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** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

B Design Column Colum	<u>A</u> F	or the	e 2016 calendar year, or tax year beginning and en	nding	-	
Number and street (or P.O. box if mail is not delivered to street address)		Check if pplicabl	C Name of organization		D Employer identifi	cation number
Description Sustries & Section		chang	e PATIENT ACCESS NETWORK FOUNDATION			
Number and street (of Y.U. to or final is not newledge to street aboress) 975 202-347-9272		chang	e Doing business as			
City or town, state or province, country, and 2/p or foreign postal code MaxSHINGTON, DC 20004		return □Final	1221 E CODEED			
MASHINGTON, DC 20004 H(a) Is this a group return for subordinates? Yes No H(b) No make and address of principal officer. DANIEL KLEIN 1 Tax-exempt status: X 01(c)(3) 501(c)(1) 3 4947(a)(1) or 527 1 1 1 1 1 1 1 1 1		termin		7 5		
Same and address of principal officer: DANIEL KLEIN SAME AS C ABOVE Tax-exempt status: X Solicits So		Amen				
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Taxeoxempet status:		pendi				·····= =
J Websites: ▶ WWW. PANFOUNDATION. ORG Form of organization: X Corporation Trust Association Other Lyear of formation: 20 04 M. State of legal domicile: DC Fart Summary Briefly describe the organization's mission or most significant activities: TO HELP UNDERINSURED PEOPLE WITH LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND LIFE - THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND RARE DISEASES GET THE MEDICATIONS AND AND RARE DISEASES AND RARE DISE	1.7	ax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527	1	
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similiar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue lesse expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total assets (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X,		b	Net unrelated business taxable income from Form 990-1, line 34	<u> </u>		
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19 Revenue less expenses. Subtract line 18 from line 12 -148,502,667243,974,476. Beginning of Current Year End of Year 556,249,582. 376,824,646. 233,201,039. 293,898,181. 22 Net assets or fund balances. Subtract line 21 from line 20 323,048,543. 82,926,465. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date DANIEL KLEIN, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature AMANDA ADAMS Preparer Firm's name CHERRY BEKAERT LLP Firm's EIN 56-0574444 Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Phone no.704-377-1678	ñ	17				
Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here DANIEL KLEIN, PRESIDENT & CEO Type or print name and title Print/Type preparer's name AMANDA ADAMS Preparer Use Only Firm's name CHERRY BEKAERT LLP Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Phone no. 704-377-1678			Revenue less expenses. Subtract line 18 from line 12		48,502,667.	<u>-243,974,476.</u>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Daniel Klein, President & CEO Type or print name and title Print/Type preparer's name AMANDA ADAMS Preparer Firm's name CHERRY BEKAERT LLP Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Phone no. 704-377-1678	Ž.	22		3	23,048,543.	82,926,465.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Daniel Klein, President & CEO Type or print name and title Print/Type preparer's name AMANDA ADAMS Preparer Bign Firm's name CHERRY BEKAERT LLP Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Pode Check PTIN Firm's EIN 56-0574444 Phone no. 704-377-1678						. I.m.aladaa and haliaf it ia
Sign Here DANIEL KLEIN, PRESIDENT & CEO Type or print name and title Print/Type preparer's name AMANDA ADAMS Preparer Use Only Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Date Date Check PTIN Firm's EIN 56-0574444 Ponor 1074-377-1678					· · · · · · · · · · · · · · · · · · ·	kilowieuge aliu bellei, it is
Here DANIEL KLEIN, PRESIDENT & CEO Type or print name and title Print/Type preparer's name AMANDA ADAMS Preparer Use Only Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Date Print/Type preparer's name Firm's signature Preparer's signature Firm's EIN 56-0574444 Phone no. 704-377-1678	true	, correc	a, and complete. Declaration of preparer (other than officer) is based on an information of which	n preparer	nas any knowledge.	
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Paid AMANDA ADAMS Insert self-employed P00748038 Preparer Firm's name ► CHERRY BEKAERT LLP Firm's EIN ► 56-0574444 Use Only Firm's address 1111 METROPOLITAN AVE. STE. 1000 Phone no. 704-377-1678					Date Check	PTIN
Preparer Use Only Firm's address	Paid	I	'' '' '		if self-employ	P00748038
Use Only Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204 Phone no.704-377-1678					<u> </u>	
CHARLOTTE, NC 28204 Phone no. 704-377-1678	-					
					Phone no. 70	4-377-1678
	May	the II	RS discuss this return with the preparer shown above? (see instructions)			

	Check if Cahadula Constains a veneral aventa to any line in this Doubli	X
_	Check if Schedule O contains a response or note to any line in this Part III	Δ
1	Briefly describe the organization's mission: TO HELP UNDERINSURED PEOPLE WITH LIFE-THREATENING, CHRONIC AND RARE	
	DISEASES GET THE MEDICATIONS AND TREATMENT THEY NEED BY PAYING FOR	
	THEIR OUT-OF-POCKET COSTS AND ADVOCATING FOR IMPROVED ACCESS AND	
	AFFORDABILITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	,	Z No
	prior Form 990 or 990-E∠? If "Yes," describe these new services on Schedule O.	<u>-</u> 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Z No
3	If "Yes," describe these changes on Schedule O.	<u>-</u> 140
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	04.0.000.000	
Ta	AT THE PAN FOUNDATION, WE ENVISION A NATION IN WHICH EVERYONE CAN GET	—— '
	THE HEALTH CARE THEY NEED. WE WORK TOWARD THIS GOAL BY HELPING	
	UNDERINSURED PEOPLE WITH LIFE-THREATENING, CHRONIC AND RARE DISEASES	
	GET ACCESS TO NECESSARY MEDICATIONS AND TREATMENT. PARTNERING WITH	
	GENEROUS DONORS, HEALTHCARE PROVIDERS AND PHARMACIES, PAN COVERS	
	OUT-OF-POCKET COSTS FOR UNDERINSURED PATIENTS, PROVIDING ACCESS TO THE	7.
	THERAPIES THEY NEED TO BEST MANAGE THEIR CONDITIONS AND IMPROVE THEIR	
	QUALITY OF LIFE. IN 2016, THE PAN FOUNDATION ASSISTED A TOTAL OF	
	263,238 PATIENTS. OF THAT TOTAL, 191,835 WERE PATIENTS SEEKING AND	
	RECEIVING ASSISTANCE FROM THE PAN FOUNDATION FOR THE FIRST TIME. IN TH	ΙE
	SAME YEAR, PAN PAID MORE THAN 1,500,000 CLAIMS RELATED TO PATIENTS'	
	OUT-OF-POCKET PRESCRIPTION DRUG EXPENSES AND RECEIVED OVER 600,000	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 813,920,279.	

Form 990 (2016) PATIENT ACCESS NETWORK FOUNDATION 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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	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? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	- 1.2		
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	, , ,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	•	12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	5:10	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-74		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	145		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		Х
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-23
17		17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-''-		-21
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		21
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
	complete Schedule G, Part III	ו ו		27

Form 990 (2016) PATIENT ACCESS NETWORK FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Δ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000	Х	
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 21
30		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 21
٠.		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	991			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		.?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
_	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		
b	Section 501(c)(7) organizations. Enter:			9b		
10		10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
ы 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	וטט				
'' a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	<u> O</u>		14b		
					000	

Form 990 (2016) PATIENT ACCESS NETWORK FOUNDATION 20-1184743 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check it Schedule C contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if the the number of voting members of the governing body or if the governing body depted to the part of the tax year. If there are material differences in voting rights among members of the governing body or if the governing body depted to the part of th		to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			77
The Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body on the province of	Sec				X
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Office and autocoloruses Compensation Compens	(A) Name and Title	(B) Average (do r		(C) Position to not check more than one ox, unless person is both an			than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
CHAIRMAN		(list any hours for related organizations below							the organization	organizations	compensation from the organization and related
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DIRECTOR		3 00	Λ	\vdash					4,000.	0.	<u></u>
(4) JONAS DE SOUZA 3.00 X		3.00	x						12.000.	0.	0.
Director X		3.00							12,000		
STATES S	DIRECTOR		х						8,000.	0.	0.
GRANT LAWLESS 3.00 X	(5) CONSTANCE GARCIA	3.00							,	-	-
GRANT LAWLESS 3.00	DIRECTOR		Х						12,000.	0.	0.
Total Control Contro	(6) GRANT LAWLESS	3.00									
DIRECTOR	DIRECTOR		Х						12,000.	0.	0.
SUSAN RUCKER	(7) MICHAEL O'GRADY	3.00									
DIRECTOR	DIRECTOR		Х						12,000.	0.	0.
Second	(8) SUSAN RUCKER	3.00									
DIRECTOR X	DIRECTOR		Х						12,000.	0.	0.
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Form 990 (2016)	СТО				Х				153,845.	0.	

632007 11-11-16 Form **990** (2016)

Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		'	 ,		
(A)	(B)			Pos	C) ition			(D)	(E)			F)
Name and title	Average hours per			heck	more	than o		Reportable	Reportable			nated unt of
	week					is both or/trus		compensation from	compensation from related			unt oi her
	(list any	tor						the	organization			ensation
	hours for	direc				р В		organization	(W-2/1099-MI			n the
	related	tee oi	ustee			ensat		(W-2/1099-MISC)			organ	ization
	organizations	al trus	nal tr		loyee	comp						elated
	below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				organi	zations
(18) MARGARET FIGLEY	40.00	Ĕ	Ë	5	Ā.	훈	요					
DIRECTOR OF COMMUNICATIONS	40.00	1				x		148,361.		0.	31	,757.
(19) AMY NILES	40.00		\vdash			125		140,301.			31	, 1516
VICE PRESIDENT, EXTERNAL AFFAIRS						x		211,542.		0.	23	,682.
(20) RICHARD GOLDSTEIN	0.00					Ħ						,
FORMER CFO							Х	106,010.		0.		0.
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1b Sub-total	1							1,524,760.		0.	164	,301.
c Total from continuation sheets to Part V							•	0.		0.		0.
d Total (add lines 1b and 1c)								1,524,760.		0.	164	,301.
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	Э		
compensation from the organization												7
										ſ	Y	es No
3 Did the organization list any former officer				-	•	•		•				
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su									•			.,
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a	•				•			· ·			_	х
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or si	ıch <u>i</u>	oers	on .					5	A
Complete this table for your five highest co	mnensated inc	dene	nde	nt co	ontra	acto	rs th	nat received more than \$	100 000 of com	oensat	tion from	
the organization. Report compensation for										J011041		
(A)	<u>, </u>							(B)			(C)	
Name and business	address							Description of s	ervices	С	ompens	ation
LASH GROUP AMERISOURCE BE												
1800 INNOVATION POINT KIN							<u>L</u>	PATIENT SERV	ICES	20	<u>,614</u>	<u>,657.</u>
CORESOURCE INC., 62923 CO	DLLECTIO	N	CE	NT.	ER						222	000
DRIVE, CHICAGO, IL 60693	· · · · · · · · · · · · · · · · · · ·	_	~- -		_		_	PATIENT SERV	ICES	4	<u>,309</u>	<u>,889.</u>
CAREMETX LLC, 6931 ARLING	YON ROA	D	SŪ	IT:	E					i		

308, BETHESDA, MD 20814 3,116,605. SOFTWARE DEVELOPMENT MILLIMAN, 111 MONUMENT CIRCLE, SUITE 601, INDIANAPOLIS, IN 46204 ACTUARIES 790,241. SCHANER & LUBITZ, PLLC, 6931 ARLINGTON 321,099. ROAD SUITE 200, BETHESDA, MD 20814 LEGAL SERVICES Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

20-1184743

Form 990 (2016) PATIENT
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
υv	1 a	Federated campaigns	1a					012 011
ant	h	Membership dues						
P. G.	c	Fundraising events						
ifts, r A	q	Related organizations						
i, G	e	Government grants (contribut						
ons	f	All other contributions, gifts, gran						
utj	·	similar amounts not included abo		582,541,219.				
off	а	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			582,541,219.			
				Business Code				
ø	2 a	L						
vic.	b							
Program Service Revenue	С							
am eve	d							
ogra Re	е							
Pro	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	9,527,137.			9,527,137.
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	933,978,806.					
	b	Less: cost or other basis						
		and sales expenses	948,422,480.					
	С	Gain or (loss)	-14,443,674.		14 442 674			14 442 684
		Net gain or (loss)		>	-14,443,674.			-14,443,674.
e	8 a	Gross income from fundraising						
Other Revenu		including \$						
Re		contributions reported on line	•					
Jer		Part IV, line 18						
ठ		Less: direct expenses Net income or (loss) from fund						
		Gross income from gaming ac	-					
	e a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			577,624,682.	0.	0.	-4,916,537.

Form 990 (2016) PATIENT ACCESS NETWORK FOUNDATION 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											
	not include amounts reported on lines 66, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
_	,										
2	Grants and other assistance to domestic individuals. See Part IV, line 22	784,840,353.	784 840 353								
3	Grants and other assistance to foreign	704,040,333.	704,040,333.								
3	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	1,167,709.	312,393.	633,863.	221,453.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	1,645,145.	489,185.	770,869.	385,091.						
8	Pension plan accruals and contributions (include	40 444		45 000	1 222						
	section 401(k) and 403(b) employer contributions)	48,141. 214,237.	28,829. 51,991.	17,992. 152,303.	1,320. 9,943.						
9	Other employee benefits	<u>214,237.</u>	51,991.	154,303.	9,943. 39,063.						
10	Payroll taxes	170,483.	50,494.	80,926.	39,063.						
11	Fees for services (non-employees):	26,758,435.	26 750 425								
a	Management	520,789.		399,311.	9,075.						
D	Legal	278,471.	112,403.	278,471.	5,015.						
4	Accounting Lobbying	270,111		270,111							
u e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	1,373,202.		1,373,202.	_						
g	Other. (If line 11g amount exceeds 10% of line 25,	, ,		, , .							
_	column (A) amount, list line 11g expenses on Sch 0.)	1,219,272.	656,241.	507,281.	55,750.						
12	Advertising and promotion										
13	Office expenses	203,868.		156,371.	5,541.						
14	Information technology	287,402.	82,136.	181,259.	24,007.						
15	Royalties	224 776		224 776							
16	Occupancy	234,776.		234,776.	14 220						
17	Travel	161,256.	52,598.	94,438.	14,220.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	80,696.	15,334.	64,433.	929.						
20	Interest	1,400,009.		1,400,009.	<u> </u>						
21	Payments to affiliates	, === , ===		,, , , , , , ,							
22	Depreciation, depletion, and amortization	26,705.		26,705.							
23	Insurance	113,183.		111,338.	425.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	ACTUARIAL EXPENSES	850,103.	422,420.		427,683.						
b	TRAINING	4,923.	4,091.	832.	<u> </u>						
С											
d					<u></u>						
е	All other expenses										
<u>25</u>	•	821,599,158.	813,920,279.	6,484,379.	1,194,500.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (0040)						

Form 990 (2016)

Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			134,791,857.	2	86,443,241.
	3	Pledges and grants receivable, net			53,205,000.	3	53,305,500.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa		' ' ' I			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
	_	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		- 1			
G		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				147,977.	9	333,017.
		Land, buildings, and equipment: cost or other	I I		, -		, .
		basis, Complete Part VI of Schedule D	10a	3,331,840.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	78,573.	99,138.	10c	3,253,267.
	11	Investments - publicly traded securities		,	368,005,610.	11	3,253,267. 233,489,621.
	12	Investments - other securities. See Part IV, line 1			, ,	12	, ,
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	556,249,582.	16	376,824,646.		
	17	Accounts payable and accrued expenses	16,001,134.	17	9,096,457.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ø	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	65,209,235.
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pages					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			217,199,905.	25	219,592,489.
	26	Total liabilities. Add lines 17 through 25			233,201,039.	26	293,898,181.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 and			17 400 104		10 776 000
auc	27	Unrestricted net assets			17,488,104.	27	12,776,299.
Bala	28	Temporarily restricted net assets			305,560,439.	28	70,150,166.
힏	29					29	
교		Organizations that do not follow SFAS 117 (AS	SC 958	s), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets.	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			323,048,543.	32	82,926,465.
~	33				556,249,582.	33	376,824,646.
	34	Total liabilities and net assets/fund balances			JJ0,449,304.	34	3/0,024,040.

Form **990** (2016)

Pa	rt 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	577	,62	4,6	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	821	,59	9,1	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	-243	,97	4,4	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	323	,04	8,5	43.
5	Net unrealized gains (losses) on investments	5	3	,85	2,3	98.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	82	,92	6,4	65.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION 20-1184743 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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

functionally integrated, or Type III non-functionally integrated supporting organization.						
f Enter the number of supported of	f Enter the number of supported organizations					
g Provide the following information	about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	·					
Total						
LUA For Department Reduction Act N	lation and the Instri	uations for Earm 000 a	.000 E7	000004 00	or to Cobodulo A (For	m 000 or 000 E7\ 2016

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

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.)

Sed	ction A. Public Support		·	,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		. ,	` ,	,		,,
	membership fees received. (Do not						
	include any "unusual grants.")	179458330	313390449	659303125	801155793	582541219	2535848916.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	179458330	313390449	659303125	801155793	582541219	2535848916.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						100000000
_	column (f)						1723395980.
	Public support. Subtract line 5 from line 4.						812452936
		(a) 2012	(h) 2012	(a) 2014	(4) 2015	(a) 2016	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2012 179458330	(b) 2013 313390449	(c) 2014 659303125	(d) 2015 8 0 1 1 5 5 7 9 3	(e) 2016 582541219	(f) Total 2535848916.
	Gross income from interest,	177430330	313330443	033303123	001133733	502541215	2333010310.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4656432.	7150342.	11816149.	11741797.	9527137.	44891857.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2580740773.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stor	here					>
	ction C. Computation of Publi					т т	
	Public support percentage for 2016 (I					14	31.48 %
	Public support percentage from 2015					15	31.10 %
16a	33 1/3% support test - 2016. If the d						
1-	stop here. The organization qualifies						
D	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
170							
ı/a	'a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"			-	· ·	-	
h	10% -facts-and-circumstances test						
,	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ						▶ □
18	•		-	•			
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		_				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
<u></u>	check this box and stop here						>
	ction C. Computation of Publi					T T	
	Public support percentage for 2016 (I					15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves			10 1 (0)		.=	
	Investment income percentage for 20					17	%
18	Investment income percentage from					18	% 7 : t
198	a 33 1/3% support tests - 2016. If the						. —
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2015. If the	•			•	•	
~~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	box on line 14, 19a	a, or 190, check th	ils box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
10b n 990 or 99	N-E7\	2016

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	-	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		
2		ties Test. Answer (a) and (b) below.	ĺ	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _(continued)	.
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	, , ,			
b				
С	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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 ACCESS NETWORK FOUNDATION MEETS THE FACTS AND CIRCUMSTANCES TEST
PROVIDED IN TREASURY REGULATIONS SECTION 1.170A-9(F)(3) AS FOLLOWS:
1. THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE IS AT LEAST 10%.
2. THE FOUNDATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR
SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, INCLUDING PARTICULARLY THE
MEDICAL COMMUNITY.
3. AT 31%, THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE FOR 2016 IS WELL
ABOVE THE MINIMUM REQUIREMENT OF 10% AND NARROWLY FALLS SHORT OF THE
NORMAL REQUIREMENT OF 33 1/3%.
4. THE FOUNDATION NORMALLY RECEIVES SUPPORT FROM A LARGE NUMBER OF
UNRELATED DONORS. DURING THE PERIOD 2012-2016, THE FOUNDATION RECEIVED
SUPPORT FROM 60+ DONORS.
5. THE FOUNDATION HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD
INTERESTS OF THE PUBLIC. THE BOARD OF DIRECTORS INCLUDES INDIVIDUALS FROM
THE ACADEMIC, NONPROFIT, AND MEDICAL COMMUNITIES AS WELL AS ATTORNEYS AND
CPAS.
6. THE FOUNDATION'S PROGRAMS PROVIDE GREAT BENEFIT TO THE PUBLIC. SINCE
INCEPTION, THE FOUNDATION HAS PROVIDED OVER \$2.6 BILLION IN MEDICAL
SUPPORT ASSISTANCE TO OVER 1 MILLION INDIVIDUALS.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

PATIENT ACCESS NETWORK FOUNDATION 20-1184743

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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
, ,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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, line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

PATIENT ACCESS NETWORK FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,388,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>37,260,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PATIENT ACCESS NETWORK FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 2,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 28,650,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 1,300,000 • 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>80,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$610,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PATIENT ACCESS NETWORK FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional transfer of the contributors (See instructions).	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$86,600,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15			Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* _ 161,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18			Person X Payroll Noncash (Complete Part II for noncash contributions.)

PATIENT ACCESS NETWORK FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		- \$ 7,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$ <u>367,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* 525,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 925,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		- \$ 11,400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PATIENT ACCESS NETWORK FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$9,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>20,000,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	*	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>2,555,515</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PATIENT ACCESS NETWORK FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		- - \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		- - \$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

PATIENT ACCESS NETWORK FOUNDATION

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	NT ACCESS NETWORK FOUND	ATION		20-1184743
Part III	Exclusively religious, charitable, etc., contributer. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the folio	wing line entry, For organization	ons
	Use duplicate copies of Part III if additiona	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		-		
		(e) Transfer of git	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			— I —	
				_
		(e) Transfer of git	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number 20-1184743

Part	t I Organizations Maintainin	g Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on F	Form 990, Part IV, line 6		T
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during			
	Aggregate value of grants from (during ye			
	Aggregate value at end of year			
	Did the organization inform all donors an		_	
	are the organization's property, subject t			
	Did the organization inform all grantees,			
	for charitable purposes and not for the b			
Part	impermissible private benefit?		nization answered "Yes" on Form 990	
				J, Part IV, line 7.
1	Purpose(s) of conservation easements he	, ,	`	intorically important land area
	Preservation of land for public use Protection of natural habitat	(e.g., recreation or edu	· —	istorically important land area ertified historic structure
	Preservation of open space		Freservation of a C	ertified historic structure
2	Complete lines 2a through 2d if the orga	nization hold a qualified	d consequation contribution in the for	m of a conservation easement on the last
	day of the tax year.	riization neid a quaiillet	d conservation contribution in the for	Held at the End of the Tax Yea
	Total number of conservation easements			
	Total acreage restricted by conservation			ا م
	Number of conservation easements on a		ture included in (a)	
	Number of conservation easements inclu			
	listed in the National Register	` ' '	•	
	Number of conservation easements mod			
	year ►	inica, transferrea, refea	soa, oxungaishoa, or torrimated by t	The organization daring the tax
	Number of states where property subject	t to conservation easer	nent is located	
	Does the organization have a written poli		· · · · · · · · · · · · · · · · · · ·	 vf
	violations, and enforcement of the conse	, , , , , ,		
	Staff and volunteer hours devoted to mo			
	>	0, 1 0,	,	ζ ,
7	Amount of expenses incurred in monitori	ing, inspecting, handlin	g of violations, and enforcing conser	vation easements during the year
	▶ \$,
8	Does each conservation easement repor	ted on line 2(d) above s	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organizatio			
	include, if applicable, the text of the foot	note to the organization	n's financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Maintainin	g Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answ	vered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted	under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar asset	ts held for public exhib	ition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial sta	atements that describe	s these items.	
b	If the organization elected, as permitted	under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for	public exhibition, educ	cation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:			
((i) Revenue included on Form 990, Part	t VIII, line 1		
	(ii) Assets included in Form 990, Part ${\sf X}$			·
2	If the organization received or held works	s of art, historical treas	ures, or other similar assets for financ	cial gain, provide
	the following amounts required to be rep			
а	Revenue included on Form 990, Part VIII	, line 1		
b.	Assets included in Form 990, Part X			\$

<u> – :</u>	<u>11</u>	84	7	<u>43</u>	Page 2

	t III Organizations Maintaining C	onections of Ar	t, misto	oricai ire	asures, o	r Otner	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing tha	t are a sig	ınificant u	se of its c	ollection it	ems
	(check all that apply):									
а	Public exhibition	c	ι 🔲 ι	_oan or exc	hange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	e organizatio	on's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi								_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance						1f			
	Did the organization include an amount on Fo						ty?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i								_	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	rears back_
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		<i></i>		<u> </u>					
2	Provide the estimated percentage of the curr	•		, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c short			and balabas	al a also to take					
за	Are there endowment funds not in the posses	ssion of the organiza	ation that	are neid ar	ia aaministei	rea for the	e organiza	ation	Г.	/ N-
	Dy:									res No
	(i) unrelated organizations								3a(i)	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir							3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								SD	
Par			WITH E TIL IL	irius.						
	Complete if the organization answered) Part IV	line 11a S	ee Form 990) Part X I	ine 10			
	Description of property	(a) Cost or o			or other		cumulate	-d	(d) Book	value
	Description of property	basis (investr		basis			reciation		(u) BOOK	value
	Land	· ·	,							
	Buildings									
	Leasehold improvements			2.	9,375.		23,7	64.	5	,611.
	Equipment			3.30	$\frac{2,465}{2}$		54,8		3,247	,656.
	Other			2,00	,		, 5		· , ·	,
	. Add lines 1a through 1e. (Column (d) must e		Y colum	n (P) lino 1	2c)			•	3.253	,267.

	(1 01111 330) 2010		
Part VII	Investments -	Other Securitie	s.

Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives	(a) Book value	(b) Mounda of Valuation. C	oct of one of your marriet value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	. , ,	1 '	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		+	
		+	
(9) Total (Col. /h) must equal Form 000. Part V. col. /B) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line	15
	Description		(b) Book value
(1)	·		, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	· 15.) ······		
	on Form 000 Part IV line	110 or 11f Soo Form 900 Part	V line 25
Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV, line	(b) Book value	A, III le 25.
		(b) Book value	
(1) Federal income taxes (2) CO PAYMENT ASSISTANCE OBLI	галтом 21	.9,592,489.	
	OUT TOW 21	., , , , 409 •	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		0 502 400	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 25)	.9,592,489.	

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	580,	103,	878.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	3,852,398.				
b	Donated services and use of facilities	2b					
	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
	Add lines 2a through 2d			2e	3,	852,	398.
3	Subtract line 2e from line 1			3	576,	251,	480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,373,202.				
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b			4c			202.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			_	577	624	682.
	Total Foundation of the Total Total Foundation of the			3	5 / / ,	<u> </u>	002.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ents Wi	ith Expenses per I	Retur	n.	<u> </u>	002.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	ith Expenses per I	Retur	n.		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	ith Expenses per I	Retur	n.		956.
	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	ith Expenses per I	Retur	n.		
1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	ith Expenses per I	Retur	n.		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	ith Expenses per I	Retur	n.		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	ith Expenses per I	Retur	n.		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ith Expenses per I	Retur	n.		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per I	1 2e	n. 820,	225,	956.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ith Expenses per I	1 2e	n. 820,	225,	956.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per I	1 2e 3	n. 820,	225,	956.
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses per I	1 2e 3	n. 820,	225,	956.
1 2 a b c d e 3 4 a	Table 1 Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	ith Expenses per I	1 2e 3	820, 820,	225,	0.
1 2 a b c d e 3 4 a b	Table 1 Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1,373,202.	1 2e 3	820, 820,	225, 225,	956.

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 X, LINE 2:

THE FOUNDATION IS A NONPROFIT, TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX EXEMPT ORGANIZATION AND IS NOT SUBJECT TO TAX. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT HAS EVALUATED THE EFFECT OF FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION'S POLICY IS TO RECORD

Part XIII Supplemental Information (continued)
A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE
FOUNDATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE
LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A
TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING
AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH
POSITIONS AS OF DECEMBER 31, 2016 AND 2015 AND, ACCORDINGLY, NO LIABILITY
HAS BEEN ACCRUED. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO TAX
EXAMINATIONS FOR TAX YEARS PRIOR TO 2011.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2016)

PATIENT ACCESS NETWORK FOUNDATION										
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection										
criteria used to award the grants or assistance?										
2 Describe in Part IV the organization's pr	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any										
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of examination (b) FIN (c) IRC section (d) Amount of (f) Method of (g) Description of (h) Purpose of grant										
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
3 Enter total number of other organization	-		*****							

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

MEDICATION COPAY ASSISTANCE	263238									
MEDICATION COPAY ASSISTANCE	263238									
		784,840,353.	0.	N/A	N/A					
Part IV Supplemental Information. Provide the information requ	ired in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.						
PART I, LINE 2:										
THESE FUNDS REPRESENT GRANTS MADE F	OR THE B	ENEFIT OF	PATIENTS.	THROUGH AN						
APPLICATION PROCESS WHICH INCLUDES	INCOME A	TTESTATION	WITH VERI	FICATION						
AGAINST CRITERIA SET BY THE BOARD A	ND A DOC	TOR'S ATTE	STATION TO	VALIDATE						
THE PATIENT MEDICAL NEED, PAN ENSUR	ES THAT	ALL PATIEN	ITS WHO REQ	UEST OUR						
SERVICES MEET THE CRITERIA FOR A DI	SEASE FU	ND BEFORE	ANY FUNDS	ARE						
DISBURSED. THE PATIENT'S GRANT WIL	L PROVID	E ASSISTAN	ICE FOR THE	IR						
RESPONSIBILITY (DEDUCTIBLE, CO-PAYM	ENT, OR	COINSURANC	E) FOR COV	ERED						
MEDICATION SERVICES AFTER PAYMENT FROM THE PRIMARY INSURANCE OR THE AMOUNT										

Part IV Supplemental Information
AVAILABLE TO EACH PATIENT IS LIMITED BY A CAP SET BY THE BOARD. FUNDS ARE
DISBURSED TO THE PHARMACY OR PHYSICIAN'S OFFICE WHEN POSSIBLE, SINCE WE
WANT TO ENSURE THAT THE PATIENT DOES NOT NEED TO PROVIDE FUNDS
OUT-OF-POCKET FOR THEIR MEDICATIONS.

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

PATIENT ACCESS NETWORK FOUNDATION

Inspection

OMB No. 1545-0047

Employer identification number 20-1184743

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	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.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account 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		<u> </u>			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract						
	X Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X 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						
7	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a	Х				
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х			
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X			
	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:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	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:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	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			37			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		ı			

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

Schedule J (Form 990) 2016

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) DANIEL KLEIN	(i)	332,572.	45,000.	0.	13,360.	3,335.	394,267.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SCOTT SCHLENOFF	(i)	155,372.	17,625.	0.	6,744.	25,582.	205,323.	0.	
CFO & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JOHN CROUT	(i)	187,329.	35,104.	0.	9,026.	40,003.	271,462.	0.	
COO & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BRUCE BARTH	(i)	143,532.	10,313.	0.	0.	10,812.	164,657.	0.	
СТО	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MARGARET FIGLEY	(i)	124,352.	24,009.	0.	6,188.	25,569.		0.	
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.		0.	
(6) AMY NILES	(i)	169,437.	42,105.	0.	1,900.	21,782.	235,224.	0.	
VICE PRESIDENT, EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) RICHARD GOLDSTEIN	(i)	106,010.	0.	0.	0.	0.	106,010.	0.	
FORMER CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
RICHARD GOLDSTEIN, FORMER CFO, RECEIVED \$106,010 DURING 2016 WHICH
REPRESENTED A SEVERANCE PAYMENT.

SCHEDULE L

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number 20-1184743

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b. (a) Name of disqualified person (b) Pelationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No						on 501(c)(4), and 50									
(a) Name of disqualified person person and organization (b) Description of transaction Yes No 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 zz. (a) Name of interested person with organization of loan or 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 zz. (a) Name of interested person with organization of loan interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between line interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of assistance	•						o, or	Form 990-EZ, Pa	art V, I	ne 40	b.	(4)	<u> </u>	-+10	
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 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 between 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 of loan or from the organization or loan to reported an amount on Form 990, Part IV, line 27. (a) Name of interested person and provided in the organization or loan to reported an amount on Form 990, Part IV, line 27. (b) Relationship between interested person and loan to report and the organization or lo	(a) Name of disqualified	person (b)			itiea ((c) Description of transaction									
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 with organization of loan or organization? To From To From Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, 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 with organization of loan organization of loan organization of loan organization organiz											+ '	25	INO		
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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 of loan (c) Purpose of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Witten agreement? Yes No Yes	3 Enter the amount of tax	x, if any, on line 2	above, reimburs	ed by	the org	ganization				> \$					
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 of loan (c) Purpose of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Loan to or from the organization of loan (d) Witten agreement? Yes No Yes	Part II Loans to an	d/or From In	terested Pers	sons.											
(a) Name of interested person (b) Relationship with organization with organization (c) Purpose of loan (d) Loan to or from the organization with organization of loan (d) Loan to or from the organization principal amount (f) Balance due (g) In default? (i) Written dy by board or committee? Yes No	Complete if the	organization ans	wered "Yes" on I	Form 9	990-EZ,	Part V, line 38a or F	-orm	n 990, Part IV, lind	e 26; d	or if th	e orga	nizatio	n		
To From Yes No Y	(a) Name of	(b) Relationship	onship (c) Purpose (d) Lo				(1	(f) Balance due			by board or		or I (i) William		
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(a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (d) Type of assistance assistance			_												
	•		(b) Relationship between interested person and			(c) Amount of (d) Typ							•		
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Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No CENTRAL GA CANCER CARE COMMON BOARD MEMBER 224,467. SEE PART V Х Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) PART IV, LINE 1, COLUMN (D) DURING 2016, FREDERICK M. SCHNELL, MD, WAS A BOARD MEMBER OF PATIENT ACCESS NETWORK FOUNDATION ("PANF") AND PRESIDENT OF CENTRAL GEORGIA CANCER CARE. PANF PAID CLAIMS SUBMITTED BY CENTRAL GEORGIA CANCER CARE ON BEHALF OF PATIENTS IN THE AMOUNT OF \$224,467. ALL TRANSACTIONS WERE AT ARM'S LENGTH AND FAIR MARKET VALUE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

16 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number 20-1184743

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TREATMENT THEY NEED BY PAYING FOR THEIR OUT-OF-POCKET COSTS AND ADVOCATING FOR IMPROVED ACCESS AND AFFORDABILITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PHONE CALLS. PAN'S REACH INCLUDES PARTNERSHIPS WITH OVER 1,673 SPECIALTY PHARMACIES AND MORE THAN 132,050 PROVIDERS ACROSS THE USA.

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE. ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM PRIOR TO FILING.

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

AS POTENTIAL BOARD MEMBERS OR OFFICERS ARE RECRUITED THEY ARE ASKED ABOUT POSSIBLE CONFLICTS OF INTEREST. UPON JOINING PAN, AND AT LEAST ANNUALLY, MEMBERS READ AND SIGN THE CONFLICT OF INTEREST POLICY. IF ANY CONFLICTS ARE NOTED ON THE FORM, MORE INFORMATION WILL BE GATHERED AND IT WILL BE DETERMINED IF THE ISSUE IS MATERIAL. IN ADDITION, THAT MEMBER WILL ABSTAIN FROM ALL DISCUSSIONS AND VOTE ON THE MATTER. IF IT IS MATERIAL, WE INVOLVE LEGAL COUNSEL AND A DETAILED FOLLOW UP AND RESOLUTION WILL OCCUR.

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

THE INDEPENDENT BOARD DETERMINES THE COMPENSATION FOR THE PRESIDENT/CEO. THE NEW PRESIDENT/CEO STARTED IN NOVEMBER 2014. HIS COMPENSATION WAS DETERMINED WITH THE HELP OF AN OUTSIDE CONSULTANT WHO USED DATA FROM OTHER ORGANIZATIONS' 990S. ALL OTHER EMPLOYEES SALARIES ARE DETERMINED BY THE

Name of the organization **Employer identification number** PATIENT ACCESS NETWORK FOUNDATION 20-1184743 PRESIDENT/CEO. A STAFF COMPENSATION STUDY WAS COMPLETED IN 2014 AS WELL AS 2016. THE BOARD REVIEWED FINDINGS AND TOOK THEM INTO CONSIDERATION WHEN DETERMINING COMPENSATION LEVELS. IN ADDITION, PERIODICALLY, THE STAFF REVIEWS FORMS 990 OF ORGANIZATIONS WITH SIMILAR MISSIONS TO HELP DETERMINE COMPENSATION. ALL DISCUSSIONS ARE DOCUMENTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY MAY BE MADE AVAILABLE UPON REQUEST ON A CASE BY CASE BASIS. FORM 990, PART XII, LINE 2C THE AUDIT, RISK, OVERSIGHT AND COMPLIANCE COMMITTEE'S (AROCC) PURPOSE IS TO ASSIST THE BOARD IN ITS OVERSIGHT OF THE FOUNDATION'S FINANCIAL AFFAIRS, INCLUDING THE AUDIT PROCESS. IT IS THE COMMITTEE'S RESPONSIBILITY TO SELECT AND DISCHARGE INDEPENDENT AUDITORS AND SUPERVISE AND EVALUATE THE PERFORMANCE OF THE AUDITORS. FORM 990, PART V, LINE 1 DURING 2016, THE FOUNDATION HIRED CORESOURCE, INC. TO PROCESS ITS PAYMENTS FOR MEDICAL SERVICES. CORESOURCE ISSUES 1099S TO ANY PROVIDERS IT PAYS ON BEHALF OF THE FOUNDATION. THEREFORE, THE NUMBER OF 1099S FILED BY THE FOUNDATION IN 2016 IS SIGNIFICANTLY LESS THAN IN PRIOR YEARS.