

Celebrating 10 Years of Health and Hope



Patient Access Network
foundation

2014 ANNUAL REPORT

FROM THE CHAIRWOMAN

Milestones of hope, health and happiness for patients



Recognizing 10 years of PAN Foundation programs, service and innovation

It is my great pleasure to report that 2014 was another incredible year for the PAN Foundation. Not only did we celebrate our tenth anniversary and welcome our new President and CEO, Daniel J. Klein, we provided nearly \$500 million in assistance grants to more than 180,000 patients – the greatest number of patients we’ve ever helped in a single year.

No one should ever have to choose between putting food on the table and getting the medication and treatment they need. Thanks to our tremendous staff and generous donors, the number of individuals and families we are able to help access critical medications continues to multiply. Patients like Winifred Miller, who shares her brave story dealing with HIV/AIDS on the following pages, would not be able to afford her critical treatments without your help. Our nearly 60 disease programs allow patients like Winifred to focus on what matters: staying healthy.

What else did we accomplish in 2014? For starters, we opened three new disease programs: Chronic Myeloid Leukemia, Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia, and HIV/AIDS. The HIV/AIDS program now includes assistance for post-exposure prophylaxis and pre-exposure prophylaxis medications, innovative therapies that lower the rate of HIV infection among at-risk populations. Working closely with advocacy

groups and providers, the PAN Foundation has provided a vital safety net for underinsured patients living with HIV/AIDS.

Forging these kinds of partnerships to empower patients remains at the center of the PAN Foundation's work. We are uniquely positioned to work with patient advocacy and professional organizations to bridge the gap between stakeholder groups. These alliances enable us to take a holistic approach to addressing patients' needs. Healthcare providers are another key partner in sharing the resources the PAN Foundation offers; our more than 28,000 providers and 560+ pharmacy partners play an important role in helping grantees adhere to their medical treatments.

As the PAN Foundation enters its second decade of providing help and hope to patients with chronic and critical illnesses, we remain focused on achieving a society in which every person can access the medical care they need. We will continue offering a streamlined application process and state-of-the-art online tools that put patients on the fast track to therapy, and help keep them there through their full course of treatment.

I am nearing the end of my term as Chairwoman of the PAN Foundation Board of Directors. These past four years have been exceptionally gratifying. On behalf of my fellow board members, the PAN Foundation staff and our excellent partners, thank you for your support during our first 10 years and your continued support as the PAN Foundation helps patients afford their prescribed therapies.

With deep gratitude,



Kim Schwartz
Chairwoman
PAN Foundation Board of Directors



About the PAN Foundation

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The Patient Access Network (PAN) Foundation is a national 501(c)(3) organization dedicated to helping underinsured individuals and their families with the out-of-pocket costs of their critical medical treatments. PAN partners with generous donors, healthcare providers, pharmacies and not-for-profit organizations to enable the underinsured population to access the treatment they need to manage their critical illnesses and improve the quality of their lives. Since 2004, PAN has provided more than \$880 million in financial assistance to more than 400,000 underinsured patients, through more than 50 disease-specific assistance programs.

Mission

To offer help and hope to people with chronic or life-threatening illnesses for whom cost limits access to critical medical treatments.

Vision

A society in which every individual can access needed medical care, offering hope for a healthy tomorrow.

Support and Services

- PAN provides financial assistance to qualified patients to help cover their co-payments, deductibles, co-insurance, and — for certain diseases — insurance premiums and travel assistance.
- PAN makes it quick and convenient for patients to apply for the financial assistance they need through our easy-to-navigate online portals for patients, healthcare providers and pharmacies.
- PAN processes applications for co-pay assistance instantly, providing eligibility outcomes and billing information to patients and providers in less than one minute.
- PAN's state-of-the-art actuarial reserve model maximizes the availability of donated dollars, allowing as many people as possible to access the critical medications they need.





Letter from the President

Dear Friends, Colleagues and Supporters,

High out-of-pocket costs are a common feature of nearly all Americans' health insurance plans. Whether they get health insurance coverage through an employer, the Affordable Care Act or Medicare, many Americans spend 10 percent or more of their household income on deductibles, co-payments and coinsurance. And people with life-threatening, chronic and rare diseases are even more likely to face budget-busting out-of-pocket costs for their critical medications.

These costs present special challenges to the Patient Access Network (PAN) Foundation. In the past, insured patients who were unable to afford their treatments because of high out-of-pocket costs were the exception rather than the rule. Today, these costs are a structural element of most health plans. High annual deductibles, high or non-existent out-of-pocket stop-losses and high coinsurance rates for brand and specialty medications have drastically changed the health insurance landscape.

Medicare beneficiaries with household incomes between 200 and 400 percent of the Federal Poverty Level – approximately 16 million people or one-third of all Medicare enrollees – can easily pay 30 percent or more of their household incomes for specialty drugs, because Medicare Part D has no out-of-pocket limit. What's more, these households are ineligible for Medicare Savings Plans or Medicare's Extra Help program. As a result, PAN and similar charities are among the few places that Medicare beneficiaries with excessive out-of-pocket costs can turn for help. And, the routine use of high levels of cost sharing by health plans puts new pressures on PAN and on its donors.

In 2014, PAN provided nearly \$500 million in patient assistance to more than 180,000 patients. In 2015, both out-of-pocket costs and the demand for financial assistance are only expected to grow. Now more than ever, PAN is depending on our existing donors to increase their levels of support and is looking for new donors to help share the burden of providing financial assistance.

We're doing our part to be the best possible partner, too. PAN strives to maintain a large and diversified base of donors so that we are able to provide assistance to as many people as possible. To stretch precious donations, we focus on operating efficiently, while still maintaining the highest levels of customer service and compliance. PAN continues to hold administrative costs at an industry-wide minimum of under 5 percent of donated funds. We also streamlined our enrollment process and maintained or improved service levels, even during the busiest benefit renewal periods. And, we pioneered the use of a unique, actuarially based patient assistance fund management model that ensures donors' funds are maximally used for patient grants. We also work with disease-focused, patient support organizations to ensure that patients receive more than just co-pay assistance – they receive the education and support services they need to ensure they adhere to their medication and achieve success with therapy.

PAN's mission is to provide hope and help to as many people as possible by eliminating financial barriers to critical treatments. We can only accomplish this with the ongoing support of our generous donors, the participation of our numerous healthcare provider and pharmacy partners, the collaboration of colleagues and friends in the patient advocacy and assistance community, and the knowledge that we are helping tens of thousands of people who are coping day to day with life-threatening, chronic and rare diseases.

Thank you all for your help and support,

A handwritten signature in black ink that reads "Dan Klein". The signature is fluid and cursive, with a large initial "D" and "K".

Dan Klein
President & CEO
PAN Foundation

Assistance Programs

The PAN Foundation helps patients living with certain cancers, chronic illnesses and rare diseases access the medications they need through nearly 60 disease-specific financial assistance programs. By helping patients afford their critical medications today, the PAN Foundation gives patients and their families hope for a healthier tomorrow.

Acromegaly
Anaplastic Large Cell Lymphoma
Ankylosing Spondylitis
Asthma
Basal Cell Carcinoma
Bone Metastases
Castrate Resistant Prostate Cancer
Castrate Resistant Prostate Cancer Travel
Chronic Iron or Lead Overload
Chronic Lymphocytic Leukemia
Chronic Myeloid Leukemia
Classical Hodgkin Lymphoma
Colorectal Cancer
Cushing's Disease/Cushing's Syndrome
Cutaneous T-Cell Lymphoma
Gastrointestinal Stromal Tumors
Gaucher Disease
Growth Hormone Deficiency
Heart Failure*
Hepatitis B
Hepatitis C
HIV/AIDS
Homozygous Familial Hypercholesterolemia
Idiopathic Thrombocytopenic Purpura
Inflammatory Bowel Disease (Crohn's & Ulcerative Colitis)
Lower Extremity Ulcers
Macular Diseases
Mantle Cell Lymphoma
Melanoma
Metastatic Breast Cancer
Methicillin-resistant Staphylococcus Aureus
Multiple Myeloma
Multiple Sclerosis
Myelodysplastic Syndrome
Myeloproliferative Neoplasms
Neuroendocrine Tumors of Pancreatic Origin
Neutropenia
Non-Hodgkin's Lymphoma
Non-Small Cell Lung Cancer
Ovarian Cancer*
Parkinson's Disease*
Philadelphia Chromosome Positive Acute Lymphoblastic Leukemia
Plaque Psoriasis
Postmenopausal Osteoporosis
Psoriatic Arthritis
Renal Cell Carcinoma
Respiratory Syncytial Virus
Retinal Vein Occlusion
Rheumatoid Arthritis
Secondary Hyperparathyroidism
Short Bowel Syndrome
Solid Organ Transplant Immunosuppressants
Tuberous Sclerosis Complex
Thyroid Cancer
Uveitis
Wilson Disease

* Opened in 2015



10 Years of Achievements



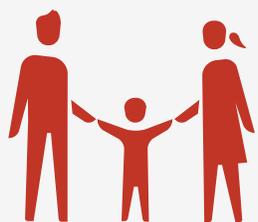
WORKED WITH
28,000+
PROVIDERS **AND** **560+**
PHARMACIES



OPENED
DISEASE
PROGRAMS

BECAME THE LEADING
PATIENT ASSISTANCE
ORGANIZATION IN NUMBERS OF
PATIENTS HELPED,
DISEASE PROGRAMS OFFERED,
ASSISTANCE \$ PROVIDED,
AND DONATIONS RECEIVED

PROVIDED
\$880
Million+
IN PATIENT
ASSISTANCE



AWARDED
469,000+
GRANTS TO
UNDERINSURED
PATIENTS



LAUNCHED **ONLINE**
APPLICATION PORTALS
AND **INSTANT ENROLLMENT**
PROCESS FOR PATIENTS,
PROVIDERS AND PHARMACIES



ESTABLISHED **STATE-OF-THE-ART**
ACTUARIAL RESERVE MODEL
TO **MAXIMIZE AVAILABILITY**
OF DONATED DOLLARS

2014 Milestones



OFFERED PHONE
APPLICATION
SUPPORT IN OVER
100 LANGUAGES



ENSURED
95 CENTS
OF EVERY DOLLAR
DONATED TO PAN WENT
TO DIRECTLY
HELP PATIENTS

HELPED
376,000+
PATIENTS WITH
OUT-OF-POCKET
TREATMENT
EXPENSES

HELPED OVER
180,000
PATIENTS GET
AFFORDABLE ACCESS TO
CRITICAL MEDICATIONS



OPENED **3 NEW**
DISEASE PROGRAMS

PAID 930,000+
CLAIMS FOR PATIENTS'
OUT-OF-POCKET TREATMENT EXPENSES



PROVIDED
\$491+ MILLION
IN PATIENT
ASSISTANCE

WELCOMED NEW
PRESIDENT AND
CEO DAN
KLEIN



PATIENT STORY

Winifred Miller, Grantee



A Second Shot at Love and Life

After suffering from a number of serious health issues and separating from her long-time husband, Winifred thought she would never again know love and companionship. But that all changed in February 2010, when she met Toney.

"He was my sunshine in a world of clouds," says Winifred.

Like many couples who meet later in life, Winifred expected the usual hurdles that come with blending families and friends. She did not anticipate the devastating news Toney would receive after being hospitalized with pneumonia in April 2014: he was HIV positive and had unknowingly transmitted the virus to Winifred.

"His [Toney's] only regret is that he had passed this horrible disease to me, but not for one minute do I regret meeting Toney or our relationship," Winifred says.

After Toney's second serious hospitalization later that year, the couple realized that in addition the daunting challenge of fighting for their lives, they did not have the means to pay for their critical medical treatments.

Retired and living on a fixed income, Winifred knew she could only afford one month of her medication. When her supply ran out, it was a matter of life and death. Adhering to her prescribed treatment is essential; delaying her medication regimen by even a few hours can have a significant impact on Winifred's health.

But like so many patients living with a critical illness, Winifred was devastated by the cost of her prescription.

"My pills were thousands of dollars for a month's supply," says Winifred. "I don't have any real income."

This past spring, Winifred learned about the Patient Access Network (PAN) Foundation through her local HIV/AIDS advocacy center. Her personal physician helped her apply for financial assistance through PAN's HIV Treatment and Prevention disease program.

"The grant from the PAN Foundation is what's keeping me alive and healthy."

Winifred says that in addition to the relief she felt from finding a program to help her pay for her medication, she found an advocate that treated her respectfully during a very difficult and uncertain time in her life.

"The PAN Foundation staff seemed more like a concerned neighbor or friend that made me feel like everything would be OK, and that they would help me get my medications without me having to mortgage my home," Winifred says.

Winifred says that she now looks at every new day as a "bonus day." She is able to focus on her life with Toney and her family, and recently enjoyed the birth of her third grandchild. She credits PAN's assistance with her health.

"The grant from the PAN Foundation is what's keeping me alive and healthy," she says.



PROVIDER STORY

Dr. Adrienne Russell, PharmD

A Life-saving Job Made Easier

Chief Pharmacist
Grubb's NW Specialty Pharmacy

Walking into Grubb's NW Specialty Pharmacy in Washington, D.C., an extension of one of the oldest surviving pharmacies in America, one immediately feels welcome. Adrienne Russell, PharmD and Chief Pharmacist, greets patients by their first names.

"Working in an independent pharmacy allows me to get to know members of the community," says Dr. Russell, who has been with Grubb's NW for seven years. "I am able to do a lot of outreach and education, and regularly speak with patient support groups."

That level of interaction has established Dr. Russell as a trusted resource in the community who patients seek out when they face challenges with their illnesses, including affording the out-of-pocket costs for their treatments. Grubb's NW serves a large population of patients living with Hepatitis C and HIV/AIDS, many of whom fall into Medicare "donut holes:" gaps in coverage where patients are responsible for a large portion of the cost of their medications until they reach a yearly out-of-pocket limit. According to Dr. Russell, PAN is always her starting point for these patients.

"Whenever I have a patient who has exhausted their resources, PAN is the first place I go," says Dr. Russell.

In April 2014, a woman came to Grubb's NW who had just moved from Hawaii to Washington, D.C., had a number of family issues, had recently undergone an organ transplant, and was living with HIV. A Medicare

patient with prescriptions for 15 monthly medications, she could no longer afford the out-of-pocket expenses for her treatment and was desperate for Dr. Russell's help.

"She was going to run out of her medication in five days," says Dr. Russell. "And these were her antiretrovirals, which are extremely important for her to take each day."

Dr. Russell remembered receiving PAN's March announcement about its new HIV/AIDS disease program, and immediately logged on to PAN's Pharmacy Portal to enroll the woman. She was thrilled to learn that the woman met the HIV/AIDS program's criteria and filled her prescription on the spot.

"We both became emotional," says Dr. Russell. "She was feeling defeated and was expecting it not to go her way, and then she was overwhelmed that she was able to not only get her medications, but get them for free."

The woman is now a loyal Grubb's NW customer and, according to Dr. Russell, a "textbook example of what you want in a patient."

"She's adherent, happy and healthy," she says. "I saw her go from the bottom to blossoming."

Dr. Russell says that knowing she has PAN as a resource gives her more confidence in her job.

"PAN helps me to be a better pharmacist," she says. "It's no different than the guidelines I follow or the technicians who help me. Knowing I can count on PAN to help me to do a better job is significant."

"Whenever I have a patient who has exhausted their resources, PAN is the first place I go."



ADVOCATE STORY

Murray Penner

Executive Director,
National Alliance of
State & Territorial AIDS
Directors (NASTAD)

An Ally in Healthcare Access

As Executive Director at the National Alliance of State & Territorial AIDS Directors (NASTAD), Murray Penner works with state-funded AIDS Drug Assistance Programs (ADAPs) that primarily serve low-income people living with HIV and AIDS.

Patient advocates like Penner, who has worked in the healthcare sector for nearly 15 years and is one of the nation's leading HIV treatment experts, have a tough job. ADAPs have limited resources and aren't always able to assist patients with accessing their costly medications. Penner says that's where PAN comes in.

"We have been working closely with PAN to expand the options that our state health departments have in terms of directing patients to places that can cover their medication needs," he says.

Penner was introduced to the PAN Foundation two years ago, through his work with an organization that aims to ensure timely access to life-saving medications for uninsured and underinsured people living with HIV and AIDS and other complex chronic conditions. Working closely with PAN to expand options for this population, Penner was able to address ADAP gaps in health coverage.

"[The PAN Foundation] is focused on the needs of patients," says Penner. "The way they design their grants, application process and entire experience is user friendly."

A chief focus of NASTAD's mission is to prevent HIV transmission in high-risk populations through Pre-Exposure Prophylaxis, or PrEP*. According to the Centers for Disease Control and Prevention, PrEP

can lessen the risk of contracting an HIV infection by 92 percent for those who take their medications consistently. But like many new interventions, PrEP is very costly.

"PrEP is something that we at NASTAD are big proponents of, because it reduces the number of new infections," says Penner. "And there is very little funding for the provision of that medication."

The PAN Foundation expanded its HIV/AIDS assistance program to include PrEP for high-risk populations, as well as individuals requiring post-exposure prophylaxis. Penner says that the PAN Foundation's PrEP funding assistance has allowed him to continue serving the needs of people across the HIV/AIDS care continuum, by both preventing new infections and ensuring people who have tested positive for HIV have access to care.

"PAN entering into that prevention arena is a big step toward solving some of the challenges related to patient access to PrEP," says Penner. "And it's an example of PAN's continued efforts to fill in critical gaps in healthcare that not many organizations are filling."

Penner notes that he and other HIV/AIDS advocates value the PAN Foundation's patient-centered focus.

"The PAN staff has demonstrated a willingness and desire to make sure patients have the best experience possible," says Penner. "If it weren't for PAN, I would be struggling to make sure we had enough places to send individuals who are not covered through their patient programs or other state health department programs."

"PAN entering into that prevention arena is a big step toward solving some of the challenges related to patient access to PrEP."

* PAN recently announced the expansion of its HIV/AIDS fund to include assistance for post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), which are therapies that lower the rate of HIV infection among at-risk populations, sexual assault victims or people who are occupationally exposed to HIV/AIDS.



2014 Financials

In 2014, the PAN Foundation reported contributions of \$659.13 million, an increase of 110 percent over its 2013 total. Since PAN was established in 2004, contributions have consistently represented more than 90 percent of the PAN Foundation's total support and revenue. Continuing this trend, in 2014, contributions represented 96.7 percent of this total.

These contributions enabled the PAN Foundation to provide assistance to over 180,000 patients through nearly 60 disease-specific assistance programs during the course of the past year. A snapshot of the PAN Foundation's financial statistics for 2014 is presented below. For more detailed information and to view the Foundation's 990 tax return and audited financial statements in their entirety, please visit: www.PANFoundation.org.

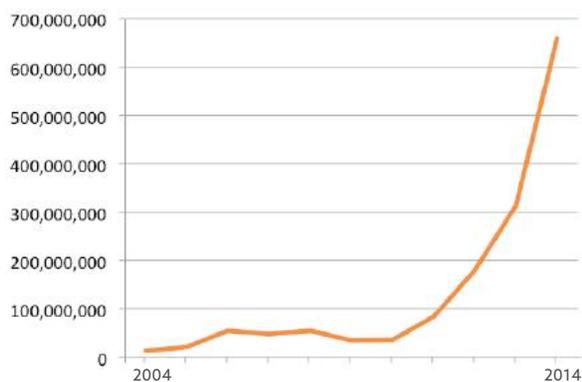
In 2014, the PAN Foundation recorded total expenses of \$511,376,705*, a 171.5 percent increase over the previous year. Looking closer at the PAN Foundation's 2014 expenses:

- 96.0 percent, or \$491 million, of these expenses is associated with co-pay assistance;
- 2.9 percent is associated with other program expenses, including fees for program operations, patient determinations and related services;
- Administrative and fundraising expenses accounted for 0.9 percent* and 0.1 percent of total expenses, respectively; and
- For the last seven years, less than one penny of each dollar contributed to the PAN Foundation has been spent on fundraising.

Thanks to the generous support of our donors, the PAN Foundation expects to help growing numbers of patients and families.

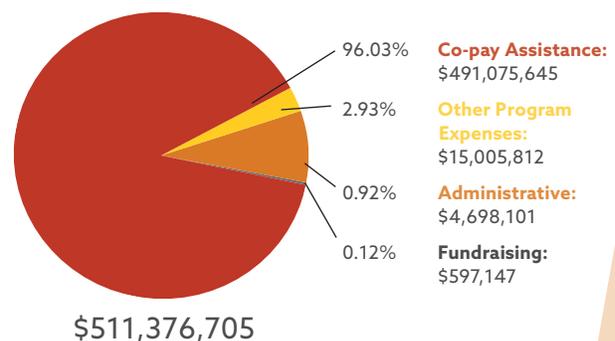
** Includes investment management fees, which are netted against investment income in audited financial statements.*

TOTAL DONATIONS (\$) 2004-2014



2004: \$12,500,590	2008: \$54,549,117	2012: \$179,458,330
2005: \$20,659,791	2009: \$34,511,711	2013: \$313,390,449
2006: \$54,606,284	2010: \$35,551,233	2014: \$659,128,125
2007: \$47,620,796	2011: \$83,632,322	

2014 Total Expenses: \$511,376,705



Board of Directors



CHAIR

Kim Schwartz, CPA, is Senior Vice President and CFO at Population Services International (PSI), a large nonprofit operation that provides health and family planning products and services to underserved populations in more than 60 countries. She serves on the audit committee of the American Lung Association and is a board member and chair of the Audit Committee for the Society for Family Health in South Africa.



VICE CHAIR

Donald A. Barone, DO, is Professor and Chief, Division of Neurology, at the Rowan University School of Osteopathic Medicine. He has practiced and taught Neurology/Neuroscience, with research interests in Multiple Sclerosis and Neuroimmunology, for 35 years. He has served on the Kennedy Health System Board of Directors for 23 years and is a past chair. He is current chair of the Clinical Advisory Committee, National MS Society, Greater Delaware Valley Chapter, in Philadelphia.



SECRETARY

Grant D. Lawless, RPh, MD, FACP, is Associate Professor of Clinical Pharmacy and Pharmaceutical Economics and Policy and Graduate Program Director for the Master of Science degree in Healthcare Decision Analysis at the University of Southern California. His professional experience is in both internal medicine and emergency medicine. He is a registered pharmacist with specialty certification in nuclear medicine.



Martin A. Bieber, CPA, spent most of his career as a healthcare executive. He retired as President and CEO of the Kennedy Health System in Southern New Jersey in October 2013. He is a member of the board of trustees of Bancroft, a leading nonprofit provider of specialized services for individuals with autism, brain injuries and other intellectual or developmental disabilities, serving the Delaware Valley region.



David Borenstein, MD, is a practicing rheumatologist in Washington, D.C., and a Clinical Professor of Medicine at the George Washington University Medical Center. He has served on the board of directors and executive committee for the Arthritis Foundation, the American College of Rheumatology Research and Education Foundation. In addition, Dr. Borenstein served on the medical advisory board of the Lupus Foundation of Greater Washington.



Michael J. O'Grady, PhD, is a Principal of O'Grady Health Policy LLC, a private health consulting firm, and a Senior Fellow at NORC at the University of Chicago. His research centers on the interaction between scientific development and health economics, with a concentration on diabetes and obesity. Previously, Dr. O'Grady served as the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, where he assisted the Secretary with critical evolving policy issues, such as implementing the new Medicare drug benefit.



Frederick M. Schnell, MD, FACP, is a medical oncologist serving as CEO of Central Georgia Cancer Care, PC, in Central Georgia. He is the Medical Director of the Peyton Anderson Cancer Center in Macon, Georgia, as well as the Medical Director of the Georgia Center for Research & Education in Atlanta, an independent nonprofit organization working to improve cancer care in Georgia by strengthening clinical research and education throughout the state.



Constance Garcia, MA, has a broad background innovating the delivery of healthcare services to high-risk, hard-to-reach populations in a variety of settings, including inner city hospitals, community-based health centers and the New York City Department of Health and Mental Hygiene. She held senior positions at CIGN and Aetna managed care corporations. She currently serves as a lecturer in the Department of Health Sciences at Lehman College of the City University of New York.



Norrie Thomas, PhD, is a successful entrepreneur, who founded, launched and managed several pharmacy managed care companies. She helped found one of the first pharmacy benefit management companies, Clinical Pharmacy Advantage, and held senior management positions at MedCenters Health Plans, Aetna, Clinical Pharmacy Advantage, McKesson, PCS, Eli Lilly, St. Jude Medical, Schering-Plough, and Magellan Health Services.



Kenneth D. Wells, MD, has more than 20 years of healthcare experience, spanning occupational medicine, medical management, public health, family medicine, health education and pharmacy. He is Corporate Medical Director for the Apache Corporation, as well as Medical Director for Wortham Insurance. Dr. Wells is the founder of Alken Health Resources and serves as a member of the board of directors of CHRISTUS Health System.



Ian D. Spatz, JD, MPA, is a healthcare policy consultant with a range of for-profit and nonprofit clients. He is a senior advisor to Manatt Health Solutions, and founder of the Rock Creek Policy Group. Dr. Spatz previously served as the Vice President for Global Health Policy for Merck & Co. Inc., and has a background in the government and nonprofit sectors.

The PAN Foundation Sincerely Thanks You

Looking ahead to another decade of health, hope and happiness

Because of the essential support we receive from our generous donors, the participation of our numerous health care provider and pharmacy partners, and the collaboration of colleagues and friends in the patient advocacy and assistance community, the PAN Foundation was able to help more than **400,000** people and provide more than **\$880 million** in patient assistance grants over the past decade. In 2014 alone, the PAN Foundation provided nearly **\$500 million** to help **180,000** underinsured critically or chronically ill patients gain access to the medications they need.

As we embark on another year, we here at the PAN Foundation are proud of the work we have accomplished with the help of our partners, but are even more excited for the future. We know the PAN model works. Let's continue to give hope and help to even more people. Together we can continue to provide the underinsured population access to the healthcare treatments they need to manage their critical illnesses and improve the quality of their lives.

Thank you for your continued support.

The PAN Foundation is a United States-based independent 501(c)(3) nonprofit organization. All donations are tax-deductible.



PAN Foundation Senior Management



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