.		3,978.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	31,956.		31,956.
	6	Rent/facility costs	18,848.		18,848.
	7	Food and beverages	16,641.		16,641.
	8	Entertainment	4,601.		4,601.
	9	Other direct expenses	26,660.		26,660.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				<94,728.>

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.

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**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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) 2021

**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	31	90,000.	0.		
CO PAY RELIEF ASSISTANCE	68399	265,224,745.	0.		
FINANCIAL AID FUND	1509	485,595.	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, 31

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 FY2021/2022, PAF'S CO-PAY RELIEF PROGRAM ASSISTED PATIENTS THROUGH FORTY-SEVEN (47) DISEASE SPECIFIC FUNDS INCLUDING ACROMEGALY, ASTHMA, BLADDER CANCER, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL CANCER, CHRONIC PAIN, COVID-19, CYSTIC FIBROSIS, ELECTROLYTE IMBALANCE, GAUCHER DISEASE, HEMOPHILIA, HEPATITIS B, HEPATITIS C, HEPATOCELLULAR CARCINOMA, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, LUPUS, MELANOMA, METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER, METASTATIC GASTRIC CANCER, METASTATIC MELANOMA, METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS, MYELODYSPLASTIC SYNDROME, NON-SMALL CELL LUNG CANCERS (NSCLC), OSTEOPOROSIS, OVARIAN CANCER, PANCREATIC CANCER, PERIODIC PARALYSIS, PERIPHERAL VASCULAR DISEASE, PROSTATE CANCER, PULMONARY FIBROSIS, PULMONARY HYPERTENSION, RENAL CELL CARCINOMA, RHEUMATOID ARTHRITIS, SKIN CANCER, SPINAL MUSCULAR ATROPHY, ULCERATIVE COLITIS, AND UTERINE CANCERS.

IN FY2021/2022, PAF ADMINISTERED SEVENTEEN (17) SMALL ONE-TIME GRANTS PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING EXPENSES FACED BY PATIENTS AS A RESULT OF THEIR DIAGNOSIS AND TREATMENT. DISEASE SPECIFIC FUNDS INCLUDE COVID-19, ACCUTE RESPIRATORY DISTRESS SYNDROME, TOXIC SHOCK AND/OR SEPSIS, BREAST CANCER, METASTIC BREAST CANCER, MERKEL CELL CARCINOMA, HEART VALVULAR CONDITION, AND ACUTE MYELOID LEUKEMIA.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

**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? ..... **2**

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input 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? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

**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 ..... **8**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN J. BALCH, PHD CHIEF EXECUTIVE OFFICER	(i)	294,943.	6,174.	0.	11,600.	1,355.	314,072.	0.
	(ii)	125,000.	0.	0.	0.	0.	125,000.	0.
(2) WILLIAM J. NASON CHIEF FINANCIAL OFFICER	(i)	247,998.	7,292.	0.	9,920.	16,575.	281,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCES CASTELLOW PRESIDENT OF OPERATIONS	(i)	252,276.	7,418.	0.	10,091.	1,346.	271,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANGELA M. WALKER CHIEF OF TALENT MANAGEMENT	(i)	212,703.	6,254.	0.	4,414.	1,435.	224,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAKTHI CHOKKALINGAM DIRECTOR OF IT BUSINESS SOLUTIONS	(i)	198,461.	2,260.	0.	7,938.	15,312.	223,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHONTA CHAMBERS EVP OF HEALTH EQUITY INITIATIVES	(i)	174,757.	5,139.	0.	6,990.	15,710.	202,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIN BRADSHAW CHIEF OF MISSION DELIVERY	(i)	176,288.	5,184.	0.	7,052.	11,124.	199,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTINE WILSON VP ADVOCACY COMMUNICATIONS	(i)	180,374.	680.	0.	7,215.	1,221.	189,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE L**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open To Public  
Inspection

Name of the organization

**PATIENT ADVOCATE FOUNDATION**

Employer identification number

**54-1806317**

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

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

1	(a) 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

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

**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	1,387,205.	INTERCOMPAN		X
SHAWN NASON	SPECIAL EVENTS DIRE	92,250.	RELATED PAR		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: ALAN J. BALCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHIEF EXECUTIVE OFFICER

(D) DESCRIPTION OF TRANSACTION: INTERCOMPANY ACTIVITY OCCURS BETWEEN

PATIENT ADVOCATE FOUNDATION (PAF) AND NATIONAL PATIENT ADVOCATE

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

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

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

2021/2022 WERE \$780,000. NPAF REIMBURSED PAF FOR SALARIES OF \$383,255 FOR

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

REIMBURSED TO NPAF \$145,442 IN SALARIES FOR SHARED SERVICES. NPAF

REIMBURSED PAF FOR \$62,566 OF OTHER EXPENSES, AND PAF REIMBURSED NPAF FOR

\$15,942 OF OTHER EXPENSES IN FY 2021/2022.

(A) NAME OF PERSON: SHAWN NASON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPECIAL EVENTS DIRECTOR

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

NASON, CHIEF FINANCIAL OFFICER OF PAF.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>AUCTION PRIZE</u> )	X	308	31,956.	COMPARABLE SALES
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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

HEPATITIS B, HEPATITIS C, HEPATOCELLULAR CARCINOMA, HIV, AIDS AND  
PREVENTION, HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA, INHERITED OR  
ACQUIRED LIPODYSTROPHY, LUPUS, MELANOMA, METASTATIC BREAST CANCER,  
METASTATIC COLORECTAL CANCER, METASTATIC GASTRIC CANCER, METASTATIC  
MELANOMA, METASTATIC PROSTATE CANCER, MULTIPLE MYELOMA, MULTIPLE  
SCLEROSIS, MYELOYDYSPLASTIC SYNDROMES, NON-SMALL CELL LUNG CANCERS,  
OSTEOPOROSIS, OVARIAN CANCER, PANCREATIC CANCER, PERIODIC PARALYSIS,

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

Schedule O (Form 990) 2021

Name of the organization PATIENT ADVOCATE FOUNDATION	Employer identification number 54-1806317
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PERIPHERAL VASCULAR DISEASE, PROSTATE CANCER, PULMONARY FIBROSIS,  
PULMONARY HYPERTENSION, RENAL CELL CARCINOMA, RHEUMATOID ARTHRITIS,  
SKIN CANCER, SPINAL MUSCULAR ATROPHY, ULCERATIVE COLITIS, AND UTERINE  
CANCERS.

ALSO, IN FY2021/2022 PAF'S CO-PAY RELIEF PROGRAM ESTABLISHED HEALTH  
EQUITY FUNDS, A NEW TYPE OF FUND THAT MAKES CPR MORE ACCESSIBLE AND  
BENEFICIAL FOR PATIENTS WHO NEEDED THE MOST HELP AND ARE NOT BEING  
SERVED ADEQUATELY BY THE EXISTING MEDICAL AND COPAY INFRASTRUCTURE.  
DEVELOPED USING THE CDC'S SOCIAL VULNERABILITY INDEX (SVI) AND CDC  
DISEASE INCIDENCE DATA, OUR HEALTH EQUITY FUNDS SERVE PEOPLE LIVING IN  
220 COUNTIES ACROSS THE UNITED STATES THAT HAVE BEEN IDENTIFIED BY THE  
CDC AS HAVING THE HIGHEST SOCIAL VULNERABILITY SCORES AND ARE BURDENED  
WITH HIGH RATES OF CHRONIC DISEASES. THE HEALTH EQUITY FUNDS ARE  
DESIGNED TO SPECIFICALLY PROVIDE SUPPORT TO ELIGIBLE PATIENTS LIVING IN  
ONE OF THE 220 COUNTIES COVERED BY THE FUNDS, WHICH IS VERIFIED USING  
THE ZIP CODE OF THE PATIENT'S HOME ADDRESS. ALL OTHER ELIGIBILITY  
REQUIREMENTS, AND FUND OPERATION, ARE THE SAME AS OUR GENERAL FUNDS.  
THE FOLLOWING TEN (10) HEALTH EQUITY FUNDS HELPED PATIENTS IN THESE 220  
COUNTIES: BREAST CANCER HEALTH EQUITY FUND, CORONARY ARTERY DISEASE  
HEALTH EQUITY FUND, DIABETES HEALTH EQUITY FUND, HEPATITIS C HEALTH  
EQUITY FUND, METASTATIC COLORECTAL CANCER HEALTH EQUITY FUND, MULTIPLE  
MYELOMA HEALTH EQUITY FUND, NON-SMALL CELL LUNG CANCERS HEALTH EQUITY  
FUND, OVARIAN CANCER HEALTH EQUITY FUND, PROSTATE CANCER HEALTH EQUITY  
FUND, AND THE VIROLOGY TESTING HEALTH EQUITY FUND.

THE PAF'S CO-PAY RELIEF PROGRAM OFFERS A DEDICATED, SECURE WEB-BASED  
APPLICATION FOR PATIENTS AND/OR THEIR FAMILY MEMBERS TO ENROLL

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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. THE FOUNDATION ALSO OFFERS TELEPHONIC SUPPORT SERVICES TO PATIENTS WHO PREFER TO RECEIVE PERSONAL ASSISTANCE FROM A PROGRAM SPECIALIST. IN FY2021/2022, THE FOUNDATION ADMINISTERED COPAYMENT ASSISTANCE TO 68,399 QUALIFIED PATIENTS THROUGH 47 ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 170,107 TELEPHONE CALLS AND PROCESSED CLAIMS TOTALING OVER \$267,447,528 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 600,000 INDIVIDUALS ALLOCATING NEARLY \$1.9 BILLION DOLLARS IN CO-PAYMENT AWARDS.

THE FOUNDATION ALSO ADMINISTERED A SUITE OF SEVENTEEN (17) SMALL GRANT PROGRAMS IN 2022, REFERRED TO AS FINANCIAL AID FUNDS, EACH PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS FOR OUT OF POCKET AND COST OF LIVING EXPENSES PATIENTS STRUGGLE TO MANAGE WHEN DEALING WITH A CHRONIC OR CRITICAL DISEASE. IN 2022, PROGRAM STAFF FIELDDED 13,288 TELEPHONE CALLS AND SUCCESSFULLY PROVIDED ONE-TIME SMALL GRANTS TO 1,509 PATIENTS, TOTALING \$963,300 IN FINANCIAL RELIEF. IN 2021, 11,422 PATIENTS RECEIVED FINANCIAL RELIEF FROM SIXTEEN (16) FINANCIAL FUNDS, TOTALING MORE THAN \$5,624,600. THESE GRANTS RANGED FROM \$300 - \$2,500 PER PATIENT AND ARE DESIGNED FOR NON-MEDICAL EXPENSES, INCLUDING TRANSPORTATION, LODGING, NUTRITIONAL NEEDS, CHILDCARE, AND BURIAL EXPENSES, FACED BY PATIENTS BECAUSE OF THEIR DIAGNOSIS AND TREATMENT.



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IN 2022, THE FINANCIAL AID FUND PROGRAMS INCLUDE:

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

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

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

O ANGEL FINANCIAL AID FUND: SUPPORTS FUNERAL EXPENSES ASSOCIATED WITH PATIENTS WHO HAVE PASSED AND DIED FROM ARDS, TSS AND/OR SEPSIS

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

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

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

O NATIONAL OVARIAN CANCER COALITION CLINICAL TRIAL FUND: SUPPORTS PATIENTS THAT HAVE BEEN DIAGNOSED WITH OVARIAN CANCER, FALLOPIAN TUBE CANCER OR PERITONEAL CANCER AND ARE PARTICIPATING IN A CLINICAL TRIAL, BY PROVIDING FINANCIAL ASSISTANCE FOR COST-OF-LIVING EXPENSES.

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

O ZERO DRIVE PROGRAM: PROVIDES FINANCIAL ASSISTANCE FOR TRAVEL COSTS TO PATIENTS LIVING IN FLORIDA, GEORGIA, IOWA, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, SOUTH CAROLINA AND TEXAS, WHO ARE BEING EVALUATED,

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UNDERGOING TREATMENT, OR RECEIVING FOLLOW UP CARE FOR PROSTATE CANCER

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

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

PATIENTS AND THEIR FAMILIES. DURING FY2021/2022, THE FOUNDATION'S CASE

MANAGEMENT STAFF DIRECTLY WORKED WITH OR ON BEHALF OF 18, 923

INDIVIDUALS. THESE PATIENTS REPRESENTED 1,004 UNIQUE DISEASES AND

REQUESTED ASSISTANCE WITH ISSUES THAT WERE CREATING OBSTACLES TO CARE.

ON AVERAGE, CASE MANAGERS MADE 19.8 CONTACTS ON BEHALF OF EACH CASE TO

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

WORK TRANSLATES TO APPROXIMATELY 374,555 UNIQUE CONTACTS AND AN AVERAGE

DEBT RELIEF/PATIENT SAVINGS OF \$1,035 PER CASE ON BEHALF OF PATIENTS

AND FAMILIES RECEIVING CASE MANAGEMENT SERVICES. PAF ALSO PROVIDED

6,532 EDUCATION PUBLICATIONS TO THE PATIENTS SERVED BY CASE MANAGEMENT

AND THOSE WHO REQUESTED EDUCATIONAL INFORMATION. PAF PROVIDES THESE

SERVICES THROUGH A COMPLIMENT OF 34 UNIQUE PROGRAMS.

DURING 2021, THE FOUNDATION'S CASE MANAGEMENT STAFF DIRECTLY INTERVENED

ON BEHALF OF 21,336 INDIVIDUALS. THESE PATIENTS ARE COLLECTIVELY LIVING

WITH 630 UNIQUE DISEASES AND REQUESTED ASSISTANCE WITH AN AVERAGE OF

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

MANAGERS MADE 13.8 CONTACTS ON BEHALF OF EACH CASE TO RELEVANT

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

TRANSLATES TO OVER 294,386 UNIQUE CONTACTS ON BEHALF OF PATIENTS AND

FAMILIES RECEIVING CASE MANAGEMENT INTERVENTION SERVICES. PAF PROVIDED

THESE SERVICES THROUGH A COMPLIMENT OF 31 UNIQUE PROGRAMS.

PATIENT EDUCATION AND EMPOWERMENT

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PAF EXTENDS ITS PATIENT 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. WE MODEL OUR EDUCATIONAL ACTIVITIES ON THE CONVERSATIONS WHICH TAKE PLACE BETWEEN CASE MANAGERS, PATIENTS, AND THEIR CAREGIVERS, FOCUSING ON THOSE TOPICS FOR WHICH PATIENTS MOST FREQUENTLY SEEK OUR HELP. 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 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, ON-DEMAND WEBINARS, INTERACTIVE TRAINING SERIES, AND INTERACTIVE RESOURCE TOOLS ALL OF WHICH ARE AVAILABLE FREE OF CHARGE TO PATIENTS.

DURING FY2021/2022, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT TEAM PUBLISHED 45 NEW, TRANSLATED, OR REVISED PUBLICATIONS AND 10 EDUCATIONAL WEBINARS. PAF ALSO SUPPORTED 4 MULTI-YEAR EDUCATIONAL PROJECTS (PATIENT ACTION COUNCIL PROJECT, HEALTH INSURANCE LITERACY, MIGRAINE MATTERS AND MATTERS OF THE HEART), AND STARTED A NEW INTERACTIVE TRAINING SERIES PROJECT ENTITLED "THE LIGHTHOUSE TRAINING SERIES: HELPING YOU PREPARE FOR AND RESPOND TO THE FINANCIAL IMPACT OF

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CRITICAL ILLNESSES". PAF'S PATIENT EDUCATION AND EMPOWERMENT DEPARTMENT RECEIVED 2 AWARDS THIS PAST YEAR INCLUDING THE BRONZE MEDAL FOR HEALTH INSURANCE DENIALS AND APPEALS: DON'T TAKE NO FOR AN ANSWER - A PAF TRAINING SERIES IN THE DIGITAL HEALTH MEDIA/PUBLICATIONS VIDEO SERIES AND A MERIT WINNER FOR ENGAGING WITH INSURERS: APPEALING A DENIAL IN THE DIGITAL HEALTH MEDIA/PUBLICATIONS BOOKLET/BROCHURE CATEGORY.

PAF'S MOST UTILIZED PATIENT RESOURCE IS THE NATIONAL FINANCIAL RESOURCE DIRECTORY. IN FY2021/2022, PAF ADDED 38 NEW RESOURCES AND UPDATED 548 RESOURCES. USERS OF THE DIRECTORY COMPLETED 33,340 ELECTRONIC SEARCHES FOR RESOURCES THAT RESULTED IN 811,395 MATCHING RESOURCES BEING PROVIDED TO USERS, AN AVERAGE OF 24 CUSTOMIZED RESOURCES PROVIDED PER USER SEARCH. USERS SEARCHED FOR FINANCIAL ASSISTANCE CATEGORIES MOST FREQUENTLY. THE TOP 8 CATEGORIES (IN ORDER OF HIGHEST SEARCHES) INCLUDE: MEDICAL BILLS & GENERAL FINANCIAL HELP, HOUSING & LODGING, CHARITABLE COPAYMENT ASSISTANCE, TRANSPORTATION, UTILITIES, DENTAL CARE, AFFORDABLE OPTIONS FOR CARE, FOOD & NUTRITION.

DURING FY2021/2022, MEMBERS OF THE FOUNDATION'S STAFF ALSO CONDUCTED, PARTICIPATED IN, AND HOSTED EDUCATIONAL OUTREACH AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS WITH THE GOAL OF EDUCATING THE PUBLIC, NONPROFIT ORGANIZATIONS, AND MEMBERS OF THE HEALTHCARE COMMUNITY (WHO SUPPORT PATIENTS) ABOUT THE SERVICES AND EDUCATIONAL MATERIALS OFFERED BY THE FOUNDATION AND THE CHALLENGES FACING PATIENTS AS THEY NAVIGATE THEIR TREATMENT JOURNEY. THIS OUTREACH WAS, IN CASES, TARGETED TO A POPULATION OUTLINED IN HEALTHCARE ACCESS AND DISEASE OUTCOMES DATA AS AFFECTED BY SOCIAL DETERMINANTS OF HEALTH AND UNDERSERVED COMMUNITIES. WHILE VIRTUAL EVENTS WERE STILL HIGHLY EFFECTIVE AND WELL ATTENDED,

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IN-PERSON EVENTS BEGAN RETURNING MID-YEAR WITH GROWING ATTENDANCE RATES. THIS PROVIDED PAF THE OPPORTUNITY TO CONTINUE REACHING A BROADER AUDIENCE THROUGH VARIOUS SOURCES AND CONTINUE TO INCREASE PUBLIC AWARENESS OF PAF RESOURCES TO HOMEBOUND INDIVIDUALS, AS WELL AS EVENT ATTENDEES. IN FY2021/2022, THE FOUNDATION INCREASED ITS ATTENDED OUTREACH EVENTS TO 122 AND DISTRIBUTED 2200 EDUCATIONAL PUBLICATIONS THROUGH THESE EVENTS.

#### HEALTH EQUITY INITIATIVE

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

#### O SELFMADE HEALTH NETWORK (SMHN)

- TRI-NETWORKS HPV LEARNING COLLABORATIVE
- SMHN IN COLLABORATION WITH GEOGRAPHIC HEALTH EQUITY ALLIANCE AND NUESTRAS VOCES (PART OF A CONSORTIUM SUPPORTED BY CDC'S NETWORKING2SAVE PROGRAM) COMPLETED COHORT ONE OF THE TRI-NETWORKS HPV VACCINATION LEARNING COLLABORATIVE. THE 15-MONTH COLLABORATIVE WAS DESIGNED TO PROVIDE TECHNICAL ASSISTANCE TO NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM (NCCCP) TO ENHANCE THEIR CAPACITY TO IMPLEMENT EVIDENCE-BASED STRATEGIES TO INCREASE HUMAN PAPILLOMAVIRUS (HPV) VACCINATION TO PREVENT CERVICAL CANCER AND INCREASE HPV VACCINATION RATES AMONG

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PERSONS WITH LOW SOCIO-ECONOMIC CHARACTERISTICS, GEOGRAPHICALLY DISPARATE AND/OR HISPANIC POPULATIONS. STATE NCCCP TEAMS FROM SEVEN STATES (FLORIDA, NEW JERSEY, MICHIGAN, OHIO, GEORGIA INDIANA, AND TENNESSEE) PARTICIPATED IN THREE VIRTUAL LEARNING SESSIONS, ONE-ON- ONE TECHNICAL ASSISTANCE SESSIONS AND AN INTERACTIVE POLICY SESSION. THIS PROJECT WAS SELECTED AND PUBLISHED AS A SUCCESS STORY, NATIONAL NETWORKS COME TOGETHER TO HELP PREVENT HPV- RELATED CANCERS, BY CDC DIVISION OF CANCER PREVENTION AND CONTROL-NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM.

#### O HEALTH EQUITY AFFINITY GROUP

- PAF'S COMMITMENT TO ADDRESSING HEALTH EQUITY REMAINS STRONG. THE PAF'S HEALTH EQUITY AFFINITY GROUP (HEAG) PARTICIPATED IN THREE PLANNING SESSIONS TO DEVELOP THE STRATEGIC FRAMEWORK THAT WILL GUIDE INTERNAL ORGANIZATIONAL CHANGE STRATEGIES TO ADVANCE EQUITY. THE FRAMEWORK WAS DESIGNED AROUND THE THREE STRATEGIC FOCUSED AREAS IDENTIFIED BY THE HEAG: 1). EDUCATION AND LEARNING; 2). CULTURE AND VALUE; AND 3). COMMUNICATIONS AND MESSAGING. THE NEXT PHRASE IN THE PROCESS IS THE ESTABLISH WORK STREAMS, TO FINALIZE THE DEVELOPMENT OF KEY ACTIVITIES AND PROGRESS BENCHMARKS TO BE IMPLEMENTED OVER THE NEXT THREE YEARS. THE CONTENT DEVELOPED WILL COMPRISE PAF'S BLUEPRINT FOR ACHIEVING HEALTH EQUITY.

#### O COMMUNITY OUTREACH AND ENGAGEMENT

- COMMUNITY ENGAGEMENT, EVEN IN A CONTINUED VIRTUAL ENVIRONMENT, CONTINUES TO ALLOW PAF TO REMAIN CONNECTED WITH STAKEHOLDERS SUPPORTING LIMITED RESOURCES INDIVIDUALS IN COMMUNITIES ACROSS THE COUNTRY. THROUGH VIRTUAL AND RECENT IN-PERSON ACTIVITIES, PAF HAS BEEN ABLE TO

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REACH 1430 INDIVIDUALS WITH INFORMATION ABOUT RESOURCES AND SERVICES TO SUPPORT PERSONS LIVING WITH CHRONIC AND COMPLEX HEALTH CONDITIONS THROUGH SIX OUTREACH EVENTS. OUTREACH EVENTS INCLUDED 2021 GLOBAL GENES PATIENT ADVOCACY SUMMIT; THE INAUGURAL 2021 RARE DISEASE EQUITY SUMMIT; THE 2022 MEMPHIS LIVE! AFRICAN AMERICAN BREAST CANCER SUMMIT; 2022 GETTING OUR FAIR SHARE CONFERENCE TO END DISPARITIES; AND THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) ANNUAL MEETING.

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

O HEALTH EQUITY THOUGHT LEADERSHIP

- PAF, HEALTH EQUITY (HE) STAFF CONTINUES TO PROVIDE GUIDANCE ON NATIONAL AGENDAS TO STIMULATE AND GUIDES CONVERSATIONS TO ADVANCE HEALTH EQUITY. SPECIFICALLY, STAFF HAVE CONTRIBUTED TO THE DEVELOPMENT OF TWO MANUSCRIPTS, ONE FOCUSED ON ELEVATING ISSUES AROUND FOOD INSECURITY AND THE OTHER ON WOMEN AND LUNG CANCER. HE STAFF SERVED AS REVIEWERS FOR THE CURES WITHIN REACH- DIVERSITY, EQUITY AND INCLUSION PROPOSALS AND BRISTOL MYERS SQUIBB FOUNDATION-DIVERSITY IN CLINICAL TRIALS CAREER DEVELOPMENT PROGRAM. ADDITIONALLY, HE STAFF WERE ENGAGED IN CURRICULUM DEVELOPMENT FOR THE BRISTOL MYERS SQUIBB FOUNDATION'S-DIVERSITY IN CLINICAL TRIALS COMMUNITY ORIENTED CLINICAL TRIALIST CURRICULUM COMMITTEE. LASTLY, STAFF IS ACTIVELY ENGAGED IN BUILDING CURRICULUM FOR HEALTHCARE SYSTEMS FOCUSED ON TRUST AND TRUSTWORTHINESS. IN MAY 2022, EXECUTIVE VICE PRESIDENT (EVP) OF HEALTH EQUITY, SHONTA CHAMBERS WAS AWARDED THE PARTNERS IN CANCER CARE AWARD ALONG WITH HER CO-CHAIR DR. ROBERT WINN FOR THEIR WORK WITH THE ELEVATING CANCER EQUITY WORKGROUP (AN INITIATIVE OF THE NATIONAL COMPREHENSIVE CANCER NETWORK, NATIONAL MINORITY QUALITY FORUM AND AMERICAN CANCER SOCIETY CANCER ACTION NETWORK).

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HE STAFF HAVE EXPANDED ENGAGEMENT WITH THE RARE DISEASE COMMUNITY. THE EVP OF HEALTH EQUITY AND COMMUNITY ENGAGEMENT CO-CHAIRS THE (RDDC) RARE DISEASE DIVERSITY COALITION-PATIENT AND CAREGIVER WORKGROUP. THROUGH THIS WORKGROUP, SHE WILL LEAD THE RDDC THROUGH THE DEVELOPMENT AND EXECUTION OF THE COALITION'S INAUGURAL PATIENT AND CAREGIVER NEEDS SURVEY. THE FINDINGS FROM THE SURVEY WILL BE USED TO GUIDE THE RDDC IN THE DEVELOPMENT OF TOOLS AND RESOURCES TO RESPOND TO GAPS IDENTIFIED BY PATIENTS LIVING WITH RARE DISEASES AND THEIR CAREGIVERS, WITH AN INTENTIONAL FOCUS ON PATIENTS REPRESENTING RACIAL, ETHNIC MINORITY POPULATIONS, PERSONS IN RURAL COMMUNITIES AND PERSONS WITH OTHER LIMITED ABILITIES.

#### HEALTH SERVICES RESEARCH

THE AIM OF THE HEALTH SERVICES RESEARCH PORTFOLIO IS TO IMPROVE THE PATIENT EXPERIENCE BY STUDYING THE PATIENT JOURNEY, UNMET NEEDS, AND THE IMPACT THAT SYSTEMS AND SOCIAL SUPPORT INTERVENTIONS HAVE ON OVERALL PATIENT HEALTH AND WELLBEING. MAJOR RESEARCH, EVALUATION, AND PATIENT EXPERIENCE/ENGAGEMENT INITIATIVES IN 2021-2022 INCLUDED PARTNERSHIPS ON FOUR RESEARCH INTERVENTION PROJECTS WITH ACADEMIC AND PARTNERS INCLUDING: THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, EMORY UNIVERSITY, AND FRED HUTCHINSON CANCER RESEARCH CENTER. THESE PROJECTS UTILIZED CASE MANAGEMENT AS AN INTERVENTION TO ADDRESS FINANCIAL AND SOCIAL NEED. IN ADDITION TO OUR INTERVENTION WORK, WE PARTNERED WITH FOUR SCIENTIFIC AND/OR ACADEMIC INSTITUTIONS TO DEVELOP AND ANALYZE SURVEY DATA ABOUT THE PATIENT EXPERIENCE DURING THE EARLY-MID STAGES OF THE COVID-19 PANDEMIC INCLUDING: THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, UNIVERSITY OF ALABAMA BIRMINGHAM, MD



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ANDERSON, AND ECOG-ACRIN CANCER RESEARCH GROUP. FIVE ARTICLES WERE PUBLISHED IN PEER REVIEWED JOURNALS AND NINE ABSTRACTS PRESENTED AT NATIONAL MEETINGS.

PAF'S RESEARCH EVALUATION AND PATIENT EXPERIENCE TEAM WAS ALSO INVOLVED IN A PATIENT-CENTERED PROJECT TO SUPPORT THE FIELD IN DESIGNING MORE PATIENT-CENTERED DECISION SUPPORT TOOLS AND THREE PATIENT ENGAGEMENT PROJECTS WHERE PAF SERVES/D AS THOUGHT LEADERS AND CONTENT EXPERTS, AS WELL AS FACILITATION OF OUTREACH AND COLLECTION OF THE PATIENT EXPERIENCE ON A NUMBER OF TOPICS INCLUDING TWO PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FUNDED PROJECTS: "PAVING A PATHWAY TO ENGAGE UNDERSERVED POPULATIONS IN RESEARCH" AND THROUGH OUR "COVID-19 LEARNING COMMUNITY". THROUGH THE PATIENT INSIGHT INSTITUTE, WE CONTINUE TO BUILD PARTNERSHIPS AND THESE RELATIONSHIPS WERE REFLECTED THROUGH PARTNERED PROJECTS WITH NORC AT THE UNIVERSITY OF CHICAGO (PATIENT-DRIVEN RESEARCH COMMUNITIES (PDRC) LEARNING NETWORK) AND THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO (SIREN: SOCIAL INTERVENTIONS RESEARCH AND EVALUATION NETWORK TO PROVIDE INFRASTRUCTURE AND SUPPORT FOR PATIENT ENGAGEMENT).

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

SCHOLARSHIP FOR SURVIVORS PROGRAM

IT IS NOT UNCOMMON FOR FOUNDATION STAFF TO INTERACT WITH PATIENTS AND

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FAMILIES WHO ARE STRUGGLING TO AFFORD POST-SECONDARY EDUCATION DUE TO THE FINANCIAL BURDEN ASSOCIATED WITH A CHRONIC ILLNESS OR LIFE-THREATENING DISEASE. IN 2000, PAF ESTABLISHED THE SCHOLARSHIP FOR SURVIVORS PROGRAM TO HONOR THESE INDIVIDUALS BY OFFERING EDUCATIONAL SCHOLARSHIPS TO STUDENTS WHO HAVE SUFFERED (OR ARE SUFFERING) FROM CANCER OR A CHRONIC ILLNESS. THESE STUDENTS HAVE, DESPITE THEIR DIAGNOSIS, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO PURSUE A SECONDARY EDUCATION.

PAF'S SIGNATURE FUNDRAISING EVENT FOR OUR SCHOLARSHIP PROGRAM, A PROMISE OF HOPE AFFAIR, WAS HELD AS A HYBRID EVENT ON SEPTEMBER 18, 2021. THROUGH THIS EVENT, GENEROUS DONORS TO PAF HELPED MAINTAIN THE EXISTING SCHOLARSHIPS AND EXPAND THE NUMBER OF STUDENTS SUPPORTED THROUGH THE SCHOLARSHIP FOR SURVIVORS PROGRAM FROM THIRTY-ONE IN THE 2021-2022 ACADEMIC YEAR TO FORTY FOR THE 2022-2023 ACADEMIC YEAR. TO DATE, THE FOUNDATION HAS AWARDED 155 SCHOLARSHIPS TOTALING OVER \$943,000.

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

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

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

UNDER THE DIRECTION OF THE GOVERNANCE COMMITTEE, MEMBERS OF THE PAF BOARD

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OF DIRECTORS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY UPON ESTABLISHING MEMBERSHIP ON THE BOARD AND AGAIN ANNUALLY. THIS INCLUDES COMPLETING AN UPDATED CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IN WHICH EACH MEMBER MUST DISCLOSE ANY/ALL KNOWN CONFLICTS OF INTEREST AT THAT TIME. IF ANY CONFLICTS OF INTEREST ARE NOTED MORE INFORMATION WILL BE GATHERED BY THE GOVERNANCE COMMITTEE AND A DETERMINATION ON THE EXISTENCE OF A MATERIAL CONFLICT WILL BE ISSUED. THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH ENFORCEMENT OF THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

PATIENT ADVOCATE FOUNDATION COMPLETES COMPENSATION STUDIES THAT UTILIZE NATIONAL COMPARABILITY DATA OF ORGANIZATIONS SIMILAR IN MISSION, SIZE AND REVENUES. PAF HAS A COMPENSATION COMMITTEE WITHIN THE BOARD OF DIRECTORS THAT CONSISTS OF AT LEAST 4 INDEPENDENT EXECUTIVE BOARD MEMBERS AND IS CHAIRED BY THE BOARD PRESIDENT. THIS COMMITTEE IS PROVIDED WITH THE COMPENSATION REPORT AND UTILIZES IT TO ESTABLISH THE CEO'S ANNUAL COMPENSATION. THIS COMMITTEE ALSO REVIEWS THE COMPENSATION OF KEY EMPLOYEES UTILIZING THE COMPENSATION REPORT. THIS PROCESS IS DOCUMENTED THROUGH MINUTES OF THE COMPENSATION COMMITTEE MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

PATIENT ADVOCATE FOUNDATION MAKES AVAILABLE THE LAST 10 YEARS OF FORM 990S, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS AND CURRENT LIST OF BOARD MEMBERS ON THE ORGANIZATION'S WEBSITE, WWW.PATIENTADVOCATE.ORG UNDER THE "LEARN ABOUT US" SECTION. ADDITIONALLY, PAF MAKES AVAILABLE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ARCHIVED FORM 990S (OLDER THAN 10 YEARS) AND AUDITED FINANCIAL STATEMENTS (OLDER THAN 10 YEARS) UPON REQUEST.

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

POSTRETIREMENT BENEFIT CHANGES OTHER THAN PERIODIC

BENEFITS/COSTS -120,500.

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)

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

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

IN FY2021/2022, PAF'S CO-PAY RELIEF PROGRAM EXPANDED ITS IMPACT THROUGH THE ADDITION OF TWELVE (12) NEW FUNDS, ASSISTING PATIENTS TEN (10) HEALTH EQUITY FUNDS AND FORTY-THREE (43) INCLUDING ACROMEGALY, ASTHMA, BLADDER CANCER, BREAST CANCER, CANCER GENETIC AND GENOMIC TESTING, CERVICAL CANCER, COVID-19, CYSTIC FIBROSIS, DIABETES, ELECTROLYTE

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IMBALANCE, GAUCHER DISEASE, HEMOPHILIA, HEPATITIS B, HEPATITIS C,  
 HEPATOCELLULAR CARCINOMA, HIV, AIDS AND PREVENTION, HOMOZYGOUS FAMILIAL  
 HYPERCHOLESTEROLEMIA, INHERITED OR ACQUIRED LIPODYSTROPHY, LUPUS,  
 MELANOMA, METASTATIC BREAST CANCER, METASTATIC COLORECTAL CANCER,  
 METASTATIC GASTRIC CANCER, METASTATIC MELANOMA, METASTATIC PROSTATE  
 CANCER, MULTIPLE MYELOMA, MULTIPLE SCLEROSIS, MYELOYDYSPLASTIC  
 SYNDROMES, NON-SMALL CELL LUNG CANCERS, OSTEOPOROSIS, OVARIAN CANCER,  
 PANCREATIC CANCER, PERIODIC PARALYSIS, PERIPHERAL VASCULAR DISEASE,  
 PROSTATE CANCER, PULMONARY FIBROSIS, PULMONARY HYPERTENSION, RENAL CELL  
 CARCINOMA, RHEUMATOID ARTHRITIS, SKIN CANCER, SPINAL MUSCULAR ATROPHY,  
 ULCERATIVE COLITIS, UTERINE CANCERS.

ALSO, IN FY2021/2022 PAF'S CO-PAY RELIEF PROGRAM ESTABLISHED HEALTH  
 EQUITY FUNDS, A NEW TYPE OF FUND THAT MAKES CPR MORE ACCESSIBLE AND  
 BENEFICIAL FOR PATIENTS WHO NEEDED THE MOST HELP AND ARE NOT BEING  
 SERVED ADEQUATELY BY THE EXISTING MEDICAL AND COPAY INFRASTRUCTURE.  
 DEVELOPED USING THE CDC'S SOCIAL VULNERABILITY INDEX (SVI) AND CDC  
 DISEASE INCIDENCE DATA, OUR HEALTH EQUITY FUNDS SERVE PEOPLE LIVING IN  
 220 COUNTIES ACROSS THE UNITED STATES THAT HAVE BEEN IDENTIFIED BY THE  
 CDC AS HAVING THE HIGHEST SOCIAL VULNERABILITY SCORES AND ARE BURDENED  
 WITH HIGH RATES OF CHRONIC DISEASES. THE HEALTH EQUITY FUNDS ARE  
 DESIGNED TO SPECIFICALLY PROVIDE SUPPORT TO ELIGIBLE PATIENTS LIVING IN  
 ONE OF THE 220 COUNTIES COVERED BY THE FUNDS, WHICH IS VERIFIED USING  
 THE ZIP CODE OF THE PATIENT'S HOME ADDRESS. ALL OTHER ELIGIBILITY  
 REQUIREMENTS, AND FUND OPERATION, ARE THE SAME AS OUR GENERAL FUNDS.  
 THE FOLLOWING TEN (10) HEALTH EQUITY FUNDS HELPED PATIENTS IN THESE 220  
 COUNTIES: BREAST CANCER HEALTH EQUITY FUND, CORONARY ARTERY DISEASE  
 HEALTH EQUITY FUND, DIABETES HEALTH EQUITY FUND, HEPATITIS C HEALTH

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EQUITY FUND, METASTATIC COLORECTAL CANCER HEALTH EQUITY FUND, MULTIPLE MYELOMA HEALTHY EQUITY FUND, NON-SMALL CELL LUNG CANCERS HEALTH EQUITY FUND, OVARIAN CANCER HEALTH EQUITY FUND, PROSTATE CANCER HEALTH EQUITY FUND, VIROLOGY TESTING HEALTH EQUITY FUND.

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. THE FOUNDATION ALSO OFFERS TELEPHONIC SUPPORT SERVICES TO PATIENTS WHO PREFER TO RECEIVE PERSONAL ASSISTANCE FROM A PROGRAM SPECIALIST.

IN FY2021/2022, THE FOUNDATION ADMINISTERED COPAYMENT ASSISTANCE TO 68,399 QUALIFIED PATIENTS THROUGH 47 ASSISTANCE FUNDS AVAILABLE THROUGH THE CO-PAY RELIEF PROGRAM. THE PROGRAM STAFF FIELDDED 170,107 TELEPHONE CALLS AND PROCESSED CLAIMS TOTALING OVER \$267,447,528 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 601,000 INDIVIDUALS ALLOCATING MORE THAN \$1.8 BILLION IN CO-PAYMENT AWARDS. SINCE ITS INCEPTION IN 2004, THE FOUNDATION HAS PROVIDED CO-PAYMENT ASSISTANCE TO OVER 600,000 INDIVIDUALS ALLOCATING NEARLY \$1.9 BILLION DOLLARS IN CO-PAYMENT AWARDS.

HEALTH EQUITY INITIATIVE, COMMUNITY OUTREACH & PATIENT ENGAGEMENT

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

IN FY2021/2022, PAF CONTINUED WORK UNDER ITS COOPERATIVE AGREEMENT FROM THE CDC'S OFFICE OF SMOKING ON HEALTH AND THE DIVISION OF CANCER PREVENTION AND CONTROL (DCPC) TO CONTINUE ADMINISTRATION OF THE SELFMADE HEALTH NETWORK (SMHN). THE SMHN FOCUSES PROVIDING TECHNICAL ASSISTANCE TO STATE CANCER CONTROL AND TOBACCO USE PREVENTION PROGRAMS TO ENHANCE THEIR CAPACITY TO IMPLEMENT EVIDENCE-BASED STRATEGIES TO REDUCE TOBACCO AND CANCER RELATED DISPARITIES AMONG POPULATIONS WITH LOW SOCIOECONOMIC STATUS (SES) CHARACTERISTICS. WORK UNDER THE CURRENT COOPERATIVE AGREEMENT FOCUSES ON THE FOLLOWING:

O ADOPTION OF CLEAR INDOOR POLICIES AMONG BLUE COLLAR WORKSITES IN KENTUCKY.

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

O INTEGRATION OF BRIEF CESSATION COUNSELING IN CLINICAL WORKFLOW IN FQHCS IN SOUTH CAROLINA.

O BUILDING CAPACITY OF STATE COMPREHENSIVE CANCER PROGRAM TO EXPAND HUMAN PAPILOMAVIRUS (HPV) VACCINATION AMONG POPULATIONS WITH LOW SES CHARACTERISTICS, HISPANICS, AND GEOGRAPHICALLY DISPARATE POPULATIONS.

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O ELEVATING THE IMPACT OF COVID-19 PANDEMIC THROUGH THE LENS OF  
 INCREASED RISKS FOR TOBACCO USE; DECREASED TOBACCO CESSATION AND LATE  
 STATE CANCER DIAGNOSIS RESULTING FROM BARRIERS TO CANCER EARLY  
 DETECTION AND SCREENING

IN FY2021/2022, SMHN IN COLLABORATION WITH GEOGRAPHIC HEALTH EQUITY  
 ALLIANCE AND NUESTRAS VOCES (PART OF A CONSORTIUM SUPPORTED BY CDC'S  
 NETWORKING2SAVE PROGRAM) COMPLETED COHORT ONE OF THE TRI-NETWORKS HPV  
 VACCINATION LEARNING COLLABORATIVE. THE 15-MONTH COLLABORATIVE WAS  
 DESIGNED TO PROVIDE TECHNICAL ASSISTANCE TO NATIONAL COMPREHENSIVE  
 CANCER CONTROL PROGRAM (NCCCP) TO ENHANCE THEIR CAPACITY TO IMPLEMENT  
 EVIDENCE-BASED STRATEGIES TO INCREASE HUMAN PAPILOMAVIRUS (HPV)  
 VACCINATION TO PREVENT CERVICAL CANCER AND INCREASE HPV VACCINATION  
 RATES AMONG PERSONS WITH LOW SOCIO-ECONOMIC CHARACTERISTICS,  
 GEOGRAPHICALLY DISPARATE AND/OR HISPANIC POPULATIONS. STATE NCCCP TEAMS  
 FROM SEVEN STATES (FLORIDA, NEW JERSEY, MICHIGAN, OHIO, GEORGIA  
 INDIANA, AND TENNESSEE) PARTICIPATED IN THREE VIRTUAL LEARNING  
 SESSIONS, ONE-ON-ONE TECHNICAL ASSISTANCE SESSIONS AND AN INTERACTIVE  
 POLICY SESSION. THIS PROJECT WAS SELECTED AND PUBLISHED AS A SUCCESS  
 STORY, NATIONAL NETWORKS COME TOGETHER TO HELP PREVENT HPV-RELATED  
 CANCERS, BY CDC DIVISION OF CANCER PREVENTION AND CONTROL-NATIONAL  
 COMPREHENSIVE CANCER CONTROL PROGRAM.

PAF'S COMMITMENT TO ADDRESSING HEALTH EQUITY AS A STRATEGIC IMPERATIVE  
 POSITIONED PAF TO INTEGRATE A PHILOSOPHY OF ACHIEVING HEALTH EQUITY  
 ACROSS ALL OPERATIONAL UNITS WITHIN PAF. CRITICAL TO THESE EFFORTS WAS  
 THE LAUNCH OF PAF'S HEALTH EQUITY AFFINITY GROUP (HEAG). THE HEAG IS  
 COMPRISED OF INDIVIDUALS ACROSS THE ORGANIZATION INCLUDING EXECUTIVE



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AND NON-EXECUTIVE STAFF DEDICATED TO UNVEILING THEIR PERSONAL EXPERIENCES WITH SOCIETAL "ISMS" AND HEALTHCARE EXPERIENCES TO HELP INFORM PAF'S BLUEPRINT FOR ACHIEVING HEALTH EQUITY. IN FY2021/2022, THE PAF'S HEALTH EQUITY AFFINITY GROUP (HEAG) PARTICIPATED IN THREE PLANNING SESSIONS TO DEVELOP THE STRATEGIC FRAMEWORK THAT WILL GUIDE INTERNAL ORGANIZATIONAL CHANGE STRATEGIES TO ADVANCE EQUITY. THE FRAMEWORK WAS DESIGNED AROUND THE THREE STRATEGIC FOCUSED AREAS IDENTIFIED BY THE HEAG: 1). EDUCATION AND LEARNING; 2). CULTURE AND VALUE; AND 3). COMMUNICATIONS AND MESSAGING. THE NEXT PHASE IN THE PROCESS IS THE ESTABLISH WORKSTREAMS, TO FINALIZE THE DEVELOPMENT OF KEY ACTIVITIES AND PROGRESS BENCHMARKS TO BE IMPLEMENTED OVER THE NEXT THREE YEARS. THE CONTENT DEVELOPED WILL COMPRISE PAF'S BLUEPRINT FOR ACHIEVING HEALTH EQUITY.

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

THE COMMUNITY ENGAGEMENT MODEL USED BY PAF, EVEN IN A CONTINUED VIRTUAL ENVIRONMENT, CONTINUED TO ALLOW PAF TO REMAIN CONNECTED WITH STAKEHOLDERS SUPPORTING LIMITED RESOURCES INDIVIDUALS IN COMMUNITIES ACROSS THE COUNTRY. THROUGH VIRTUAL AND RECENT IN-PERSON ACTIVITIES, PAF HAS BEEN REACH 1430 INDIVIDUALS WITH INFORMATION ABOUT RESOURCES AND SERVICES TO SUPPORT PERSONS LIVING WITH CHRONIC AND COMPLEX HEALTH CONDITIONS THROUGH SIX OUTREACH EVENTS. OUTREACH EVENTS INCLUDED: 2021 GLOBAL GENES PATIENT ADVOCACY SUMMIT; THE INAUGURAL 2021 RARE DISEASE EQUITY SUMMIT; THE 2022 MEMPHIS LIVE! AFRICAN AMERICAN BREAST CANCER SUMMIT; 2022 GETTING OUR FAIR SHARE CONFERENCE TO END DISPARITIES; AND THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) ANNUAL MEETING.

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PAF, HE STAFF CONTINUES TO PROVIDE GUIDANCE ON NATIONAL AGENDAS TO STIMULATE AND GUIDES CONVERSATIONS TO ADVANCE HEALTH EQUITY. SPECIFICALLY, STAFF HAVE CONTRIBUTED TO THE DEVELOPMENT OF TWO MANUSCRIPTS, ONE FOCUSED ON ELEVATING ISSUES AROUND FOOD INSECURITY AND THE OTHER ON WOMEN AND LUNG CANCER. HE STAFF SERVED AS A REVIEWER FOR THE CURES WITHIN REACH-DIVERSITY, EQUITY AND INCLUSION PROPOSALS AND BRISTOL MYERS SQUIBB FOUNDATION-DIVERSITY IN CLINICAL TRIALS CAREER DEVELOPMENT PROGRAM. ADDITIONALLY, HE STAFF WAS ENGAGED IN CURRICULUM DEVELOPMENT FOR THE BRISTOL MYERS SQUIBB FOUNDATION'S-DIVERSITY IN CLINICAL TRIALS COMMUNITY ORIENTED CLINICAL TRIALIST CURRICULUM COMMITTEE. LASTLY, STAFF IS ACTIVELY ENGAGED IN BUILDING CURRICULUM FOR HEALTHCARE SYSTEMS FOCUSED ON TRUST AND TRUSTWORTHINESS. IN MAY 2022, EVP HEALTH EQUITY, SHONTA CHAMBERS WAS AWARDED THE PARTNERS IN CANCER CARE AWARD ALONG WITH HER CO-CHAIR DR. ROBERT WINN FOR THEIR WORK WITH THE ELEVATING CANCER EQUITY WORKGROUP (AN INITIATIVE OF THE NCCN, NATIONAL MINORITY QUALITY FORUM AND ACS CANCER ACTION NETWORK).

HE STAFF HAVE EXPANDED ENGAGEMENT WITH THE RARE DISEASE COMMUNITY. THE EVP OF HEALTH EQUITY AND COMMUNITY ENGAGEMENT CO-CHAIRS THE RARE DISEASE DIVERSITY COALITION (RDDC)-PATIENT AND CAREGIVER WORKGROUP. THROUGH THIS WORKGROUP, SHE WILL LEAD THE RDDC THROUGH THE DEVELOPMENT AND EXECUTION OF THE COALITION'S INAUGURAL PATIENT AND CAREGIVER NEEDS SURVEY. THE FINDING FROM THE SURVEY WILL BE USED TO GUIDE THE RDDC IN THE DEVELOPMENT OF TOOLS AND RESOURCES TO RESPOND TO GAPS IDENTIFIED BY PATIENT LIVING WITH RARE DISEASES AND THEIR CAREGIVERS, WITH AN INTENTIONAL FOCUSED ON PATIENTS REPRESENTING RACIAL, ETHNIC MINORITY POPULATIONS, PERSONS IN RURAL COMMUNITIES AND PERSONS WITH OTHER

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LIMITED ABILITIES.

PATIENT EDUCATION & EMPOWERMENT

LASTLY, PAF EXTENDS THE IMPACT OF ITS DIRECT PATIENT 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 MODELS ITS EDUCATIONAL ACTIVITIES ON THE CONVERSATIONS WHICH TAKE PLACE BETWEEN CASE MANAGERS, PATIENTS, AND THEIR CAREGIVERS, FOCUSING ON THOSE TOPICS FOR WHICH PATIENTS MOST FREQUENTLY SEEK OUR HELP. 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 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, ON-DEMAND WEBINARS, LEARN FROM THE EXPERT TRAINING SERIES, INTERACTIVE RESOURCE TOOLS AND ALL OF WHICH ARE AVAILABLE FREE OF CHARGE TO PATIENTS.

DURING FY2020/ 2021, THE FOUNDATION'S PATIENT EDUCATION AND EMPOWERMENT TEAM PUBLISHED 45 NEW, TRANSLATED, OR REVISED PUBLICATIONS AND PRODUCED 1 EDUCATIONAL VIDEO AND 10 EDUCATIONAL WEBINARS. PAF ALSO SUPPORTED 4

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MULTI-YEAR EDUCATIONAL PROJECTS INCLUDING HEALTH INSURANCE LITERACY, MIGRAINE MATTERS AND MATTERS OF THE HEART. PAF'S PATIENT EDUCATION AND EMPOWERMENT DEPARTMENT RECEIVED 2 AWARDS NATIONAL THIS PAST YEAR.

PAF NATIONAL FINANCIAL RESOURCE DIRECTORY

O USERS COMPLETED 33,340 ELECTRONIC SEARCHES FOR RESOURCES

O 811,395 MATCHING RESOURCES WERE PROVIDED TO USERS

O 38 RESOURCES ADDED, 548 RESOURCES UPDATED, 53 RESOURCES DEACTIVATED BY PAF STAFF

O USERS SEARCHED FOR FINANCIAL ASSISTANCE CATEGORIES MOST FREQUENTLY.

THE TOP 8 CATEGORIES (IN ORDER OF HIGHEST SEARCHES) INCLUDE: MEDICAL BILLS & GENERAL FINANCIAL HELP, HOUSING & LODGING, CHARITABLE COPAYMENT ASSISTANCE, TRANSPORTATION, UTILITIES, DENTAL CARE, AFFORDABLE OPTIONS FOR CARE, FOOD & NUTRITION.

PATIENT EDUCATION CONTENT AWARDS

O RECEIVED THE BRONZE MEDAL FOR HEALTH INSURANCE DENIALS AND APPEALS:

DON'T TAKE NO FOR AN ANSWER A PAF TRAINING SERIES IN THE DIGITAL HEALTH MEDIA/PUBLICATIONS VIDEO SERIES

O MERIT WINNER FOR ENGAGING WITH INSURERS: APPEALING A DENIAL IN THE DIGITAL HEALTH MEDIA/PUBLICATIONS BOOKLET/BROCHURE CATEGORY

NEW PATIENT EDUCATION PUBLICATIONS AND TOOLS

O HOW TO SAVE MONEY ON MEDICAL BILLS PUBLICATION

O A GUIDE TO NAVIGATING THE DISABILITY PROCESS PUBLICATION

O DISABILITY TRAINING FLYER PUBLICATION

O MEDICARE TRAINING FLYER PUBLICATION

O THE SPOTLIGHT OCTOBER 2021 PUBLICATION: SAVING MONEY

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- THE SPOTLIGHT NOVEMBER 2021 PUBLICATION: OPEN ENROLLMENT
- THE SPOTLIGHT-DECEMBER 2021 PUBLICATION: DENIED CLAIMS
- THE SPOTLIGHT JANUARY 2022 PUBLICATION: HEALTH INSURANCE PLANS AND DEDUCTIBLES
- THE SPOTLIGHT FEBRUARY 2022 PUBLICATION: MANAGING CARDIOVASCULAR RISKS
- THE SPOTLIGHT MARCH 2022 PUBLICATION: WOMEN'S HEALTH RESOURCES
- THE SPOTLIGHT APRIL 2022 PUBLICATION: DISABILITY
- THE SPOTLIGHT MAY 2022 PUBLICATION: EMERGENCY SERVICES
- THE SPOTLIGHT JUNE 2022 PUBLICATION: MIGRAINE MATTERS
- MARK YOUR CALENDAR: OPEN ENROLLMENT IS COMING PUBLICATION
- A USER'S GUIDE TO HEALTH INSURANCE MARKETPLACES PUBLICATION
- MIGRAINE AND SOCIAL SECURITY DISABILITY PUBLICATION
- AFTER THE APPLICATION: SOCIAL SECURITY BENEFITS FOR MIGRAINE PATIENTS PUBLICATION
- SURPRISE MEDICAL BILLS: FREQUENTLY ASKED QUESTIONS PUBLICATION
- FINDING AND SELECTING INSURANCE (COVERAGE ACCESS GUIDE) PUBLICATION
- FINDING AND SELECTING INSURANCE (COVERAGE ACCESS GUIDE) PUBLICATION (SPANISH)
- UNDERSTANDING YOUR HEALTH INSURANCE POLICY DOCUMENTS TIP SHEET PUBLICATION
- UNDERSTANDING YOUR HEALTH INSURANCE POLICY DOCUMENTS TIP SHEET PUBLICATION (SPANISH)
- HOW HEALTH INSURANCE WORKS TIP SHEET PUBLICATION
- HOW HEALTH INSURANCE WORKS TIP SHEET PUBLICATION (SPANISH)
- 10 TIPS TO HELP YOU GET THE MOST OUT OF YOUR HEALTH INSURANCE TIP SHEET PUBLICATION
- 10 TIPS TO HELP YOU GET THE MOST OUT OF YOUR HEALTH INSURANCE TIP

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**SHEET PUBLICATION (SPANISH)**

- YOUR BENEFITS EXPLAINED TIP SHEET PUBLICATION**
- YOUR BENEFITS EXPLAINED TIP SHEET PUBLICATION (SPANISH)**
- HEALTH INSURANCE NETWORKS THE INS & OUTS TIP SHEET PUBLICATION**
- HEALTH INSURANCE NETWORKS THE INS & OUTS TIP SHEET PUBLICATION (SPANISH)**
- HOW DO I GET HEALTH INSURANCE TIP SHEET PUBLICATION**
- HOW DO I GET HEALTH INSURANCE TIP SHEET PUBLICATION (SPANISH)**
- HOW TO AVOID FINANCIAL STRESS TIP SHEET PUBLICATION**
- HOW TO AVOID FINANCIAL STRESS TIP SHEET PUBLICATION (SPANISH)**
- WHAT IS HEALTH INSURANCE TIP SHEET PUBLICATION**
- WHAT IS HEALTH INSURANCE TIP SHEET PUBLICATION (SPANISH)**
- HEALTH INSURANCE LITERACY PROJECT WEBINAR SERIES 8 POWERPOINT SLIDE PRESENTATIONS (SPANISH)**
- HEALTH INSURANCE LITERACY SERIES FLYER PUBLICATION**
- WEBINAR PRESENTATION: MAKING YOUR INSURANCE WORK FOR YOU: MAXIMIZING YOUR COVERAGE AND GETTING THE MOST OUT OF YOUR HEALTH INSURANCE BENEFITS FOR PATIENTS FOR THE ALLIANCE TO CURE CAVERNOUS MALFORMATION**
- SELECTING HEALTH INSURANCE WEBINAR**
- HOW TO USE YOUR HEALTH INSURANCE WEBINAR**
- INTERACTIVE TRAINING SERIES: MEDICARE ELIGIBILITY AND ENROLLMENT WEBINAR TRAINING SERIES FOR CASE MANAGERS**
- MODULE 1: MEDICARE BASICS**
- MODULE 2: ELIGIBILITY**
- MODULE 3: SELECTING YOUR PLAN**
- MODULE 4: PART D SELECTION**
- MODULE 5: ENROLLMENT**
- MODULE 6: MEDICARE COVERAGE**

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- MODULE 7: ADDITIONAL MEDICARE PROGRAMS, PLANS, AND SAVINGS

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

DURING FY2021/2022, 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 PUBLIC, NONPROFIT ORGANIZATIONS, AND MEMBERS OF THE HEALTHCARE COMMUNITY (WHO SUPPORT PATIENTS) ABOUT THE SERVICES AND EDUCATIONAL MATERIALS OFFERED BY THE FOUNDATION AND THE CHALLENGES FACING PATIENTS AS THEY NAVIGATE THEIR TREATMENT JOURNEY. THIS OUTREACH WAS, IN CASES, TARGETED TO A POPULATION OUTLINED IN HEALTHCARE ACCESS AND DISEASE OUTCOMES DATA AS AFFECTED BY SOCIAL DETERMINANTS OF HEALTH AND UNDERSERVED COMMUNITIES. WHILE VIRTUAL EVENTS WERE STILL HIGHLY EFFECTIVE AND WELL ATTENDED, IN-PERSON EVENTS BEGAN RETURNING MID-YEAR WITH GROWING ATTENDANCE RATES. THIS PROVIDED PAF THE OPPORTUNITY TO CONTINUE REACHING A BROADER AUDIENCE THROUGH VARIOUS SOURCES AND CONTINUE TO INCREASE PUBLIC AWARENESS OF PAF RESOURCES TO HOMEBOUND INDIVIDUALS, AS WELL AS EVENT ATTENDEES. IN FY2021/2022, THE FOUNDATION INCREASED ITS ATTENDED OUTREACH EVENTS TO 122 AND DISTRIBUTED 2200 EDUCATIONAL PUBLICATIONS THROUGH THESE EVENTS.

HEALTH SERVICES RESEARCH

THE AIM OF THE HEALTH SERVICES RESEARCH PORTFOLIO IS TO IMPROVE THE PATIENT EXPERIENCE BY STUDYING THE PATIENT JOURNEY, UNMET NEEDS, AND THE IMPACT THAT SYSTEMS AND SOCIAL SUPPORT INTERVENTIONS HAVE ON OVERALL PATIENT HEALTH AND WELLBEING. MAJOR RESEARCH, EVALUATION, AND

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PATIENT EXPERIENCE/ENGAGEMENT INITIATIVES IN 2021-2022 INCLUDED PARTNERSHIPS ON FOUR RESEARCH INTERVENTION PROJECTS WITH ACADEMIC AND PARTNERS INCLUDING: THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, EMORY UNIVERSITY, FRED HUTCHINSON CANCER RESEARCH CENTER (2). THESE PROJECTS UTILIZED CASE MANAGEMENT AS AN INTERVENTION TO ADDRESS FINANCIAL AND SOCIAL NEED. IN ADDITION TO OUR INTERVENTION WORK, WE PARTNERED WITH FOUR SCIENTIFIC AND/OR ACADEMIC INSTITUTIONS TO DEVELOP AND ANALYZE SURVEY DATA ABOUT THE PATIENT EXPERIENCE DURING THE EARLY-MID STAGES OF THE COVID-19 PANDEMIC INCLUDING: THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, UNIVERSITY OF ALABAMA BIRMINGHAM, MD ANDERSON, AND ECOG-ACRIN CANCER RESEARCH GROUP. FIVE ARTICLES WERE PUBLISHED IN PEER REVIEWED JOURNALS AND NINE ABSTRACTS PRESENTED AT NATIONAL MEETINGS.

PAF'S RESEARCH EVALUATION AND PATIENT EXPERIENCE TEAM WAS ALSO INVOLVED IN A PATIENT-CENTERED PROJECT TO SUPPORT THE FIELD IN DESIGNING MORE PATIENT-CENTERED DECISION SUPPORT TOOLS AND THREE PATIENT ENGAGEMENT PROJECTS WHERE PAF SERVES/D AS THOUGHT LEADERS AND CONTENT EXPERTS, AS WELL AS FACILITATION OF OUTREACH AND COLLECTION OF THE PATIENT EXPERIENCE ON A NUMBER OF TOPICS INCLUDING TWO PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FUNDED PROJECTS: "PAVING A PATHWAY TO ENGAGE UNDERSERVED POPULATIONS IN RESEARCH" AND THROUGH OUR "COVID-19 LEARNING COMMUNITY". THROUGH THE PATIENT INSIGHT INSTITUTE, WE CONTINUE TO BUILD PARTNERSHIPS AND THESE RELATIONSHIPS WERE REFLECTED THROUGH PARTNERED PROJECTS WITH NORC AT THE UNIVERSITY OF CHICAGO (PATIENT-DRIVEN RESEARCH COMMUNITIES (PDRC) LEARNING NETWORK) AND THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO (SIREN: SOCIAL INTERVENTIONS RESEARCH AND EVALUATION NETWORK TO PROVIDE INFRASTRUCTURE



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AND SUPPORT FOR PATIENT ENGAGEMENT).

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

#### SCHOLARSHIP FOR SURVIVORS PROGRAM

IT IS NOT UNCOMMON FOR FOUNDATION STAFF TO INTERACT WITH PATIENTS AND  
FAMILIES WHO ARE STRUGGLING TO AFFORD POST-SECONDARY EDUCATION DUE TO  
THE FINANCIAL BURDEN ASSOCIATED WITH A CHRONIC ILLNESS OR  
LIFE-THREATENING DISEASE. IN 2000, PAF ESTABLISHED THE SCHOLARSHIP FOR  
SURVIVORS PROGRAM TO HONOR THESE INDIVIDUALS BY OFFERING EDUCATIONAL  
SCHOLARSHIPS TO STUDENTS WHO HAVE SUFFERED (OR ARE SUFFERING) FROM  
CANCER OR A CHRONIC ILLNESS. THESE STUDENTS HAVE, DESPITE THEIR  
DIAGNOSIS, EXCELLED ACADEMICALLY, SERVED THE COMMUNITY, AND DESIRE TO  
PURSUE A SECONDARY EDUCATION

PAF'S SIGNATURE FUNDRAISING EVENT FOR OUR SCHOLARSHIP PROGRAM, A  
PROMISE OF HOPE AFFAIR, WAS HELD AS A HYBRID EVENT ON SEPTEMBER 18,  
2021. THROUGH THIS EVENT, GENEROUS DONORS TO PAF HELPED MAINTAIN THE  
EXISTING SCHOLARSHIPS AND EXPAND THE NUMBER OF STUDENTS SUPPORTED  
THROUGH THE SCHOLARSHIP FOR SURVIVORS PROGRAM FROM THIRTY-ONE IN THE  
2021-2022 ACADEMIC YEAR TO FORTY FOR THE 2022-2023 ACADEMIC YEAR. TO  
DATE, THE FOUNDATION HAS AWARDED 155 SCHOLARSHIPS TOTALING OVER  
\$943,000.

#### PUBLIC SUPPORT PERCENTAGE

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THE FOUNDATION'S CUMULATIVE PUBLIC SUPPORT PERCENTAGE THROUGH JUNE 30, 2022, IS 20.32%. THIS IS ABOVE THE MINIMUM AMOUNT OF 10% AT WHICH FACTS AND CIRCUMSTANCES WILL BE CONSIDERED BY THE IRS IN DETERMINING THE FOUNDATION'S ONGOING STATUS AS A PUBLIC CHARITY. PAF'S ONGOING OPERATIONS, GOVERNING STRUCTURE AND BROAD FUNDRAISING ACTIVITIES REFLECT THE HALLMARK STANDARDS OF A PUBLIC CHARITY AND AS SUCH, SUPPORT ITS ONGOING CLASSIFICATION AS SUCH. THESE FACTS AND CIRCUMSTANCES INCLUDE THE FOLLOWING:

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

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

3. PAF'S EXECUTIVE BOARD OF DIRECTORS IS COMPRISED OF MEMBERS WITH DIVERSE PROFESSIONAL BACKGROUNDS, REPRESENTING THE INTERESTS OF THE

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

4. ALL VOTING MEMBERS OF THE PAF BOARD OF DIRECTORS ARE INDEPENDENT PER THE DIRECTOR'S INDEPENDENCE TEST, BASED ON THE IRS TEST FOR INDEPENDENCE THAT IS USED TO DETERMINE THE INDEPENDENCE OF EACH MEMBER OF THE BOARD OF A CHARITABLE ORGANIZATION. PER POLICY, THE FOUNDATION'S BOARD DOES NOT INCLUDE ANY EMPLOYEE OR BOARD MEMBERS OF A DONOR ORGANIZATION, THUS, ELIMINATING THE INFLUENCE OF A DONOR FROM THE GOVERNING BODY.

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

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**FACTS AND CIRCUMSTANCES SUPPORTING QUALIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION**

**1. ATTRACTION OF PUBLIC SUPPORT & INDEPENDENCE**

PAF IS ORGANIZED AND OPERATED IN A MANNER THAT FACILITATES AND ATTRACTS NEW AND ADDITIONAL PUBLIC AND GOVERNMENTAL SUPPORT, AS WELL AS SUPPORT FROM OTHER PUBLIC CHARITIES AND CORPORATIONS ON A CONTINUOUS BASIS.

THIS IS EVIDENCED BY THE PUBLIC SUPPORT PERCENTAGE THAT PAF HAS MAINTAINED OVER THE COURSE OF ITS HISTORY AND THE NUMBER AND DIVERSITY OF DONORS TO THE FOUNDATION. PAF HAS A POLICY OF SEEKING AND SECURING CHARITABLE DONATIONS FROM A MULTITUDE OF SOURCES FOR ALL ITS PROGRAMS, INCLUDING CASE MANAGEMENT, PATIENT EDUCATION AND EMPOWERMENT PROGRAMS, HEALTH EQUITY INITIATIVES, PATIENT EXPERIENCE AND HEALTH SERVICES RESEARCH, AND FINANCIAL ASSISTANCE PROGRAMS INCLUDING ITS FINANCIAL AID FUNDS (FAF) AND ITS CO-PAY RELIEF (CPR) PROGRAM AS OUTLINED IN OIG ADVISORY OPINION 04-15. PAF HAS BEEN SUCCESSFUL IN SECURING BROAD SUPPORT FROM A MYRIAD OF SOURCES, EXPANDING ITS BASE OF SUPPORT EACH YEAR. PAF DOES NOT HAVE A PERPETUAL SOURCE OF REVENUE SUCH AS PERMANENT ENDOWMENT FROM WHICH INVESTMENT INCOME MIGHT SUPPORT THE ORGANIZATION, AS IS THE CASE WITH MOST PRIVATE FOUNDATIONS, RATHER, THE FOUNDATION'S LEADERSHIP, AND THOSE STAFF CHARGED WITH FUNDRAISING ACTIVITIES, ARE RESPONSIBLE FOR SECURING SUPPORT SUFFICIENT ENOUGH TO SUPPORT THE FOUNDATION'S PROGRAM SERVICES FOR THE GENERAL PUBLIC EACH YEAR.

THE FOUNDATION EMPLOYS A DEDICATED PROGRAM DEVELOPMENT STAFF OF FIVE (5) WHOM, IN PARTNERSHIP WITH THE CEO, MEMBERS OF THE EXECUTIVE TEAM AND BOARD OF DIRECTORS, IS RESPONSIBLE FOR DEVELOPING AND EXECUTING

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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 FY2021/2022, THE PROGRAM DEVELOPMENT STAFF SUBMITTED 1217 GRANTS AND FACILITATED FUNDRAISING CAMPAIGNS TO THE PUBLIC.

OVER THE LAST FIVE YEARS, PAF'S MISSION HAS BEEN SUPPORTED BY 2196 DONORS ACROSS ALL SOURCES OF CHARITABLE DONATIONS. IN FY2021/2022, PAF RECEIVED CONTRIBUTIONS FROM 617 DONORS INCLUDING SUPPORT FROM INDIVIDUALS, CORPORATIONS AND CORPORATE FOUNDATIONS, GOVERNMENT AGENCIES AND NON-PROFIT ORGANIZATIONS.

FURTHER IN 2021/2022, PAF RECEIVED DONATIONS OF SUPPORT FROM THIRTY-NINE (39) NON-PROFIT ORGANIZATIONS, ALL 501C3 PUBLIC CHARITIES AND PRIVATE FOUNDATIONS, OF WHICH THIRTEEN (13) WERE NEW DONORS INCLUDING AMERICAN DIABETES ASSOCIATION, BERNARD MCDONOUGH FOUNDATION, INC., CHARITIES AID FOUNDATION OF AMERICA, FISHMAN FAMILY FOUNDATION, NATIONAL OVARIAN CANCER COALITION, SEEDS OF FAITH, INC., AND WINSTON-SALEM FOUNDATION TO NAME A FEW. THIS REPRESENTS A 18% GROWTH IN SUPPORT FROM NON-PROFIT ORGANIZATIONS OVER THE PRIOR FY. THESE ORGANIZATIONS FUNDED GRANTS TO PAF IN SUPPORT OF ITS CASE MANAGEMENT, PATIENT EDUCATION, HEALTH SERVICES RESEARCH, FINANCIAL AID FUNDS AND CO-PAY RELIEF PROGRAM.

IN FY2021/2022, PAF ADDED, EXPANDED, AND MAINTAINED SEVERAL KEY PATIENT

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PROGRAMS WITH THE SUPPORT OF OTHER NON-PROFIT ORGANIZATIONS. PAF LAUNCHED THE FINANCIAL NAVIGATION IN PARTNERSHIP WITH PAF FOR THE PANCREATIC CANCER ACTION NETWORK (PANCAN) AND CONTINUED THE ESOPHAGEAL CANCER CARELINE WITH SUPPORT FROM THE ESOPHAGEAL CANCER AWARENESS ASSOCIATION. ZERO: THE END OF PROSTATE CANCER CONTINUED ITS SUPPORT OF THE ZERO:360 CASE MANAGEMENT PROGRAM FOR PROSTATE CANCER PATIENTS AND EXPANDED THEIR SUPPORT WITH THE ZERO DRIVE PROGRAM, ADDING GEORGIA, NORTH CAROLINA, AND SOUTH CAROLINA TO PROVIDE TRANSPORTATION GRANTS TO PROSTATE CANCER PATIENTS. THE ALS ASSOCIATION CONTINUED TO PARTNER WITH PAF, PROVIDING PATIENT EDUCATION ON INSURANCE BENEFITS AND PROVIDING CASE MANAGEMENT SERVICES. AS WELL, PAF CONTINUED ITS PARTNERSHIPS WITH THE AMERICAN CANCER SOCIETY, A PARTNERSHIP THAT BEGAN IN 2013, AND THE DONNA FOUNDATION, PROVIDING CASE MANAGEMENT AND FINANCIAL AID PROGRAMS SERVING BREAST CANCER PATIENTS. THE WILDFLOWER FOUNDATION PROVIDED SUPPORT FOR PAF'S CASE MANAGEMENT SERVICES FOR THE TENTH CONSECUTIVE YEAR. PAF ALSO RECEIVED FUNDING FROM SENTARA CARES, A PROGRAM WITH SENTARA HOSPITAL SYSTEMS TO PROVIDE GENERAL CASE MANAGEMENT SUPPORT.

PAF LAUNCHED TWO NEW FINANCIAL AID FUNDS TO ASSIST OVARIAN CANCER PATIENTS WITH SUPPORT FROM THE NATIONAL OVARIAN CANCER COALITION (NOCC). THE MAHAN FOUNDATION PROVIDED CONTINUED SUPPORT FOR THE MAHAN FOUNDATION FINANCIAL AID FUND SUPPORTING PATIENTS WITH ACUTE MYELOID LEUKEMIA (AML) AND THE BEGIN AGAIN FOUNDATION CONTINUED SUPPORTING PATIENTS WITH SEPSIS, ARDS, AND TOXIC SHOCK THROUGH THE LEISHLINE FINANCIAL AID FUND AS WELL AS PROVIDING CONTINUED SUPPORT OF THE ANGEL FUND, HELPING WITH BURIAL/FUNERAL EXPENSES. PAF ALSO SECURED FUNDING FOR ITS PATIENT EDUCATIONAL PROGRAM, "THE LIGHTHOUSE SERIES" FROM THE TRUIST FOUNDATION TO DEVELOP EDUCATIONAL MATERIALS ON FINANCIAL

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EDUCATION. THE AMERICAN DIABETES ASSOCIATION NEWLY SUPPORTED THE DIABETES CO-PAY RELIEF FUND TO ASSIST DIABETIC PATIENTS WITH THE COSTS OF THEIR MEDICATIONS AND INSURANCE.

PAF MAINTAINS, ON ITS PUBLIC WEBSITES, (WWW.PATIENTADVOCATE.ORG AND WWW.COPAYS.ORG ), DONATION PAGES THAT THE GENERAL PUBLIC USES TO MAKE DONATIONS TO THE FOUNDATION. PAF DEVELOPMENT TEAM DESIGNED AND LAUNCHED DEDICATED CAMPAIGNS WITHIN DISEASE COMMUNITIES: PANDEMIC RESPONSE, ONCOLOGY, NEUROLOGY, CARDIOLOGY, VIROLOGY, IMMUNOLOGY, PULMONOLOGY, AND RARE DISEASE. IN FY2021/2022, PAF DEVELOPMENT TEAM CONTINUED THE "TRANSFORM A PATIENT'S LIFE", A DIY FUNDRAISING PLATFORM FOR ONGOING, ONLINE PEER-TO-PEER FUNDRAISING CAMPAIGNS AS WELL AS AMAZON SMILES AND KROGER COMMUNITY PROGRAMS DONATION LISTS.

FURTHER, PAF MAINTAINS CLEAR INDEPENDENCE OF OPERATIONS OF ITS PROGRAMS SO TO ENSURE THEY ARE DESIGNED AND OPERATED IN A MANNER THAT ADDRESSES THE NEEDS OF CHRONICALLY AND CRITICALLY ILL PATIENTS IN THE GENERAL POPULATION AS SUPPORTED BY PAF PATIENT NEEDS DATA. PAF PROACTIVELY, INDEPENDENTLY, AND WITHOUT DONOR INFLUENCE OR CONTROL, IDENTIFIES THE NEED FOR, AND DEFINES AND ESTABLISHES THE OPERATIONAL PARAMETERS FOR, EACH OF ITS DISEASE SPECIFIC FUNDS IN THE CPR PROGRAM CONSISTENT WITH ITS OIG ADVISORY OPINION, 04-15, AS MODIFIED AND ALL PUBLISHED OIG GUIDANCE THAT IS APPLICABLE TO CHARITABLE PATIENT ASSISTANCE PROGRAMS. THE PROCESS UTILIZED IS DIRECTED AND COMPLETED BY PAF AND INCLUDES A REVIEW AND APPROVAL BY THE CHAIR OF THE SCIENTIFIC COMMITTEE OF THE PAF BOARD OF DIRECTORS, PAF COMPLIANCE COUNSEL AND THE GOVERNANCE COMMITTEE OF THE PAF BOARD OF DIRECTORS. PAF HAS FULLY DEFINED OVER 100 DISEASE FUNDS AS OF THE END OF 2022. PAF ALSO IDENTIFIES THE NEED FOR, DEFINES

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AND ESTABLISHES THE OPERATIONAL PARAMETERS FOR ITS CASE MANAGEMENT PROGRAMMING, SMALL GRANT PROGRAMS AND PUBLIC/PATIENT EDUCATION PROGRAMS, FREE FROM DONOR INFLUENCE OR CONTROL.

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

PAF HAS ENGAGED THE SERVICES OF ARENT FOX, LLP, WASHINGTON, DC, AS ITS REGULATORY COUNSEL. ARENT FOX ARE EXPERTS IN REGULATORY COMPLIANCE, SPECIALIZING IN COMPLIANCE PROGRAMS RELATIVE TO PATIENT ASSISTANCE PROGRAMS AND LEAD THE DEVELOPMENT, IMPLEMENTATION, AND ONGOING MANAGEMENT OF PAF'S ORGANIZATIONAL COMPLIANCE PROGRAM, AS WELL AS SERVE AS ITS COMPLIANCE COUNSEL. ALL PROGRAMS OPERATED BY PAF, INCLUDING CPR, ARE SUBJECT TO, THE PARAMETERS OF THE COMPLIANCE PROGRAM AS DEFINED IN THE COMPLIANCE CHARTER. THE PROGRAM IS DESIGNED TO ASSIST PAF IN PREVENTING, DETECTING, AND RESPONDING TO ILLEGAL, IMPROPER, AND UNETHICAL CONDUCT, SERVING AS A PROCEDURAL FRAMEWORK FOR ENHANCING AND MONITORING COMPLIANCE WITH APPLICABLE LAW, REGULATION, THE PAF CODE OF CONDUCT AND PAF'S POLICIES AND PROCEDURES. THE COMPLIANCE PROGRAM IS BASED ON THE SEVEN ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM SET FORTH IN THE FEDERAL SENTENCING GUIDELINES MANUAL AND APPLICABLE



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DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL

("OIG") GUIDANCE. KEY PROGRAM GOVERNANCE POLICIES AND PROCEDURES

INCLUDE:

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CONTINUED FROM SCHEDULE O (E)

1. COMPLIANCE PROGRAM OVERVIEW
2. GOVERNANCE AND COMPLIANCE COMMITTEE CHARTER
3. COMPLIANCE COMMITTEE MEMBERSHIP CRITERIA
4. PAF ORGANIZATIONAL CODE OF CONDUCT
5. CONFLICTS OF INTEREST POLICY AND PROCEDURE FOR OFFICERS, EMPLOYEES,  
SUBCONTRACTORS AND AGENTS
6. POLICY ON DEVELOPMENT OF ANNUAL AUDITING AND MONITORING WORK PLAN
7. COMPLIANCE REPORTING AND NON-RETALIATION POLICY AND PROCEDURE
8. BACKGROUND CHECK POLICY
9. STAFF AND BOARD OF DIRECTORS COMPLIANCE TRAINING
10. ESTABLISHMENT OF AN ANONYMOUS HOTLINE FOR EMPLOYEES TO REPORT  
CONCERNS

ANNUAL COMPLIANCE TRAINING WAS DELIVERED TO THE PAF EXECUTIVE BOARD OF  
DIRECTORS IN NOVEMBER 2021 AND THE ENTIRE PAF STAFF RECEIVED THE ANNUAL  
TRAINING IN SEPTEMBER AND OCTOBER 2021. THESE TRAININGS INCLUDED A  
CLEAR OVERVIEW OF THE ANTI-KICK BACK STATUTE (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.

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FINALLY, TO ENSURE COMPLIANT COMMUNICATIONS WITH DONORS AND CLEARLY ARTICULATE PAF'S INDEPENDENCE OF OPERATIONS, PAF, IN COLLABORATION WITH THE PAF COMPLIANCE COUNSEL, MAINTAINS THE DONOR COMMUNICATION, FUND DEVELOPMENT AND MANAGEMENT STANDARD OPERATING PROCEDURES AND ACCOMPANYING TEMPLATES. THIS MANUAL, AND ASSOCIATED ANNUAL MANDATORY TRAINING, DELIVERED IN DECEMBER 2021, 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 PUBLIC, GOVERNMENTAL AGENCIES, OTHER 501(C) 3 PUBLIC CHARITIES, RESEARCH & ACADEMIC INSTITUTIONS, PRIVATE FOUNDATIONS, AND CORPORATE DONORS. OVER THE PAST 5 YEARS, PAF HAS RECEIVED GRANTS, COOPERATIVE AGREEMENTS AND/OR CHARITABLE CONTRIBUTIONS FROM 2196 ORGANIZATIONS AND INDIVIDUALS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- O ACADEMYHEALTH
- O ALLIANCE FOR AGING RESEARCH
- O ALS ASSOCIATION
- O AMERICAN CANCER FUND
- O AMERICAN CANCER SOCIETY
- O AMERICAN DIABETES ASSOCIATION
- O AMGEN CYCLING CLUB
- O AYCO CHARITABLE FOUNDATION
- O BATTLE CREEK COMMUNITY FOUNDATION
- O BAY AREA CANCER CONNECTIONS
- O BREAST CANCER RESEARCH FOUNDATION OF ALABAMA

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 BRIGHT FUNDS FOUNDATION CAN DO MULTIPLE SCLEROSIS CHANGELAB SOLUTIONS CHARITIES AID FOUNDATION OF AMERICA CHARITY ON TOP FOUNDATION, INC. CINCINNATI CANCER ADVISORS COALITION FOR HEADACHE AND MIGRAINE PATIENTS CONQUER CANCER FOUNDATION ECOG-ACRIN MEDICAL RESEARCH FOUNDATION, INC ECRI INSTITUTE ESOPHAGEAL CANCER AWARENESS ASSOCIATION FIDELITY CHARITABLE GIFT FUND FLORIDA ALLIANCE FOR HEALTHCARE VALUE FOUNDATION FOR SARCOIDOSIS RESEARCH FRIENDS OF CANCER RESEARCH FUCK CANCER GIVE LIVELY FOUNDATION GIVINGA FOUNDATION, INC. GOLDMAN SACHS GIVES GOODCOIN FOUNDATION ICER IOWA CANCER CONSORTIUM JOURNEY MINISTRIES JUSTGIVE KINGS CARE FOUNDATION LEUKEMIA & LYMPHOMA SOCIETY LIVESTRONG FOUNDATION LL12 LLC

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 LUNGEVITY FOUNDATION MICHAEL & SUSAN DELL FOUNDATION MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST MSHO FOUNDATION NATIONAL COMPREHENSIVE CANCER NETWORK, INC. NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES NATIONAL OVARIAN CANCER COALITION NETWORK FOR GOOD NORC ORANGE COUNTY UNITED WAY PANCREATIC CANCER ACTION NETWORK PAYPAL CHARITABLE GIVING FUND PCORI PHARMACY QUALITY ALLIANCE PHRMA FOUNDATION PIKES PEAK UNITED WAY PLEDGELING FOUNDATION SCHWAB CHARITABLE FUND T. ROWE PRICE PROGRAM FOR CHARITABLE GIVING THE BENEVITY COMMUNITY IMPACT FUND THE DONNA FOUNDATION THE WISHLIST FOUNDATION TIAA CHARITABLE INC. UNITED WAY OF THE CAPITAL REGION UNITED WAY SALT LAKE VANGUARD CHARITABLE WINSTON-SALEM FOUNDATION YOURCAUSE LLC

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O ZERO - THE END OF PROSTATE CANCER

GOVERNMENTAL AGENCIES:

O CENTERS FOR DISEASE CONTROL AND PREVENTION

CORPORATIONS AND CORPORATE FOUNDATIONS:

O 215 DONATING CORPORATIONS AND CORPORATE FOUNDATIONS

O 76 MADE DONATIONS IN FY2021/2022

ACADEMIC AND RESEARCH INSTITUTIONS & PRIVATE FOUNDATIONS:

O AMERICAN INTERNATIONAL COLLEGE

O AUGUST & ROSEMARY RIDOLFI IRREVOCABLE TRUST

O BEGIN AGAIN FOUNDATION

O BERNARD MCDONOUGH FOUNDATION, INC.

O BUTLER CLASS OF 66

O FISHMAN FAMILY FOUNDATION

O HARVARD MEDICAL SCHOOL

O HIGH PINES FOUNDATION

O MAHAN FOUNDATION

O RANDOLPH D. ROUSE FOUNDATION

O ROBERT WOOD JOHNSON FOUNDATION

O SAINT LEO UNIVERSITY

O SEEDS OF FAITH, INC.

O THE SONTAG FOUNDATION

O THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

O THE WILDFLOWER FOUNDATION, INC.

O UNC AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH

O UNIVERSITY OF CALIFORNIA, IRVINE

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

UNIVERSITY OF MINNESOTA

GENERAL PUBLIC:

RECEIVED MEMORIAL, HONORARY, AND GENERAL SUPPORT AND CONTRIBUTIONS FROM OVER 490 INDIVIDUALS IN FY2021/2022.

RECEIVED DONATIONS FROM OVER 1862 INDIVIDUALS OVER THE PAST 5 YEARS

IN FY2021/2022, PAF RECEIVED CONTRIBUTIONS FROM 617 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 17 VOTING MEMBERS, AND 3 NON-VOTING MEMBERS, ALL OF WHOM ARE NATIONALLY RECOGNIZED EXPERTS IN THE FIELDS OF HEALTHCARE ADMINISTRATION, CLINICAL PRACTICE AND RESEARCH, HIGHER EDUCATION, DIRECT PATIENT CARE, NON-PROFIT MANAGEMENT, GOVERNMENT/PUBLIC HEALTH, PATIENT ADVOCACY, HEALTH INSURANCE, TECHNOLOGY, AND LAW. THE COMPOSITION OF THE BOARD IS A DEMONSTRATION IN PRACTICE TO PAF'S COMMITMENT REPRESENTING THE BROAD INTEREST, AND UNIQUE PERSPECTIVES, OF THE GENERAL PUBLIC AND TO GOVERN THE OPERATIONS WITH A DIVERSE, YET UNIFIED, POINT OF VIEW THAT WILL ENABLE THE FOUNDATION TO EXECUTE MEANINGFUL PATIENT PROGRAMS, DESIGNED TO ADDRESS GAPS IN THE CURRENT HEALTHCARE ENVIRONMENT AND ATTRACT SUPPORT FROM A BROAD RANGE OF POTENTIAL DONORS. THE PAF EXECUTIVE BOARD OF DIRECTORS HOLDS FIDUCIARY RESPONSIBILITY AND MANAGES AND CONTROLS THE ORGANIZATION AND PROPERTY OF PAF TO THE EXTENT VESTED IN THEM BY THE PAF BYLAWS. IT IS THE RESPONSIBILITY OF THE BOARD TO ENSURE THE

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

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

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AS WELL AS DISCLOSURE THROUGHOUT THE YEAR IF NEW REAL OR POTENTIAL CONFLICTS ARISE THROUGH THE COMPLETION OF THE COI DISCLOSURE FORM. FURTHER, ALL DIRECTORS AGREE TO COMPLETE FORM 990 DIRECTOR AND OFFICER DISCLOSURE STATEMENT, REQUIRING THE ANNUAL EVALUATION OF THE DIRECTOR'S INDEPENDENCE PURSUANT TO IRS REQUIREMENTS AND DEFINITION OF "INDEPENDENCE". PAF'S BYLAWS REQUIRE THAT ALL CURRENT AND FUTURE VOTING MEMBERS OF THE PAF EXECUTIVE BOARD TO BE INDEPENDENT PER THE IRS DEFINITION OF INDEPENDENCE. ALL VOTING MEMBERS OF PAF'S EXECUTIVE BOARD OF DIRECTORS WERE ALL INDEPENDENT IN FY2021/2022.

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

PAF'S GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH OVERSEEING, MONITORING, AND ENFORCING COMPLIANCE WITH BOARD STANDARDS OF CONDUCT AND DUTIES, INCLUDING, BUT NOT LIMITED TO COI, SELF-DEALING, CODE OF CONDUCT, CONFIDENTIALITY, AND COMPENSATION. THEY ARE CHARGED WITH THE REVIEW AND DETERMINATIONS OF COI'S AND DIRECTOR'S INDEPENDENCE ANNUALLY AND, AS REQUIRED. ADDITIONAL PROVISIONS TO ENSURE INDEPENDENCE THAT HAVE BEEN ADOPTED BY PAF INCLUDE; THE DIRECTOR, NOR IMMEDIATE FAMILY MEMBER OF THE DIRECTOR, CAN BE A DONOR TO PAF'S CPR PROGRAM OR A DIRECTOR, OFFICER OR EMPLOYEE OF A DONOR TO PAF'S CPR PROGRAM; A DIRECTOR CANNOT BE A FORMER DIRECTOR, OFFICER OR EMPLOYEE OF A DONOR TO PAF'S CPR PROGRAM MAINTAINING AN ONGOING RELATIONSHIP WITH SUCH DONOR (VIA CONSULTING OR OTHERWISE); A DIRECTOR CANNOT BE AN IMMEDIATE FAMILY MEMBER OR FORMER DIRECTOR, OFFICER OR EMPLOYEE OF A DONOR TO PAF'S CPR PROGRAM AND SUCH IMMEDIATE FAMILY MEMBER MAINTAINS AN ONGOING RELATIONSHIP WITH SUCH DONOR (VIA CONSULTING OR OTHERWISE).



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THE COMMITTEE IN FY2021/2022 CONSISTED OF EIGHT (8) INDEPENDENT MEMBERS OF THE PAF BOARD OF DIRECTORS.

PER POLICY, PAF'S BOARD DOES NOT INCLUDE ANY EMPLOYEE AND/OR BOARD MEMBERS OF A DONOR ORGANIZATION, THUS, ELIMINATING THE INFLUENCE OF A DONOR FROM THE GOVERNING BODY OF PAF. MOREOVER, NO DONOR HAS THE AUTHORITY TO APPOINT DIRECTORS TO THE PAF BOARD. IN THIS REGARD, PAF IS STRIKINGLY DIFFERENT FROM A PRIVATE FOUNDATION WHERE IT IS COMMONPLACE FOR THE GOVERNING BODY TO BE COMPRISED OF MAJOR CONTRIBUTORS, MEMBERS CHOSEN BY MAJOR CONTRIBUTORS AND/OR FAMILY MEMBERS AFFILIATED 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 FY2021/2022, PAF SERVED OVER 178,000 PEOPLE, LIVING IN ALL 50 STATES AND US TERRITORIES, SUFFERING WITH OVER 700 VARIOUS CHRONIC, DEBILITATING AND/OR CRITICAL DISEASES. REFERRALS INTO PAF PROGRAMS COME FROM THOUSANDS OF SOURCES, WITH OTHER CHARITABLE NON-PROFIT ORGANIZATIONS AND HEALTHCARE PROFESSIONS, INCLUDING NURSES,

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SOCIAL WORKERS AND FINANCIAL COUNSELORS, TOPPING THE LIST WITH THE GREATEST FREQUENCY OF REFERRALS, AS DOCUMENTED IN THE PAF PATIENT PROGRAM DATABASES AND ANNUAL IMPACT REPORT

([HTTPS://WWW.PATIENTADVOCATE.ORG/WP-CONTENT/UPLOADS/2021ANNUALIMPACTREPO-RTINTERACTIVE\\_FINAL-1.PDF](https://www.patientadvocate.org/wp-content/uploads/2021annualimpactrepo-rtinteractive_final-1.pdf) ). 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:

O 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

O DEVELOPMENT AND MAINTENANCE OF PAF AND CPR WEBSITES; INCLUSIVE OF EXTENSIVE PATIENT EDUCATION MATERIALS AND RESOURCE DIRECTORIES/ONLINE TOOLS.

O ROUTINE PARTICIPATION IN LOCAL, REGIONAL AND NATIONAL OUTREACH EVENTS; INCLUDING EXHIBITING AT CONFERENCES, SPEAKING ENGAGEMENTS, AND TRAINING SESSIONS FOR OTHER AGENCIES.

O ROUTINE DELIVERY OF "THE SPOTLIGHT", AN EDUCATIONAL SERIES DESIGNED

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TO ADDRESS CONCEPTS RELATED TO VARIOUS HEALTHCARE/INSURANCE AND/OR ENTITLEMENT PROGRAMS,

O DEVELOPMENT AND RELEASE OF PAF TOPIC-BASED STORY BOARDS

O AD PLACEMENTS ON SOCIAL CHANNELS INCLUDING FACEBOOK, SPOTIFY, AND IHEART RADIO

O PUBLISHING AND DISSEMINATION OF THE PAF ANNUAL IMPACT REPORT

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

O 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.

O DEVELOPMENT OF THE PATIENT PARTNER FOR EQUITY PROGRAM AND DISTRIBUTION OF ASSOCIATED NEWSLETTER

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

O 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.

Name of the organization

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Employer identification number

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL PATIENT ADVOCATE FOUNDATION	M	780,000.	
(2) NATIONAL PATIENT ADVOCATE FOUNDATION	O	528,697.	
(3) NATIONAL PATIENT ADVOCATE FOUNDATION	P	15,942.	
(4) NATIONAL PATIENT ADVOCATE FOUNDATION	Q	62,566.	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**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.