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PUBLIC DISCLOSURE COPY

AUGUST 8, 2013

PATIENT ACCESS NETWORK FOUNDATION
1331 F STREET NO. 975
WASHINGTON, DC 20004
ATTENTION: PATRICK MCKERCHER

DEAR PATRICK:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2013.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JANICE RATICA, CPA
CHERRY BEKAERT LLP

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2012

Prepared for	PATIENT ACCESS NETWORK FOUNDATION 1331 F STREET NO. 975 WASHINGTON, DC 20004
Prepared by	CHERRY BEKAERT LLP 1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

PATIENT ACCESS NETWORK FOUNDATION
1331 F STREET, NO. 975
WASHINGTON, DC 20004

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PATIENT ACCESS NETWORK FOUNDATION		D Employer identification number 20-1184743
	Doing Business As		E Telephone number 202-347-9272
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 290,312,837.
	1331 F STREET	975	
	City, town, or post office, state, and ZIP code WASHINGTON, DC 20004		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: PATRICK MCKERCHER SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.PANFOUNDATION.ORG		L Year of formation: 2004 M State of legal domicile: DC	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELPING UNDERINSURED PATIENTS ACCESS NEEDED MEDICAL TREATMENTS THROUGH CO-PAYMENT ASSISTANCE.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 8
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 83,632,322. Current Year 179,458,330.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,122,736. 6,514,981.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,755,058. 185,973,311.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,379,485. 108,460,641.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	707,467. 1,291,997.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 904,685.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,215,872. 10,293,757.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,302,824. 120,046,395.	
19 Revenue less expenses. Subtract line 18 from line 12	53,452,234. 65,926,916.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 132,290,472. End of Year 232,396,417.
	21 Total liabilities (Part X, line 26)	14,389,783. 47,176,235.
	22 Net assets or fund balances. Subtract line 21 from line 20	117,900,689. 185,220,182.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	PATRICK MCKERCHER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KELLIANNE F. BENSON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01345659
	Firm's name ▶ CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444		Phone no. 704-377-1678	
Firm's address ▶ 1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PATIENT ACCESS NETWORK (PAN) FOUNDATION OFFERS HELP AND HOPE TO PEOPLE WITH CHRONIC OR LIFE THREATENING ILLNESSES WHO OTHERWISE CANNOT AFFORD BREAKTHROUGH MEDICAL TREATMENTS. THE PAN FOUNDATION ENVISIONS A SOCIETY IN WHICH EVERY INDIVIDUAL CAN ACCESS NEEDED MEDICAL CARE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 116,018,909. including grants of \$ 108,460,641.) (Revenue \$) IN 2012, PAN FOUNDATION CREATED, SOLICITED, AND DISTRIBUTED FUNDING AND ADMINISTERED GRANTS FOR MORE THAN 40 FUNDS REPRESENTING A SOLID FOOTPRINT IN THE AREAS OF ONCOLOGY, CHRONIC AND RARE DISEASES. PAN FOUNDATION ASSISTED A TOTAL OF 59,283 PATIENTS IN 2012. OF THAT TOTAL, 46,344 WERE PATIENTS SEEKING AND RECEIVING ASSISTANCE FROM THE PAN FOUNDATION FOR THE FIRST TIME. IN THE SAME YEAR, PAN PAID MORE THAN 215,000 CLAIMS RELATED TO PATIENTS' OUT OF POCKET PRESCRIPTION DRUG EXPENSES AND RECEIVED OVER 230,000 PHONE CALLS. PAN'S REACH INCLUDES PARTNERSHIPS WITH OVER 80 SPECIALTY PHARMACIES AND 20,000 PROVIDERS ACROSS THE USA.

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 116,018,909.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC, AL, AK, AR, CA, CO, CT, FL, IL, KS, KY, ME
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RICHARD L. GOLDSTEIN - 202-347-9271 1331 F STREET NW, SUITE 975, WASHINGTON, DC 20004

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYN BOOCOCK-TAYLOR DIRECTOR	3.00	X					6,000.	0.	0.	
(2) STEPHEN F. LOEBS, PHD DIRECTOR	2.00	X					9,000.	0.	0.	
(3) DONALD BARONE DIRECTOR	1.00	X					3,000.	0.	0.	
(4) MICHAEL C GERALD, PHD DIRECTOR	1.00	X					6,000.	0.	0.	
(5) ALLAN GOLDSTEIN, MD DIRECTOR	3.00	X					6,000.	0.	0.	
(6) ANITA PLOTINSKY, PHD DIRECTOR	3.00	X					8,000.	0.	0.	
(7) MICHAEL O'GRADY DIRECTOR	3.00	X					3,000.	0.	0.	
(8) FRED SCHNELL, MD DIRECTOR	3.00	X					6,000.	0.	0.	
(9) KIM SCHWARTZ DIRECTOR	3.00	X					11,000.	0.	0.	
(10) IAN D. SPATZ, JD DIRECTOR	2.00	X					9,000.	0.	0.	
(11) DAVID BORENSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(12) NORRIE THOMAS DIRECTOR	1.00	X					3,000.	0.	0.	
(13) PATRICK L. MCKERCHER, PHD PRESIDENT	40.00			X			254,272.	0.	7,938.	
(14) RICHARD GOLDSTEIN CFO	40.00			X			54,546.	0.	12,635.	
(15) KORAB ZUKA VICE PRESIDENT	40.00				X		210,240.	0.	25,922.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								589,058.	0.	46,495.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								589,058.	0.	46,495.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE LASH GROUP, INC. 3735 GLEN LAKE DRIVE, CHARLOTTE, NC 28208	PATIENT ASSISTANCE	6,692,922.
AMPLIFY PUBLIC AFFAIRS LLC, 1750 K STREET NW, 7TH FLOOR, WASHINGTON, DC 20006	PUBLIC AFFAIRS	185,758.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 179,458,330.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		179,458,330.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,656,432.		4,656,432.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	106,198,075.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	104,339,526.			
		c Gain or (loss)	1,858,549.			
	d Net gain or (loss)		1,858,549.		1,858,549.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		185,973,311.	0.	0.	6,514,981.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	105,109,048.	105,109,048.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	3,351,593.	3,351,593.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	635,553.		513,327.	122,226.
7 Other salaries and wages	406,673.		167,226.	239,447.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,249.		21,058.	11,191.
9 Other employee benefits	199,139.		130,034.	69,105.
10 Payroll taxes	18,383.		12,004.	6,379.
11 Fees for services (non-employees):				
a Management	671,459.		671,459.	
b Legal	139,927.		139,927.	
c Accounting	66,350.		66,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	542,427.		542,427.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	541,953.		541,953.	
12 Advertising and promotion	176,294.			176,294.
13 Office expenses	24,880.		24,880.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	26,051.		26,051.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,640.			3,640.
23 Insurance	15,331.		15,331.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES FOR PROGRAM OPERAT	7,154,661.	7,154,661.		
b PHARMACY CARDS	330,250.	330,250.		
c MANAGEMENT EXPENSE	250,774.		250,774.	
d EDUCATION/AWARENESS	73,357.	73,357.		
e All other expenses	276,403.			276,403.
25 Total functional expenses. Add lines 1 through 24e	120,046,395.	116,018,909.	3,122,801.	904,685.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	18,518,997.	2	14,537,395.
	3 Pledges and grants receivable, net	11,950,000.	3	50,520,000.
	4 Accounts receivable, net	25,049.	4	5,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,854.	9	71,702.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,001.		
	b Less: accumulated depreciation	10b 17,384.	38,868.	10c 31,617.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	101,733,704.	12	167,230,703.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	132,290,472.	16	232,396,417.	
Liabilities	17 Accounts payable and accrued expenses	1,301,610.	17	4,569,235.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,088,173.	25	42,607,000.
	26 Total liabilities. Add lines 17 through 25	14,389,783.	26	47,176,235.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,268,902.	27	10,802,700.
	28 Temporarily restricted net assets	111,631,787.	28	174,417,482.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	117,900,689.	33	185,220,182.	
34 Total liabilities and net assets/fund balances	132,290,472.	34	232,396,417.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	185,973,311.
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,046,395.
3	Revenue less expenses. Subtract line 2 from line 1	3	65,926,916.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,900,689.
5	Net unrealized gains (losses) on investments	5	1,392,577.
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	185,220,182.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54511561.	34511711.	35551233.	83632322.	179458330	387665157
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	54511561.	34511711.	35551233.	83632322.	179458330	387665157
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						301036940
6 Public support. Subtract line 5 from line 4.						86628217.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	54511561.	34511711.	35551233.	83632322.	179458330	387665157
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2653011.	1258146.	2862450.	3798553.	4656432.	15228592.
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 IV.)						
11 Total support. Add lines 7 through 10						402893749
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	21.50	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	19.00	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

PATIENT ACCESS NETWORK FOUNDATION CONTINUES TO QUALIFY AS A PUBLIC CHARITY UNDER THE FACTS AND CIRCUMSTANCES TEST. THE PUBLIC SUPPORT RECEIVED BY THE ORGANIZATION EQUALS AT LEAST 10% OF THE TOTAL SUPPORT RECEIVED BY THE ORGANIZATION. THE ORGANIZATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS AND IS MAINTAINING A PROGRAM TO SOLICIT FUNDS FROM THE GENERAL PUBLIC.

IN ADDITION, THE 10% TEST IS SATISFIED BY SUPPORT FROM A NUMBER OF UNRELATED DONORS (AS OPPOSED TO SUPPORT FROM MEMBERS OF A SINGLE FAMILY), THE ORGANIZATION'S GOVERNING BODY REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS, THE ORGANIZATION PROVIDES SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUOUS BASIS AND THE ORGANIZATION MAINTAINS A DEFINITIVE PROGRAM FOR ACCOMPLISHING ITS CHARITABLE WORK IN THE COMMUNITY.

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.

OMB No. 1545-0047

2012

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>49,169,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>8,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>17,980,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>4,702,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 64,070,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 520,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 1,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 7,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 2,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 18,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization	Employer identification number
PATIENT ACCESS NETWORK FOUNDATION	20-1184743

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,001.	17,384.	31,617.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,617.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ETFs AND CLOSED END FUNDS	64,726,804.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	44,986,883.	END-OF-YEAR MARKET VALUE
(C) GOV. & AGENCY SECURITIES	24,705,620.	END-OF-YEAR MARKET VALUE
(D) CORPORATE BONDS	32,324,191.	END-OF-YEAR MARKET VALUE
(E) PREFERRED STOCK	487,205.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	167,230,703.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CO PAYMENT ASSISTANCE OBLIGATION	42,607,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	42,607,000.

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements	1	186,823,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,392,577.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,392,577.
3	Subtract line 2e from line 1	3	185,430,884.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	542,427.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	542,427.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	185,973,311.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	119,503,968.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	119,503,968.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	542,427.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	542,427.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	120,046,395.

Part XIII Supplemental Information

Complete this part to 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: 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 A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED

Part XIII Supplemental Information *(continued)*

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, 2012 AND 2011 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **PATIENT ACCESS NETWORK FOUNDATION** Employer identification number **20-1184743**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE CENTER FOR CANCER MEDICINE 100 CAMPUS DR # 100 SCARBOROUGH, ME 04074	01-0357684		14,366.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC OF BALTIMORE 1220 B EAST JOPPA RD #310 TOWSON, MD 21286	01-0606079		17,354.	0.			PATIENT ASSISTANCE
ROBERT LEVIN MD 646 VIRGINIA ST 4TH FLR DUNEDIN, FL 34698	01-0694322		8,079.	0.			PATIENT ASSISTANCE
LITTLETON REGIONAL HOSP 600 ST JOHNSBURY RD LITTLETON, NH 03561	02-0222152		7,500.	0.			PATIENT ASSISTANCE
NEW HAMPSHIRE ONC HEMA 200 TECHNOLOGY DR HOOKSETT, NH 03106	02-0335060		8,829.	0.			PATIENT ASSISTANCE
HUNTERDON HEMATOLOGY & ONCOLOGY 2100 WESCOTT DR FLEMINGTON, NJ 08822	02-0543270		9,018.	0.			PATIENT ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **0.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **560.**

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		9,197.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW CANCER ASSOC PO BOX 643388 PITTSBURGH, PA 15264	03-0480551		27,536.	0.			PATIENT ASSISTANCE
SHANKAR GARG, MD 10 WINTHROP ST # 15 WORCESTER, MA 01604	04-2547376		5,600.	0.			PATIENT ASSISTANCE
J. SCOTT TODER 1524 ATWOOD AVE # 333 JOHNSTON, RI 02919	05-0414921		10,404.	0.			PATIENT ASSISTANCE
MEDICAL SPECIATIST OF FAIRFIELD 425 POST RD FAIRFIELD, CT 06824	06-0867105		12,894.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS P.C. 191 MAIN ST MANCHESTER, CT 06041	06-0968937		9,601.	0.			PATIENT ASSISTANCE
CONNECTICUT ONCOLOGY GROUP 536 SAYBROOK RD MIDDLETOWN, CT 06457	06-1008486		6,436.	0.			PATIENT ASSISTANCE
CANCER CARE OF N FL PO BOX 1642 LAKE CITY, FL 32056	06-1641228		9,640.	0.			PATIENT ASSISTANCE
TSUYOSHI INOSHITA MD 916 11 TH ST NEW BOSTON, OH 45662	06-1664385		7,418.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT # 2 OCALA, FL 34471	06-1720582		8,418.	0.			PATIENT ASSISTANCE
VALLEY CANCER ASSOC PA 1719 TREASURE HILLS BLVD HARLINGEN, TX 78550	06-1831543		5,110.	0.			PATIENT ASSISTANCE
NORTHSHORE HEMATOLOGY ONCOLOGY ASSOC - P.O. BOX 5773 - HICKSVILLE, NY 11802	11-2419534		19,981.	0.			PATIENT ASSISTANCE
SOUTH SHORE HEMA/ONCOLOGY ASSOC 242 MERRICK RD # 301 ROCKVILLE CENTRE, NY 11570	11-2657566		7,411.	0.			PATIENT ASSISTANCE
PROHEALTH CARE ASSOCIATES 2800 MARCUS AVE LAKE SUCCESS, NY 11042	11-3355604		10,946.	0.			PATIENT ASSISTANCE
NORTH SHORE HEMATOLOGY ONCOLOGY 1201 NORTHERN BLVD MANHASSET, NY 11030	11-3472223		8,123.	0.			PATIENT ASSISTANCE
JOSEPH PODHORSER, MD 445 KINGS HWY BROOKLYN, NY 11223	11-3633396		5,553.	0.			PATIENT ASSISTANCE
MARYLAND ONCOLOGY AND HEMATOLOGY PO BOX 75581 BALTIMORE, MD 21275	11-3652573		7,539.	0.			PATIENT ASSISTANCE
RETINA CONSULTATIONS 915 PALMER RD BRONXVILLE, NY 10708	13-3384277		12,001.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCHESTER MEDICAL GROUP PO BOX 417414 BOSTON, MA 02241	13-3884168		12,404.	0.			PATIENT ASSISTANCE
QUEENS MEDICAL ASSOCIATES 176-60 UNION TPKE # 360 FRESH MEADOWS, NY 11366	13-4145867		19,320.	0.			PATIENT ASSISTANCE
GOLDEN TRIANGLE RADIATION ONCOLOGY DEPT 283 PO BOX 4869 HOUSTON, TX 77210	13-4212115		5,792.	0.			PATIENT ASSISTANCE
THE CENTER FOR RHEUMATOLOGY 1367 WASHINGTON AVE # 101 ALBANY, NY 12206	14-1647576		8,306.	0.			PATIENT ASSISTANCE
NEW YORK ONCOLOGY HEMATOLOGY, PC 43 NEW SCOTLAND AVE MC7 ALBANY, NY 12208	14-1799724		6,818.	0.			PATIENT ASSISTANCE
DEPARTMENT OF MEDICINE PO BOX 4848 SYRACUSE, NY 13221	16-1475278		5,036.	0.			PATIENT ASSISTANCE
ARTHRITIS HEALTH ASSOCIATES PLLC 310 S CROUSE AVE SYRACUSE, NY 13210	16-1546453		11,600.	0.			PATIENT ASSISTANCE
BROOME ONCOLOGY 30 HARRISON ST # 100 JOHNSON CITY, NY 13790	16-1611703		24,589.	0.			PATIENT ASSISTANCE
RETINA HEALTH CTR 1567 HAYLEY LN FORT MYERS, FL 33907	16-1625376		11,585.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHEUMATOLOGY ASSOCIATES OF SOUTH TX - PO BOX 823 - SAN ANTONIO, TX 78293	16-1751617		10,015.	0.			PATIENT ASSISTANCE
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATE - 148 WEST NORTH ST - SPRINGFIELD, OH 45504	20-0240117		13,125.	0.			PATIENT ASSISTANCE
SURINDER VOHRA, MD 1600 SIXTH AVE # 101 YORK, PA 17403	20-0381821		9,050.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGLER DR #620 - WEST PALM BEACH, FL 33401	20-0468264		16,399.	0.			PATIENT ASSISTANCE
KEYSTONE ONCOLOGY PO BOX 7282 LANCASTER, PA 17603	20-0472090		5,958.	0.			PATIENT ASSISTANCE
CANCER CTR OF HUNTVILLE 201 GOVERNORS DR # 320 HUNTSVILLE, AL 35801	20-0546686		11,953.	0.			PATIENT ASSISTANCE
MCBRIDE CLINIC PO BOX 268981 OKLAHOMA CITY, OK 73103	20-0561474		8,642.	0.			PATIENT ASSISTANCE
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		276,824.	0.			PATIENT ASSISTANCE
CANCER HLTH TREATMENT CTRS 8127 MERRILLVILLE RD MERRILLVILLE, IN 46410	20-1090689		8,550.	0.			PATIENT ASSISTANCE

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CENTRAL COAST MEDICAL ONCOLOGY 1325 E CHURCH ST #301 SANTA MARIA, CA 93454	20-1223204		7,684.	0.			PATIENT ASSISTANCE
NORTH WEST FLA HEM / ONC P A 301 W 26TH ST LYNN HAVEN, FL 32444	20-1606423		33,815.	0.			PATIENT ASSISTANCE
BRYSON CANCER CARE 5345 W HILLSDALE DR VISALIA, CA 93291	20-1673427		5,850.	0.			PATIENT ASSISTANCE
KENNETH E. STARK, MD 1613 BANNING BEACH RD TAVARES, FL 32778	20-1723835		7,570.	0.			PATIENT ASSISTANCE
NORTHEAST GA CANCER CARE 3320 OLD JEFFERSON RD #700 ATHENS, GA 30607	20-1842623		28,566.	0.			PATIENT ASSISTANCE
FRONT RANGE CANCER SPECIALISTS 2315 E HARMONY # 110 FORT COLLINS, CO 80528	20-1989197		17,126.	0.			PATIENT ASSISTANCE
TRI HEALTH GROUP LLC PO BOX 633448 CINCINNATI, OH 45263	20-2305158		7,433.	0.			PATIENT ASSISTANCE
CATALINA POINTE ARTHRITIS & RHEU SPECIALIST - 7520 N ORACLE RD - TUCSON, AZ 85704	20-2335169		6,078.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY RADIATION LLC PO BOX 864381 ORLANDO, FL 32886	20-2627516		39,984.	0.			PATIENT ASSISTANCE

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DAYTON PHYSICIANS PO BOX 635098 CINCINNATI, OH 45263	20-3130844		33,715.	0.			PATIENT ASSISTANCE
CANCER CTRS OF SW OK 104 NW 31ST ST LAWTON, OK 73505	20-3315309		8,842.	0.			PATIENT ASSISTANCE
MARION HEART CENTER 1040 SW 2ND AVE OCALA, FL 34474	20-3316494		11,787.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE 4411 BEN FRANKLIN RD DURHAM, NC 27704	20-3911637		6,986.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY OF GA 980 JOHNSON FERRY RD NE # 220 ATLANTA, GA 30342	20-3926179		7,738.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY CENTER PLLC - 401 BOYLE ST # 101 - SOMERSET, KY 42503	20-4095847		18,577.	0.			PATIENT ASSISTANCE
HEARTLAND CANCER CARE 131 PATTERSON RD HAINES CITY, FL 33844	20-4268031		10,108.	0.			PATIENT ASSISTANCE
AUBURN SURGICAL CENTER PO BOX 1409 AUBURN, WA 98071	20-4413058		5,280.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY SERVICES OF AR 9101 KANIS RD # 101 LITTLE ROCK, AR 72205	20-4925644		9,040.	0.			PATIENT ASSISTANCE

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CHARLESTON HEMATOLOGY-ONCOLOGY 2085 HENRY TECKLENBURG BLVD 2ND FL CHARLESTON, SC 29414	20-5615148		70,783.	0.			PATIENT ASSISTANCE
WAVERLY HEMATOLOGY ONCOLOGY PO BOX 601043 CHARLOTTE, NC 28260	20-5815295		15,470.	0.			PATIENT ASSISTANCE
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		23,680.	0.			PATIENT ASSISTANCE
RETINA ASSOC OF NJ PA 628 CEDAR LN TEANECK, NJ 07666	20-8346981		16,776.	0.			PATIENT ASSISTANCE
AGAJANIAN INSTITUTE OF ONC & HEMA 11480 BROOKSHIRE AVE. SUITE 309 DOWNEY, CA 90241	20-8366709		26,930.	0.			PATIENT ASSISTANCE
SONORAN HEMATOLOGY & ONCOLOGY PO BOX 29338 PHOENIX, AZ 85038	20-8391890		7,853.	0.			PATIENT ASSISTANCE
NORTH GEORGIA CANCER CARE PC 400 TIMMS RD # A CALHOUN, GA 30701	20-8497373		10,038.	0.			PATIENT ASSISTANCE
SOUTHERN VITREORETINAL ASSOC 2439 CARE DR TALLAHASSEE, FL 32308	20-8515285		48,980.	0.			PATIENT ASSISTANCE
ARIZONA INSTITUTE OF UROLOGY, PLLC 1106 N EL DORADO PLACE TUCSON, AZ 85715	20-8551867		8,687.	0.			PATIENT ASSISTANCE

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21ST CENTURY ONCOLOGY PO BOX 864373 ORLANDO, FL 32886	20-8754308		56,671.	0.			PATIENT ASSISTANCE
ASSOCIATED PODIATRISTS OF NORTH HAVEN - 83 WASHINGTON AVE - NORTH HAVEN, CT 06473	20-8858345		10,324.	0.			PATIENT ASSISTANCE
HACKENSACK UNIVERSITY MED CTR PO BOX 48027 NEWARK, NJ 07101	22-1487576		6,041.	0.			PATIENT ASSISTANCE
CENTER FOR CANCER AND HEMATOLOGIC DISEASE - 1930 E RTE 70 #V107 - CHERRY HILL, NJ 08003	22-2098555		5,641.	0.			PATIENT ASSISTANCE
SOMERSET HEMATOLOGY ONCOLOGY ASSOC 30 REHILL AVENUE # 2500 SOMERVILLE, NJ 08876	22-2836138		6,156.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE ASSOC 100 1ST ST #301 HACKENSACK, NJ 07601	22-3141761		23,849.	0.			PATIENT ASSISTANCE
RETINAL & OPHTALMIC CONSULTANTS 1500 TILTON RD NORTHFIELD, NJ 08225	22-3146260		7,118.	0.			PATIENT ASSISTANCE
DR. RICHARD FEIN & DR. DAVID RICHARDS - 75 VERONICA AVE #201 - SOMERSET, NJ 08873	22-3166581		5,347.	0.			PATIENT ASSISTANCE
SHORE HEALTH GROUP 1168 BEACON AVE MANAHAWKIN, NJ 08050	22-3360408		5,296.	0.			PATIENT ASSISTANCE

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CALIFORNIA RETINA CONSULTANTS 515 E MICHELTORENA ST # C SANTA BARBARA, CA 93103	22-3697030		18,932.	0.			PATIENT ASSISTANCE
ALBERT EINSTEIN MEDICAL CENTER PO BOX 8500-7135 PHILADELPHIA, PA 19178	23-1396794		5,569.	0.			PATIENT ASSISTANCE
BERKS HEMATOLOGY ONCOLOGY ASSOC PO BOX 16052 READING, PA 19612	23-1886915		14,747.	0.			PATIENT ASSISTANCE
RETINOUVITREOUS ASSOC PO BOX 7780 1600 PHILADELPHIA, PA 19182	23-1932869		17,068.	0.			PATIENT ASSISTANCE
RHEUMATIC DISEASE ASSOCIATES LTD 2400 MARYLAND RD # 40 WILLOW GROVE, PA 19090	23-2003199		5,113.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOC OF YORK 25 MONUMENT RD #294 YORK, PA 17403	23-2122436		6,964.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY ASSOCIATES OF NEPA - 1100 MEAD ST - DUNMORE, PA 18512	23-2137083		11,820.	0.			PATIENT ASSISTANCE
PENNSYLVANIA RETINA SPECIALISTS 220 GRANDVIEW AVE SUITE 200 CAMP HILL, PA 17011	23-2152842		23,380.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 33 CHESTER PIKE RIDLEY PARK, PA 19078	23-2177670		45,736.	0.			PATIENT ASSISTANCE

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ABINGTON HEMO ONCOL ASSOC 2500 MARYLAND RD # 312 WILLOW GROVE, PA 19090	23-2188111		21,798.	0.			PATIENT ASSISTANCE
BUX MONT ONCOLOGY HEMATOLOGY 915 LAWN AVE SELLERSVILLE, PA 18960	23-2211768		5,297.	0.			PATIENT ASSISTANCE
BENJAMIN BLOOM MD TWO PENN BLVD #117 PHILADELPHIA, PA 19144	23-2236571		14,218.	0.			PATIENT ASSISTANCE
CHESTER COUNTY RHEUMATOLGY P.C 795 E MARSHALL ST #101 WEST CHESTER, PA 19380	23-2335855		5,788.	0.			PATIENT ASSISTANCE
ANDREWS & PATEL ASSOC 3912 TRINDLE RD CAMP HILL, PA 17011	23-2382727		8,678.	0.			PATIENT ASSISTANCE
MICHAEL D PERILSTEIN MD 13 ARMAND HAMMER BLVD # 210 POTTSWOWN, PA 19464	23-2383658		5,600.	0.			PATIENT ASSISTANCE
SATISH A SHAH MD/PC 20 EXPEDITION TRL, #101 GETTYSBURG, PA 17325	23-2586060		8,552.	0.			PATIENT ASSISTANCE
CANCER CARE OF CENTRAL PA 1575 N OLD TRAIL SELINGROVE, PA 17870	23-2684021		18,922.	0.			PATIENT ASSISTANCE
ELLEN M FIELD, MD 1665 VALLEY CENTER PKWY #150 BETHLEHEM, PA 18017	23-2939316		5,612.	0.			PATIENT ASSISTANCE

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PENNSYLVANIA ONCOLOGY HEMATOLOGY ASSOCIATES - PO BOX 828078 - PHILADELPHIA, PA 19162	23-2972833		27,445.	0.			PATIENT ASSISTANCE
KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LN KALISPELL, MT 59901	23-7293874		5,282.	0.			PATIENT ASSISTANCE
GUTHRIE CLINIC 130 CENTERWAY CORNING, NY 14830	25-0815795		5,368.	0.			PATIENT ASSISTANCE
UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PO BOX 382007 - PITTSBURGH, PA 15250	25-0965480		12,141.	0.			PATIENT ASSISTANCE
WARREN GENERAL CANCER CTR 2 CRESCENT PARK WEST WARREN, PA 16365	25-0965598		7,165.	0.			PATIENT ASSISTANCE
CONEMAUGH CANCER CARE ASSOC 1020 FRANKLIN ST JOHNSTOWN, PA 15905	25-1658283		13,183.	0.			PATIENT ASSISTANCE
CHARTWELL SPECIALTY PHARMACY 215 BEECHAM DR CRAFTON, PA 15205	25-1729714		16,883.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC OF NORTHERN PA, PC - PO BOX 447 - DU BOIS, PA 15801	25-1886123		8,450.	0.			PATIENT ASSISTANCE
VENANGO ONCOLOGY HEMATOLOGY ASSOC PO BOX 18837 NEWARK, NJ 07191	25-1896639		7,175.	0.			PATIENT ASSISTANCE

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UTAH HEMATOLOGY ONCOLOGY 5290 S 400 E OGDEN, UT 84405	26-0043031		65,323.	0.			PATIENT ASSISTANCE
HH SERVICES BATES ET AL LLC PO BOX 77000 DEPT #771412 DETROIT, MI 48277	26-0396104		8,411.	0.			PATIENT ASSISTANCE
GREEN BAY ORTHOPEDIC LTV 2223 LIME KILN RD #1 GREEN BAY, WI 54311	26-1132759		15,857.	0.			PATIENT ASSISTANCE
NW AR RETINA 601 W MAPLE AVE #205A SPRINGDALE, AR 72764	26-2209307		5,650.	0.			PATIENT ASSISTANCE
ARTHRITIS CARE CENTER OF OKLAHOMA PO BOX 5160 BELFAST, ME 04915	26-2758193		7,473.	0.			PATIENT ASSISTANCE
RELIANT HEALTHCARE 1004 N 19TH ST MONROE, LA 71201	26-2948838		6,978.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS SURGEONS OF UT 1055 N 300 W #210 PROVO, UT 84604	26-3420389		5,819.	0.			PATIENT ASSISTANCE
TEXAS MED AND SLEEP SPEC PO BOX 230 SAN ANTONIO, TX 78291	26-3749619		7,006.	0.			PATIENT ASSISTANCE
LUTHERAN MEDICAL GROUP 7916 W JEFFERSON BLVD. FORT WAYNE, IN 46804	26-4213839		8,935.	0.			PATIENT ASSISTANCE

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FOOT & ANKLE ASSOC OF CENTRAL IL 1515 W WALNUT ST #12 JACKSONVILLE, IL 62650	27-0056166		5,074.	0.			PATIENT ASSISTANCE
UAP BONE & JOINT CTR 1725 N FIFTH ST TERRE HAUTE, IN 47804	27-0581401		8,654.	0.			PATIENT ASSISTANCE
KRISHNAN HEMATOLOGY ONCOLOGY ASSOC PO BOX 2595 ELLCOTT CITY, MD 21041	27-0597913		12,877.	0.			PATIENT ASSISTANCE
SHANAHAN RHEUMATOLOGY & IMMUN PLLC PO BOX 910 GREENFIELD, MA 01302	27-0845895		6,284.	0.			PATIENT ASSISTANCE
SOUTHEAST PHYSICIANS NETWORK PC PO BOX 830525 BIRMINGHAM, AL 35283	27-0996600		8,878.	0.			PATIENT ASSISTANCE
GLOBAL ONCOLOGY 600 N GARFIELD AVE #210 MONTEREY PARK, CA 91754	27-1426142		9,907.	0.			PATIENT ASSISTANCE
PAN COASTAL HEMATOLOGY ONCOLGY 2417 JENKS AVE PANAMA CITY, FL 32405	27-2442492		5,286.	0.			PATIENT ASSISTANCE
SAN ANTONIO ARTHRITIS CARE CENTER 8527 VILLAGE DR #103 SAN ANTONIO, TX 78217	27-2571855		17,051.	0.			PATIENT ASSISTANCE
ADVANCED SCRIPT INC 740 E 20TH ST #D HOUSTON, TX 77008	27-2576017		6,237.	0.			PATIENT ASSISTANCE

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CAROLINA UROLOGY PARTNERS 9735 KINCEY AVE STE 201 HUNTERVILLE, NC 28078	27-3905550		6,842.	0.			PATIENT ASSISTANCE
MIDTOWN ALLERGY & ARTHRITIS CARE PC - 35 E 30TH ST STE 1A - NEW YORK, NY 10016	27-4032754		7,778.	0.			PATIENT ASSISTANCE
CENTRAL JERSEY HEALTHCARE ASSOC 240 WILLIAMSON ST #305 ELIZABETH, NJ 07202	30-0179950		5,168.	0.			PATIENT ASSISTANCE
GOOD SAMARITAN HOSPITAL PO BOX 633580 CINCINNATI, OH 45263	31-0536981		10,071.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY 495 COOPER RD STE. 225 WESTERVILLE, OH 43081	31-0957876		19,764.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY CARE PO BOX 641174 CINCINNATI, OH 45264	31-1106418		49,038.	0.			PATIENT ASSISTANCE
MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43219	31-1141868		95,389.	0.			PATIENT ASSISTANCE
ALLIANCE PHYSICIANS INC. PO BOX 711808 COLUMBUS, OH 43271	31-1175717		24,091.	0.			PATIENT ASSISTANCE
ELAINE A BEED, MD INC PO BOX 641185 CINCINNATI, OH 45264	31-1350566		9,048.	0.			PATIENT ASSISTANCE

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COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		66,735.	0.			PATIENT ASSISTANCE
GENESIS HEALTHCARE SYSTEM PO BOX 951442 CLEVELAND, OH 44193	31-1480941		5,987.	0.			PATIENT ASSISTANCE
ARTHRITIS CENTER OF LEXINGTON 330 WALLER AVE #100 LEXINGTON, KY 40504	31-1516285		5,062.	0.			PATIENT ASSISTANCE
ARVIND B SHAH MD, INC 401 DIVISION ST # 100 CHARLESTON, WV 25309	31-1547442		16,865.	0.			PATIENT ASSISTANCE
OHIO CANCER SPECIALISTS 1125 ASPIRA CT MANSFIELD, OH 44906	31-1652645		10,095.	0.			PATIENT ASSISTANCE
PREMIER HEALTHCARE ASSOCIATES 7702 E PARHAM RD # 101 RICHMOND, VA 23294	31-1769212		9,156.	0.			PATIENT ASSISTANCE
NORTHERN MI HEMATOLOGY ONCOLOGY 416 CONNABLE AVE PETOSKEY, MI 49770	32-0020293		18,330.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES 514 N PROSPECT AVE 4TH FLOOR REDONDO BEACH, CA 90277	33-0004735		22,495.	0.			PATIENT ASSISTANCE
KOUSAY AL-KOURAINY, MD 480 4TH AVE # 409 CHULA VISTA, CA 91910	33-0108259		11,246.	0.			PATIENT ASSISTANCE

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ST JUDE MEDICAL GROUP DEPT LA 21190 PASADENA, CA 91182	33-0185031		45,922.	0.			PATIENT ASSISTANCE
PACIFIC SHORES MED GROUP 1043 ELM AVE STE 104 LONG BEACH, CA 90813	33-0553940		39,125.	0.			PATIENT ASSISTANCE
CANCER CTR ONCOLOGY MED 5555 GROSSMONT CTR DR LA MESA, CA 91942	33-0565963		100,850.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC. OF SAN DIEGO - 3075 HEALTH CENTER DR # 102 - SAN DIEGO, CA 92123	33-0590652		11,382.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		73,090.	0.			PATIENT ASSISTANCE
ARTHRITIS, AUTOIMMUNE & ALLERGY 1893 N CLYDE MORRIS BLVD #110 DAYTONA BEACH, FL 32117	33-1155955		10,943.	0.			PATIENT ASSISTANCE
AKRON GENERAL MEDICAL CTR PO BOX 715228 COLUMBUS, OH 43271	34-0714478		7,406.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC PO BOX 931058 CLEVELAND, OH 44193	34-0714585		6,932.	0.			PATIENT ASSISTANCE
SUMMA HEALTH SYSTEM PO BOX 3540 AKRON, OH 44309	34-0714755		11,612.	0.			PATIENT ASSISTANCE

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SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY RD SCC MIDDLEBURG HEIGHTS, OH 44130	34-0753531		15,356.	0.			PATIENT ASSISTANCE
KAISER PERMENTE 5420 LANCASTER DR BROOKLYN HEIGHTS, OH 44131	34-0922268		9,247.	0.			PATIENT ASSISTANCE
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		20,974.	0.			PATIENT ASSISTANCE
NORTH CANTON MEDICAL FNDTN PO BOX 74793 CLEVELAND, OH 44194	34-1088530		30,999.	0.			PATIENT ASSISTANCE
MAHONING VALLEY HEMA ONC LOCK BOX 6536 PO BOX 8500 PHILADELPHIA, PA 19178	34-1105439		42,867.	0.			PATIENT ASSISTANCE
TRI-COUNTY HEMATOLOGY& ONCOLOGY PO BOX 36660 CANTON, OH 44735	34-1294692		21,713.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF CLEVELAND 3401 ENTERPRISE PKWY #300 BEACHWOOD, OH 44122	34-1411937		6,228.	0.			PATIENT ASSISTANCE
SANDUSKY ORTHOPEDICS & RHEUMATOLOGY - 1401 BONE CREEK DR - SANDUSKY, OH 44870	34-1446740		5,101.	0.			PATIENT ASSISTANCE
CAREPOINT PARTNERS 4137 BOARDMAN-CANFIELD CANFIELD, OH 44406	34-1516461		16,842.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD & CANCER CENTER INC 3695 A BOARDMAN CANFIELD RD CANFIELD, OH 44406	34-1588272		9,908.	0.			PATIENT ASSISTANCE
MORNINGSTAR HEM/ONC INC 2600 6TH ST SW CANTON, OH 44710	34-1920787		8,733.	0.			PATIENT ASSISTANCE
FULTON COUNTY HEALTH CENTER PO BOX 3493 COLUMBUS, OH 43260	34-4428214		10,210.	0.			PATIENT ASSISTANCE
WYANDOT MEMORIAL HOSPITAL 885 N SANDUSKY AVE UPPER SANDSKY, OH 43351	34-6408698		7,500.	0.			PATIENT ASSISTANCE
DEACONESS HOSPITAL PO BOX 152 EVANSVILLE, IN 47701	35-0593390		12,851.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES, P.C. 8902 N MERIDIAN ST # 108 INDIANAPOLIS, IN 46260	35-1373436		8,462.	0.			PATIENT ASSISTANCE
FORT WAYNE MEDICAL ONCOLOGY AND HEMATOLOGY - 7910 W JEFFERSON BLVD # 108 - FORT WAYNE, IN 46804	35-1400631		137,733.	0.			PATIENT ASSISTANCE
TRI-STATE OPHTHALMOLOGY 350 W COLUMBIA ST # 250 EVANSVILLE, IN 47710	35-1462413		7,385.	0.			PATIENT ASSISTANCE
HEMATOLOGY - ONCOLOGY OF IN 8301 HARCOURT RD #200 INDIANAPOLIS, IN 46260	35-1536125		5,275.	0.			PATIENT ASSISTANCE

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MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		61,420.	0.			PATIENT ASSISTANCE
ELKHART CLINIC LLC P O BOX 2968 ELKHART, IN 46515	35-1911857		14,206.	0.			PATIENT ASSISTANCE
AMERICAN HEALTH NETWORK 15397 STONY CREEK WAY #101 NOBLESVILLE, IN 46060	35-2108729		14,136.	0.			PATIENT ASSISTANCE
MIDWEST PODIATRY SERVICES LTD 610 S MAPLE AVE #2550 OAK PARK, IL 60304	36-3136038		5,000.	0.			PATIENT ASSISTANCE
METRO INFECTIOUS DISEASE CONSULTANTS, LLC - 901 MCCLINTOCK DR #202 - BURR RIDGE, IL 60527	36-3966745		6,895.	0.			PATIENT ASSISTANCE
LOYOLA UNIVERSITY MEDICAL CENTER PO BOX 95009 CHICAGO, IL 60694	36-4015560		5,326.	0.			PATIENT ASSISTANCE
PROVENA UNITED SAM MEDICAL CTR 2665 MOMENTUM PLACE CHICAGO, IL 60689	36-4195126		6,476.	0.			PATIENT ASSISTANCE
EL PASO SPECIALTY HOSP LTD PO BOX 731163 DALLAS, TX 75373	36-4320139		5,870.	0.			PATIENT ASSISTANCE
MUHAMMAD ZAFAR MD 122 SOUTH MAIN ST FLANAGAN, IL 61740	37-1036154		7,500.	0.			PATIENT ASSISTANCE

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ILLIONIS CANCER CARE PC 8940 N WOOD SAGE RD PEORIA, IL 61615	37-1331017		70,883.	0.			PATIENT ASSISTANCE
MEDICAL AND SURGICAL SPECIALISTS 834 N SEMINARY ST # GALESBURG, IL 61401	37-1393654		8,474.	0.			PATIENT ASSISTANCE
CHRISTOPHER L PARIS MD PC 2820 CENTRAL AVE #B BILLINGS, MT 59102	37-1448877		5,201.	0.			PATIENT ASSISTANCE
UNIVERSITY OF IL AT CHICAGO 506 S. WRIGHT 209 URBANA, IL 61801	37-6000511		8,653.	0.			PATIENT ASSISTANCE
GARDEN CITY HOSPITAL 6245 INKSTER RD GARDEN CITY, MI 48135	38-1358390		7,063.	0.			PATIENT ASSISTANCE
MUNSON MEDICAL CTR PO BOX 1131 TRAVERSE CITY, MI 49685	38-1362830		7,421.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL 39650 ORCHARD HILL PL#200 NOVI, MI 48375	38-1946761		13,067.	0.			PATIENT ASSISTANCE
ALLEGIANCE HEALTH DEPT 64787 DRAWER 64000 DETROIT, MI 48264	38-2027689		9,959.	0.			PATIENT ASSISTANCE
SINGH & ARORA ONCOLOGY HEMATOLOGY 4100 BEECHER RD FLINT, MI 48532	38-2199193		5,549.	0.			PATIENT ASSISTANCE

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GRAND RAPIDS OPHTHALMOLOGY 750 E BELTLINE GRAND RAPIDS, MI 49525	38-2394920		5,804.	0.			PATIENT ASSISTANCE
CANCER & HEMATOLOGY CTR OF WESTERN MICHIGAN - PO BOX 30516 - LANSING, MI 48909	38-2777354		137,749.	0.			PATIENT ASSISTANCE
MACOMB HEMO/ONCO PC 11900 E 12 MILE RD # 210 WARREN, MI 48093	38-3076057		5,902.	0.			PATIENT ASSISTANCE
GENESEE CANCER & BLOOD DISEASES 302 KENSINGTON AVE FLINT, MI 48503	38-3285515		13,926.	0.			PATIENT ASSISTANCE
IHA OF ANNE ARBOR PC PO BOX 948 YPSILANTI, MI 48197	38-3316559		10,918.	0.			PATIENT ASSISTANCE
ARTHRITIS EDUCATION AND TREATMENT CTR - 1155 E PARIS AVE # 100 - GRAND RAPIDS, MI 49546	38-3421145		14,248.	0.			PATIENT ASSISTANCE
CADILLAC CANCER CARE CENTER 520 COBBS ST CADILLAC, MI 49601	38-3450619		5,194.	0.			PATIENT ASSISTANCE
COMPASSIONATE CANCER CARE 18111 BROOKHURST ST #6100 FOUNTAIN VALLEY, CA 92708	38-3650060		24,747.	0.			PATIENT ASSISTANCE
UNIV OF MI HOSPITALS & HEALTH CENTERS - PO BOX 77000 - DETROIT, MI 48277	38-6006309		15,725.	0.			PATIENT ASSISTANCE

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MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		9,804.	0.			PATIENT ASSISTANCE
AURORA HEALTH CARE METRO INC 1055 N MAYFAIR RD #300 WAUWATOSA, WI 53226	39-0806181		10,902.	0.			PATIENT ASSISTANCE
GREEN BAY ONCOLOGY PO BOX 13453 GREEN BAY, WI 54307	39-1314853		27,897.	0.			PATIENT ASSISTANCE
WEST SUBURBAN CTR FOR ARTHRITIS 601 N BARKER RD # 110 BROOKFIELD, WI 53045	39-1418162		44,328.	0.			PATIENT ASSISTANCE
FOX VALLEY HEMATOLOGY & ONCOLOGY 900 E GRANT ST APPLETON, WI 54911	39-1682233		10,987.	0.			PATIENT ASSISTANCE
RHEUMATIC DISEASE CENTER 7080 N PORT WASHINGTON RD MILWAUKEE, WI 53217	39-1713075		8,886.	0.			PATIENT ASSISTANCE
VITREO RETINAL SURGERY MN CENTER 7760 FRANCE AVE S #310 MINNEAPOLIS, MN 55435	41-1608615		5,085.	0.			PATIENT ASSISTANCE
MINNESOTA ONCOLOGY 2550 UNIVERSITY AVE W #110N SAINT PAUL, MN 55114	41-1793418		11,454.	0.			PATIENT ASSISTANCE
SUNCOAST RETINA CONSULTANTS 3280 N MCMULLEN BOOTH RD STE 120 CLEARWATER, FL 33761	41-2104585		17,654.	0.			PATIENT ASSISTANCE

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MARK MCCARTHY, MD 4990 E MEDITERRANEN DR STE#D SIERRA VISTA, AZ 85635	41-2110658		9,257.	0.			PATIENT ASSISTANCE
INTEGRATED COMMUNITY ONCOLOGY PO BOX 830469 MSC #513 BIRMINGHAM, AL 35283	41-2152274		140,439.	0.			PATIENT ASSISTANCE
PAYNESVILLE AREA HEALTH CARE SYSTEM - 200 W 1ST ST - PAYNESVILLE, MN 56362	41-6008752		7,500.	0.			PATIENT ASSISTANCE
IA METHODIST MEDICAL CENTER PO BOX 7044 DES MOINES, IA 50309	42-0680452		14,281.	0.			PATIENT ASSISTANCE
WOLFE EYE CLINIC 309 E CHURCH ST MARSHALLTOWN, IA 50158	42-0954581		13,581.	0.			PATIENT ASSISTANCE
MCFARLAND CLINIC PO BOX 3014 AMES, IA 50010	42-1089512		5,703.	0.			PATIENT ASSISTANCE
IOWA HEALTH HOME CARE 11333 AURORA AVE URBANDALE, IA 50322	42-1477471		14,635.	0.			PATIENT ASSISTANCE
BAKERSFIELDS HEMATOLOGY ONCOLOGY 9800 BRIMHALL RD BAKERSFIELD, CA 93312	42-1727030		23,349.	0.			PATIENT ASSISTANCE
SITEMAN CANCER CNTR WEST PO BOX 504875 SAINT LOUIS, MO 63150	43-0653611		8,505.	0.			PATIENT ASSISTANCE

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KANSAS CITY INTERNAL MEDICINE 6420 PROSPECT AVE. STE T-101 KANSAS CITY, MO 64132	43-1201337		7,640.	0.			PATIENT ASSISTANCE
BOONE HOSPITAL CENTER 1600 E BROADWAY COLUMBIA, MO 65201	43-1279063		7,500.	0.			PATIENT ASSISTANCE
ST LOUIS CANCER CARE PO BOX 60450 SAINT LOUIS, MO 63160	43-1369550		5,700.	0.			PATIENT ASSISTANCE
MERCY CLINIC SPRINGFIELD COMMUNITIES - PO BOX 505164 - SAINT LOUIS, MO 63150	43-1560263		15,354.	0.			PATIENT ASSISTANCE
MERCY CLINIC SPRINGFIELD COMMUNITIES - PO BOX 505164 - SAINT LOUIS, MO 63150	43-1560263		9,284.	0.			PATIENT ASSISTANCE
COX HPS OF THE OZARKS 2240 W SUNSET AVE #104 SPRINGFIELD, MO 65807	43-1641927		5,370.	0.			PATIENT ASSISTANCE
SSM DEPAUL HEALTH CENTER PO BOX 503602 SAINT LOUIS, MO 63150	43-1715106		9,710.	0.			PATIENT ASSISTANCE
MISSOURI CANCER ASSOCIATES 2372 PAYSPPHERE CIRCLE CHICAGO, IL 60674	43-1763016		14,529.	0.			PATIENT ASSISTANCE
SAINT FRANCIS MEDICAL PARTNERS, LLC - PO BOX 843225 - KANSAS CITY, MO 63703	43-1869973		12,222.	0.			PATIENT ASSISTANCE

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CLAYTON MEDICAL 6400 CLAYTON RD SUITE 110 SAINT LOUIS, MO 63117	43-1907813		11,070.	0.			PATIENT ASSISTANCE
MERCY ARCH HEMATOLOGY ONCOL. 607 S NEW BALLAS RD # 3300 SAINT LOUIS, MO 63141	43-1927040		24,845.	0.			PATIENT ASSISTANCE
S CO HEMATOLOGY & ONCOLOGY PO BOX 210337 CHULA VISTA, CA 91921	43-1986447		11,554.	0.			PATIENT ASSISTANCE
MERCY CLINIC CANCER AND HEMATOLOGY PO BOX 504274 SAINT LOUIS, MO 63150	44-0552485		18,196.	0.			PATIENT ASSISTANCE
L E COX MEDICAL CTRS 1423 N JEFFERSON SPRINGFIELD, MO 65802	44-0577118		11,248.	0.			PATIENT ASSISTANCE
CACHE VALLEY CANCER TREATMENT & RESEARCH CLIN - 1281 N 600 E - LOGAN, UT 84341	45-0486684		19,089.	0.			PATIENT ASSISTANCE
OAKLAND MEDICAL GROUP 27301 DEQUINDRE #314 MADISON HEIGHTS, MI 48071	45-1674932		8,377.	0.			PATIENT ASSISTANCE
OSLER HMA MEDICAL GROUP LLC PO BOX 741792 ATLANTA, GA 30374	45-2015257		11,283.	0.			PATIENT ASSISTANCE
SALEM RHEUMATOLOGY LLC 960 LIBERTY ST SE # 200 SALEM, OR 97302	45-2137183		8,253.	0.			PATIENT ASSISTANCE

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GREATER PHILADELPHIA CANCER AND HEMATOLOGY - 3998 RED LION RD # 130 - PHILADELPHIA, PA 19114	45-2552343		55,645.	0.			PATIENT ASSISTANCE
THE CHRIST HOSPITAL MEDICAL SPECIALIST 2 - PO BOX 637627 - CINCINNATI, OH 45263	45-2681845		7,500.	0.			PATIENT ASSISTANCE
RICHMOND CENTER, LLC 1020 NORTH J ST RICHMOND, IN 47374	45-2819281		5,745.	0.			PATIENT ASSISTANCE
INTEGRITY ONCOLOGY FOUNDATION INC PO BOX 5138 MEMPHIS, TN 38101	45-3303687		5,039.	0.			PATIENT ASSISTANCE
CANCER SPECIALIST OF NORTH FLORIDA PO BOX 628302 ORLANDO, FL 32806	45-5523028		11,170.	0.			PATIENT ASSISTANCE
AVERA MCKENNAN HOME INFUSION 1020 SOUTH CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		16,439.	0.			PATIENT ASSISTANCE
CAROLINA HEMATOLOGY ONCOLOGY ASSOC PO BOX 60065 CHARLOTTE, NC 28260	46-0486024		5,964.	0.			PATIENT ASSISTANCE
ARTHRITIS CENTER OF NE 3901 PINE LAKE RD STE 120 LINCOLN, NE 68516	47-0527967		7,931.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOCIATES PC 8303 DODGE ST #225 OMAHA, NE 68114	47-0626996		5,079.	0.			PATIENT ASSISTANCE

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HEMATOLOGY ONCOLOGY CONSULTANTS PO BOX 641850 OMAHA, NE 68164	47-0770654		18,912.	0.			PATIENT ASSISTANCE
HEARTLAND HEMATOLGY & ONCOLOGY 412 W 42ND ST KEARNEY, NE 68845	47-0833506		16,205.	0.			PATIENT ASSISTANCE
CENTRAL CARE, PA PO BOX 256 SALINA, KS 67402	48-1125116		15,401.	0.			PATIENT ASSISTANCE
CANCER CENTER OF KS PA PO BOX 1458 WICHITA, KS 67201	48-1181579		267,882.	0.			PATIENT ASSISTANCE
UNIV OF KS HOSP AUTH PO BOX 2941 SHAWNEE MISSION, KS 66201	48-1202402		8,310.	0.			PATIENT ASSISTANCE
AUSTIN TX RADIATION ONCOLOGY GROUP PO BOX 923 SAN ANTONIO, TX 78294	48-1271862		24,683.	0.			PATIENT ASSISTANCE
BLOOD & CANCER CTR OF TX 825 MEDICAL DR TYLER, TX 75701	48-1285510		11,203.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS OF DELAWARE - 1532 SAVANNAH RD - LEWES, DE 19958	51-0409459		12,527.	0.			PATIENT ASSISTANCE
FREDERICK MEMORIAL HOSPITAL 400 WEST SEVENTH ST FREDERICK, MD 21701	52-0591612		8,399.	0.			PATIENT ASSISTANCE

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ONCOLOGY HEMATOLOGY ASSOC INC 8926 WOODYARD RD # 201 CLINTON, MD 20735	52-1106217		10,964.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL SURGEONS P.O BOX 7780-1600 PHILADELPHIA, PA 19182	52-1249671		5,635.	0.			PATIENT ASSISTANCE
CHESAPEAKE ONCOLOGY HEMATOLOGY ASSOC - 3001 S HANOVER ST - BALTIMORE, MD 21225	52-1480363		16,773.	0.			PATIENT ASSISTANCE
ELMAN RETINA GROUP, PA 9114 PHILADELPHIA RD STE#310 ROSEDALE, MD 21237	52-1803322		10,467.	0.			PATIENT ASSISTANCE
ROBERT SHAW, MD 412 MALCOLM DR #206 WESTMINSTER, MD 21157	52-1914881		9,113.	0.			PATIENT ASSISTANCE
DAVID H SMITH MD PA 8221 TEAL DR # 301 EASTON, MD 21601	52-1934955		6,068.	0.			PATIENT ASSISTANCE
US BIOSERVICES 13105 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-2060810		7,249.	0.			PATIENT ASSISTANCE
BIRMINGHAM HEMATOLOGY & ONCOLOGY 500 OFFICE PARK DR # 400 BIRMINGHAM, AL 35223	52-2170293		24,120.	0.			PATIENT ASSISTANCE
AUERBACH HEMATOLOGY ONCOLOGY 9110 PHILADELPHIA RD # 314 BALTIMORE, MD 21237	52-2343901		8,516.	0.			PATIENT ASSISTANCE

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VISTAR EYE CENTER PO BOX 1789 ROANOKE, VA 24008	54-0853078		5,369.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER INSTITUTE 6605 W BROAD ST #C RICHMOND, VA 23230	54-1066435		60,691.	0.			PATIENT ASSISTANCE
PIEDMONT EYE CENTER, INC 2402 ATHERHOLT RD LYNCHBURG, VA 24501	54-1120525		6,755.	0.			PATIENT ASSISTANCE
INTRAVENE 2215 LANDOVER PL LYNCHBURG, VA 24501	54-1131672		17,695.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		13,669.	0.			PATIENT ASSISTANCE
DANVILLE HEMATOLOGY & ONCOLOGY 125 EXECUTIVE DR #J DANVILLE, VA 24541	54-1397275		22,590.	0.			PATIENT ASSISTANCE
AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		21,186.	0.			PATIENT ASSISTANCE
VIRGINIA ONCOLGY ASSOCIATES 5900 LAKE WRIGHT DR. SUITE 300 NORFOLK, VA 23502	54-1768662		57,952.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER SPECIALISTS, P.C. PO BOX 60609 CHARLOTTE, NC 28260	54-1795091		6,833.	0.			PATIENT ASSISTANCE

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BLUE RIDGE CANCER CARE - CHRISTIANSBURG - PO BOX 601507 - CHARLOTTE, NC 28260	54-1922084		25,549.	0.			PATIENT ASSISTANCE
SB KONDRAGUNTA LLC 34 MEDICAL PARK BLVD # G PETERSBURG, VA 23805	54-1989200		9,672.	0.			PATIENT ASSISTANCE
UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - PO BOX 403059 - ATLANTA, GA 30384	54-6001796		7,521.	0.			PATIENT ASSISTANCE
HUNTINGTON INTERNAL MEDICINE GROUP 5170 US RT 60 E HUNTINGTON, WV 25705	55-0578595		7,690.	0.			PATIENT ASSISTANCE
BECKLEY ONCOLOGY ASSOCIATES 275 DRY HILL RD BECKLEY, WV 25801	55-0699734		7,687.	0.			PATIENT ASSISTANCE
CRAIG MORGAN, MD 1611 13TH AVE HUNTINGTON, WV 25701	55-0726025		15,973.	0.			PATIENT ASSISTANCE
PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE #15 FAIRMONT, WV 26554	55-0763359		7,500.	0.			PATIENT ASSISTANCE
MEDFUSIONRX 1897 GENERAL GEORGE PATTON DR #112 FRANKLIN, TN 37067	55-0824381		22,295.	0.			PATIENT ASSISTANCE
EDWARD WAGNER MD 31852 COAST HWY # 303 LAGUNA BEACH, CA 92651	55-7297661		8,741.	0.			PATIENT ASSISTANCE

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KERNODLE CLINIC PO BOX 1717 BURLINGTON, NC 27216	56-0520990		8,105.	0.			PATIENT ASSISTANCE
PARK RIDGE HOSPITAL PO BOX 601556 CHARLOTTE, NC 28260	56-0543246		7,143.	0.			PATIENT ASSISTANCE
COASTAL CAROLINA HEALTHCARE - NEW BERN CANCER - PO BOX 12248 - NEW BERN, NC 28561	56-0755775		11,885.	0.			PATIENT ASSISTANCE
FORSYTH MEMORIAL HOSPITAL, INC PO BOX 75216 CHARLOTTE, NC 28275	56-0928089		9,675.	0.			PATIENT ASSISTANCE
MORGANTON EYE PHYSICIANS, PA 335 E PARKER RD MORGANTON, NC 28655	56-1109834		6,349.	0.			PATIENT ASSISTANCE
CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		19,872.	0.			PATIENT ASSISTANCE
CAROMONT MEDICAL GRP/ARTHRITIS & OSTEOPOROSIS - PO BOX 5168 - BELFAST, ME 04915	56-1479712		32,360.	0.			PATIENT ASSISTANCE
RUTHERFORD INTERNAL MEDICINE PO BOX 602148 CHARLOTTE, NC 28260	56-1667838		12,564.	0.			PATIENT ASSISTANCE
SOUTHEASTERN MEDICAL ONCOLOGY CTR 203 COX BLVD GOLDSBORO, NC 27534	56-1711669		118,520.	0.			PATIENT ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA ARTHRITIS ASSOC PO BOX 63232 CHARLOTTE, NC 28263	56-1745946		10,962.	0.			PATIENT ASSISTANCE
HOPE WOMEN'S CANCER CENTER 100 RIDGEFIELD CT ASHEVILLE, NC 28806	56-1856121		10,592.	0.			PATIENT ASSISTANCE
GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		7,031.	0.			PATIENT ASSISTANCE
PINEHURST RHEUMATOLOGY 4204 MURDOCKSVILLE RD SEVEN LAKES, NC 27376	56-1912684		21,490.	0.			PATIENT ASSISTANCE
CORNERSTONE HEALTH CARE PO BOX 63285 CHARLOTTE, NC 28263	56-1935767		16,839.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY & ONCOLOGY 4101 MACON POND RD RALEIGH, NC 27609	56-1938316		40,801.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY & ONCOLOGY 218 ASHVILLE AVE #20 CARY, NC 27518	56-1944145		12,904.	0.			PATIENT ASSISTANCE
THE BLOOD & CANCER CLINIC 1565 PURDUE DR STE 301 FAYETTEVILLE, NC 28303	56-1951959		7,767.	0.			PATIENT ASSISTANCE
COASTAL CAROLINA HEALTH CARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		12,564.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANFORD SPECIALITY CLINIC PO BOX 24427 WINSTON SALEM, NC 27114	56-2164416		6,373.	0.			PATIENT ASSISTANCE
CAROLINA RHEUMATOLOGY 8220 NIGELS DR MYRTLE BEACH, SC 29572	56-2165138		9,068.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD #100 CHARLOTTE, NC 28207	56-2179043		22,148.	0.			PATIENT ASSISTANCE
ARTHRITIS - OSTEOPOROSIS CONSULTANTS - PO BOX 63235 - CHARLOTTE, NC 28263	56-2202409		40,953.	0.			PATIENT ASSISTANCE
LAKE NORMAN HEMATOLOGY ONCOLOGY SPECIALISTS - 170 MEDICAL PARK RD - MOORESVILLE, NC 28117	56-2216617		14,140.	0.			PATIENT ASSISTANCE
COASTAL ONCOLOGY 325 CLYDE MORRIS BLVD #450 ORMOND BEACH, FL 32174	56-2347830		10,171.	0.			PATIENT ASSISTANCE
ARTHRITIS ASSOCIATES PA 4511 HORIZON HILL BLVD #150 SAN ANTONIO, TX 78229	56-2613565		27,200.	0.			PATIENT ASSISTANCE
HAYWOOD REGIONAL MEDICAL CTR PO BOX 369 CLYDE, NC 28721	56-6000535		7,968.	0.			PATIENT ASSISTANCE
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		5,841.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR #400 GREENVILLE, SC 29601	57-0702625		85,638.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		29,726.	0.			PATIENT ASSISTANCE
SOUTH CAROLINA ONCOLOGY ASSOCIATES 166 STONERIDGE DR COLUMBIA, SC 29210	57-0787600		257,450.	0.			PATIENT ASSISTANCE
INTERNAL MEDICINE OF GREENVILLE 1025 VERDAE BLVD # A GREENVILLE, SC 29607	57-1004971		7,193.	0.			PATIENT ASSISTANCE
PALMETTO INFUSION SERVICES DEPT CH 16600 PALATINE, IL 60055	57-1085343		33,456.	0.			PATIENT ASSISTANCE
MEDICAL UNIVERSITY HOSPITAL AUTH PO BOX 931854 ATLANTA, GA 31193	57-1098556		6,323.	0.			PATIENT ASSISTANCE
LOW COUNTRY RHEUMATOLOGY 2860 TRICOM ST CHARLESTON, SC 29406	57-1099718		24,261.	0.			PATIENT ASSISTANCE
LOW COUNTRY HEMATOLOGY ONCOLOGY 900 BOWMAN RD # 103 MOUNT PLEASANT, SC 29464	57-1120005		16,845.	0.			PATIENT ASSISTANCE
PALM BEACH CANCER INSTITUTE PO BOX 863310 ORLANDO, FL 32886	57-1139372		43,480.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG REGIONAL MED CTR PO BOX 2168 SPARTANBURG, SC 29304	57-6000934		7,027.	0.			PATIENT ASSISTANCE
NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY # 500 GAINESVILLE, GA 30501	58-0656907		24,673.	0.			PATIENT ASSISTANCE
SUMMIT CANCER CARE 5400 SUTLIVE ST SAVANNAH, GA 31405	58-1305331		5,365.	0.			PATIENT ASSISTANCE
AUGUSTA ONCOLOGY ASSOCIATES 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		63,943.	0.			PATIENT ASSISTANCE
GEORGIA RETINA PC 155 MEDICAL WAY #E RIVERDALE, GA 30274	58-1519372		18,958.	0.			PATIENT ASSISTANCE
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD # 200 RIVERDALE, GA 30274	58-1715376		7,294.	0.			PATIENT ASSISTANCE
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE #102 DALTON, GA 30720	58-1793611		20,635.	0.			PATIENT ASSISTANCE
VALDOSTA SPECIALTY CLINIC 2412 N OAK ST VALDOSTA, GA 31602	58-1844895		6,350.	0.			PATIENT ASSISTANCE
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR # 300 AUSTELL, GA 30106	58-1923818		143,478.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEKALB MEDICAL CTR PO BOX 102204 ATLANTA, GA 30369	58-1966795		5,393.	0.			PATIENT ASSISTANCE
THE LONG STREET CLINIC PO DRAWER 658 GAINESVILLE, GA 30503	58-2117020		6,099.	0.			PATIENT ASSISTANCE
GEORGIA CANCER SPECIALISTS PO BOX 116194 ATLANTA, GA 30368	58-2181189		587,793.	0.			PATIENT ASSISTANCE
NORTHWEST GEORGIA CANCER CARE 400 TIMMS RD CALHOUN, GA 30701	58-2252922		13,768.	0.			PATIENT ASSISTANCE
SPALDING ONCOLOGY 230 D WEST COLLEGE ST GRIFFIN, GA 30224	58-2295975		7,898.	0.			PATIENT ASSISTANCE
CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST #1B MACON, GA 31201	58-2537874		96,419.	0.			PATIENT ASSISTANCE
SUBURBAN HEMATOLOGY ONCOLOGY 1700 TREE LANE RD # 490 SNELLVILLE, GA 30078	58-2590501		5,653.	0.			PATIENT ASSISTANCE
AUGUSTA FOOT AND ANKLE 4350 TOWN CENTER DR SUITE 3000 EVANS, GA 30809	58-2632543		5,000.	0.			PATIENT ASSISTANCE
WATSON CLINIC LLP PO BOX 95004 LAKELAND, FL 33804	59-0704934		8,407.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIP NDUM, MD PO BOX 730729 ORMOND BEACH, FL 32173	59-0973502		6,960.	0.			PATIENT ASSISTANCE
MELBOURNE INTERNAL MED ASSOC 1223 GATEWAY DR # G MELBOURNE, FL 32901	59-1224281		25,256.	0.			PATIENT ASSISTANCE
SUNCOAST INTERNAL MEDICINE 13644 WALSINGHAM RD LARGO, FL 33774	59-1273247		19,196.	0.			PATIENT ASSISTANCE
CLARK & DAUGHTREY MEDICAL GROUP PA PO BOX 917394 ORLANDO, FL 32891	59-1273583		27,618.	0.			PATIENT ASSISTANCE
ORLANDO REGIONAL HEALTHCARE SYST PO BOX 620000 STOP 9936 ORLANDO, FL 32891	59-1726273		5,001.	0.			PATIENT ASSISTANCE
STUART ONCOLOGY ASSOCIATES 501 E OSCEOLA ST 3RD FL, #301 STUART, FL 34994	59-2003116		7,092.	0.			PATIENT ASSISTANCE
MID-FL HEMATOLOY ONCOLOGY PA 2776 ENTEREPRISE RD # 100 ORANGE CITY, FL 32763	59-2021436		25,922.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SW FL 6901 INTERNATIONAL CTR BLVD FORT MYERS, FL 33912	59-2086792		13,748.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY CONSULTANTS 2501 N ORANGE AVE #381 ORLANDO, FL 32804	59-2109057		51,640.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GASTROENTEROLOGY & ONCOLOGY ASSOC PA - 5767 49TH N - SAINT PETERSBURG, FL 33709	59-2114530		5,903.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF FLORIDA 13904 LAKESHORE BLVD #410 HUDSON, FL 34667	59-2155792		5,620.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF FLORIDA 13904 LAKESHORE BLVD #410 HUDSON, FL 34667	59-2155792		42,995.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		12,916.	0.			PATIENT ASSISTANCE
SYED MAHMOOD, MD 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		15,835.	0.			PATIENT ASSISTANCE
VITREOUS AND RETINA CONSULTANTS 250 AVE K SW #200 WINTER HAVEN, FL 33880	59-3028408		15,092.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL CLINIC 38135 MARKET SQ ZEPHYRHILLS, FL 33542	59-3156212		14,544.	0.			PATIENT ASSISTANCE
CANCER CARE CENTERS OF BREVARD - MERRITT ISLA - PO BOX 534595 - ATLANTA, GA 30353	59-3169766		17,679.	0.			PATIENT ASSISTANCE
CANCER INSTITUTE OF FL 894 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	59-3214635		21,370.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ORLICK BERGER KASPER MD PA 5800 49TH ST. N S109 SAINT PETERSBURG, FL 33709	59-3219393		7,842.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES OF CENTRAL BRE - 107 LONGWOOD AVE - ROCKLEDGE, FL 32955	59-3268119		5,282.	0.			PATIENT ASSISTANCE
RAKESH ROHATGI MD 321 SE 29TH PL STE 102 OCALA, FL 34471	59-3329469		6,553.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATISM ASSOC 612 DRUID RD E CLEARWATER, FL 33756	59-3337044		27,021.	0.			PATIENT ASSISTANCE
PINELLAS HEMATOLOGY AND ONCOLOGY 5000 PARK ST N #1017 SAINT PETERSBURG, FL 33709	59-3363610		9,397.	0.			PATIENT ASSISTANCE
SPACE COAST CANCER CENTERS 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		15,306.	0.			PATIENT ASSISTANCE
PHYSICIAN SURGICAL NETWORK 1020 W OAK ST KISSIMMEE, FL 34741	59-3370576		17,693.	0.			PATIENT ASSISTANCE
OPHTHALMIC PARTNERS FL 111 N ORANGE AVE SUITE 110 ORLANDO, FL 32801	59-3419924		7,663.	0.			PATIENT ASSISTANCE
ORLANDO ARTHRITIS INSTITUTE 58 WEST MICHIGAN ST ORLANDO, FL 32806	59-3470767		38,568.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FERNANDO C MALAMUD, MD PA 2202 STATE AVE #111 PANAMA CITY, FL 32405	59-3639869		23,078.	0.			PATIENT ASSISTANCE
DAVID DRESNER, MD PA 603 7TH ST S # 560 SAINT PETERSBURG, FL 33701	59-3695009		52,259.	0.			PATIENT ASSISTANCE
COMMONWEALTH HEMATOLOGY ONCOLOGY 110 DIAGNOSTIC DRIVE SUITE B FRANKFORT, KY 40601	61-1277847		5,021.	0.			PATIENT ASSISTANCE
VINAY VERMANI MD INC 2301 LEXINGTON AVE # 135 ASHLAND, KY 41101	61-1311131		5,083.	0.			PATIENT ASSISTANCE
KENTUCKY CTR FOR BETTER BONES & JOINTS - 100 E LIBERTY ST # 202 - LOUISVILLE, KY 40202	61-1357515		6,801.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS CHARTERED P.O. BOX 412194 KANSAS CITY, MO 64141	61-1452962		11,911.	0.			PATIENT ASSISTANCE
GAJERA AND PATEL 1717 HIGH ST STE 1A HOPKINSVILLE, KY 42240	61-1459460		6,679.	0.			PATIENT ASSISTANCE
USCD HEALTH NEVADA CANCER INST. PO BOX 748284 LOS ANGELES, CA 90074	61-1671225		11,642.	0.			PATIENT ASSISTANCE
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT AT 40379 - ATLANTA, GA 31192	62-0476822		10,486.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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METHODIST UNIVERSITY HOSPITAL TRANSPLANT INST - PO BOX 75947 - CHARLOTTE, NC 28275	62-0479367		6,952.	0.			PATIENT ASSISTANCE
FORT SANDERS REGIONAL MEDICAL CENTER - DEPT 888001 - KNOXVILLE, TN 37995	62-0528340		11,640.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOCIATES 345 23RD AVE N #350 NASHVILLE, TN 37203	62-1042760		9,514.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR # 200 KNOXVILLE, TN 37909	62-1064119		16,709.	0.			PATIENT ASSISTANCE
SOUTHEASTERN RETINA ASSOCIATES DEPARTMENT 888147 KNOXVILLE, TN 37995	62-1094813		11,993.	0.			PATIENT ASSISTANCE
EAST TN HEMATOLOGY ONCOLOGY PO BOX 3770 JOHNSON CITY, TN 37602	62-1326721		8,828.	0.			PATIENT ASSISTANCE
ARTHRITIS ASSOCIATES OF KINGSPORT 3 SHERIDAN SQ KINGSPORT, TN 37660	62-1523356		30,356.	0.			PATIENT ASSISTANCE
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		55,428.	0.			PATIENT ASSISTANCE
HAWKINS COUNTY MEMORIAL HOSPITAL/HOSP INFUSIO - PO BOX 1089 - BRISTOL, TN 37621	62-1567353		8,685.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ATLANTA CANCER CARE PO BOX 934119 ATLANTA, GA 31193	62-1611429		12,758.	0.			PATIENT ASSISTANCE
TENNESSEE ONCOLOGY PO BOX 440100 NASHVILLE, TN 37244	62-1647259		345,780.	0.			PATIENT ASSISTANCE
THE JONES CLINIC PO BOX 1000 DEPT 552 MEMPHIS, TN 38148	62-1717770		10,395.	0.			PATIENT ASSISTANCE
SANDBERG FOOT HEALTH 939 E EMERALD AVE # 706 KNOXVILLE, TN 37917	62-1732005		13,583.	0.			PATIENT ASSISTANCE
LEWIS-GALE MEDICAL CENTER PO BOX 402830 ATLANTA, GA 30384	62-1760148		10,016.	0.			PATIENT ASSISTANCE
NASHVILLE ONCOLOGY ASSOC. 2011 CHURCH ST #701 PLAZA 1 NASHVILLE, TN 37203	62-1762036		21,296.	0.			PATIENT ASSISTANCE
FLOWERS HOSP PO BOX 404782 ATLANTA, GA 30384	62-1762412		5,181.	0.			PATIENT ASSISTANCE
HAWKINS COUNTY MEMORIAL HOSPITAL/HOSP INFUSIO - PO BOX 1089 - BRISTOL, TN 37621	62-1816368		25,520.	0.			PATIENT ASSISTANCE
RADIATION THERAPY OF WESTERN NC PO BOX 60914 CHARLOTTE, NC 28260	62-1873675		6,951.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNIVERSITY OF S AL MEDICAL CTR PO BOX 40010 MOBILE, AL 36640	63-0477348		11,305.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALTIES, PC PO BOX 18428 HUNTSVILLE, AL 35804	63-0897317		79,321.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF N AL 201 SIVLEY RD SE #600 HUNTSVILLE, AL 35801	63-0907980		17,098.	0.			PATIENT ASSISTANCE
DOTHAN MEDICAL ASSOCIATES, PA 1118 ROSS CLARK CIR #100B DOTHAN, AL 36301	63-0991466		12,127.	0.			PATIENT ASSISTANCE
MONTGOMERY CANCER CENTER 4145 CARMICHAEL RD # A MONTGOMERY, AL 36106	63-1155108		21,410.	0.			PATIENT ASSISTANCE
WV MEDICAL SERVICE PC 100 TOWNCENTER BLVD # 202 TUSCALOOSA, AL 35406	63-1243197		15,083.	0.			PATIENT ASSISTANCE
METRO WEST MEDICAL GROUP PO BOX 11407 BIRMINGHAM, AL 35246	63-1244265		7,316.	0.			PATIENT ASSISTANCE
UNIVERSITY OF AL AT BIRMINGHAM PO BOX 11407 BIRMINGHAM, AL 35246	63-6005396		19,033.	0.			PATIENT ASSISTANCE
THE HEMATOLOGY & ONCOLOGY CLINIC 103 ASBURY CIR HATTIESBURG, MS 39402	64-0507572		32,024.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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JACKSON ONCOLOGY & HEMATOLOGY 1227 N STATE ST #101 JACKSON, MS 39202	64-0619700		11,443.	0.			PATIENT ASSISTANCE
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		16,217.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPOROSIS TREATMENT & RESEARCH - 2550 FLOWOOD DR #300 - FLOWOOD, MS 39232	64-0891138		6,355.	0.			PATIENT ASSISTANCE
NATCHEZ ONCOLOGY CLINIC INC 150 JEFFERSON DAVES BLVD # 120 NATCHEZ, MS 39120	64-0927522		13,204.	0.			PATIENT ASSISTANCE
DELTA ONCOLOGY 333 HWY 82 WEST GREENWOOD, MS 38930	64-0932526		12,758.	0.			PATIENT ASSISTANCE
MEMORIAL HOSPITAL AT GULFPORT PO BOX 1810 GULFPORT, MS 39502	64-6010232		10,965.	0.			PATIENT ASSISTANCE
RETINA GROUP OF FL 5601 N DIXIE HWY #307 OAKLAND PARK, FL 33334	65-0017482		12,252.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC 2300 S CONGRESS AVE # 103 BOYNTON BEACH, FL 33426	65-0539792		22,513.	0.			PATIENT ASSISTANCE
SOUTH FL ONCOLOGY HEMATOLOGY CONSULTANTS - 7351 W OAKLAND PARK BLVD #106 - LAUDERHILL, FL 33313	65-0577436		14,611.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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METCARE OF FLORIDA - METCARE ONCOLOGY - 1200 W GRANADA BLVD # 1 - ORMOND BEACH, FL 32174	65-0635748		6,259.	0.			PATIENT ASSISTANCE
SOUTHEAST FL HEMATOLOGY AND ONCOLOGY GROUP - 5700 N FEDERAL HWY - FORT LAUDERDALE, FL 33308	65-0676382		7,689.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 1871 SE TIFFANY AVE # 100 FORT PIERCE, FL 34952	65-0696665		46,700.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA - METCARE ONCOLOGY - 1200 W GRANADA BLVD # 1 - ORMOND BEACH, FL 32174	65-0710916		19,168.	0.			PATIENT ASSISTANCE
ARTHRITIS AND RHEUMATIC CARE CENTER - 6141 SUNSET DR #501 - SOUTH MIAMI, FL 33143	65-0757755		5,231.	0.			PATIENT ASSISTANCE
FLORIDA CANCER SPECIALIST PL PO BOX 102222 ATLANTA, GA 30368	65-0825133		274,514.	0.			PATIENT ASSISTANCE
TREASURE COAST CANCER CARE 1700 SE HILLMOOR DR # 306 PORT SAINT LUCIE, FL 34952	65-0891840		8,657.	0.			PATIENT ASSISTANCE
CHARLES KHAN & WAYNE RISKIN MD PA 4700 SHERIDAN ST # C HOLLYWOOD, FL 33021	65-0900699		12,713.	0.			PATIENT ASSISTANCE
GALLOWAY REGIONAL EYE CENTER PO BOX 49847 GREENWOOD, SC 29649	65-1176165		5,577.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIONCARE ENTERPRISE 2769 PAYSHERE CIRCLE CHICAGO, IL 60674	68-0208702		12,793.	0.			PATIENT ASSISTANCE
SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE #301 CARMICHAEL, CA 95608	68-0305843		18,305.	0.			PATIENT ASSISTANCE
S WIND ONCOLOGY ASSOCIATES PO BOX 1174 GARDEN CITY, KS 67846	68-0584723		6,446.	0.			PATIENT ASSISTANCE
BEND MEMORIAL CLINIC PO BOX 6048 BEND, OR 97708	68-0637976		25,352.	0.			PATIENT ASSISTANCE
CENTRAL AR RAD THER INST PO BOX 56679 LITTLE ROCK, AR 72215	71-0437657		8,219.	0.			PATIENT ASSISTANCE
ARKANSAS ONCOLOGY ASSOC PO BOX 910860 DALLAS, TX 75391	71-0492053		25,737.	0.			PATIENT ASSISTANCE
CENTRAL ARKANSAS HEMATOLOGY ONCOLOGY CLINIC P - 133 HARMONY PARK CIR - HOT SPRINGS NATIONAL PARK, AR 71913	71-0627544		21,722.	0.			PATIENT ASSISTANCE
HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72703	71-0788742		57,970.	0.			PATIENT ASSISTANCE
RANDY D ROBERTS MD 1000 E MATTHEWS AVE # C JONESBORO, AR 72401	71-0822361		32,770.	0.			PATIENT ASSISTANCE

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NORTHEAST ARKANSAS BAPTIST CLINIC PO BOX 7502 JONESBORO, AR 72403	71-0833213		12,578.	0.			PATIENT ASSISTANCE
OCHSNER CLINIC 9001 SUMMA AVE BATON ROUGE, LA 70809	72-0276883		14,454.	0.			PATIENT ASSISTANCE
FREEDMAN CLINIC OF INTERNAL MEDICINE - PO BOX 13030 - ALEXANDRIA, LA 71315	72-0399647		10,728.	0.			PATIENT ASSISTANCE
HIGHLAND CLINIC PO BOX 415000 BOX 410604 NASHVILLE, TN 37241	72-0703150		6,417.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CLINIC 8595 PICARDY AVE # 400 BATON ROUGE, LA 70809	72-1015780		5,117.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CLINIC 8595 PICARDY AVE # 400 BATON ROUGE, LA 70809	72-1111417		11,716.	0.			PATIENT ASSISTANCE
ARTHRITIS & DIABETES CLINIC 3402 MAGNOLIA COVE MONROE, LA 71203	72-1151060		5,791.	0.			PATIENT ASSISTANCE
LOUISIANA ONCOLOGY 4809 AMBASSADOR CAFFERY PKWY STE 11 LAFAYETTE, LA 70508	72-1188733		13,665.	0.			PATIENT ASSISTANCE
ACADIANA ONCOLOGY 602 N LEWIS # 600 NEW IBERIA, LA 70563	72-1512320		8,405.	0.			PATIENT ASSISTANCE

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ST ANTHONY HOSPITAL PO BOX 269009 OKLAHOMA CITY, OK 73126	73-0657693		9,261.	0.			PATIENT ASSISTANCE
MCBRIDE CLINIC PO BOX 268981 OKLAHOMA CITY, OK 73103	73-0714291		57,414.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES INC 5555 E 71ST # 7100 TULSA, OK 74136	73-1243815		5,329.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOC 4110 S 100TH EAST AVE. #201 TULSA, OK 74146	73-1469927		6,078.	0.			PATIENT ASSISTANCE
FRANCISCO H DEXEUS, MD INC 825 E OWEN GARRIOTT ENID, OK 73701	73-1486420		21,352.	0.			PATIENT ASSISTANCE
OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEAR - PO BOX 21228 DEPT 176 - TULSA, OK 74121	73-1522819		78,791.	0.			PATIENT ASSISTANCE
TULSA BONE AND JOINT ASSOC DEPT 172 PO BOX 2360 TULSA, OK 74101	73-1551429		21,666.	0.			PATIENT ASSISTANCE
OKLAHOMA ARTHRITIS CTR 1701 S RENAISSANCE BLVD #110 EDMOND, OK 73013	73-1578116		30,646.	0.			PATIENT ASSISTANCE
IRONWOOD CANCER & RESEARCH CENTERS PO BOX 29901 DEPT 991 PHOENIX, AZ 85038	73-1636831		208,319.	0.			PATIENT ASSISTANCE

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SOUTHWEST HEMATOLOGY ONCOLOGY 11209 N TATUM BLVD # 275 PHOENIX, AZ 85028	73-1683689		82,461.	0.			PATIENT ASSISTANCE
COMANCHE COUNTY MEMORIAL HOSPITAL PO BOX 129 LAWTON, OK 73502	73-6061037		17,698.	0.			PATIENT ASSISTANCE
CHARLES THOMAS MD RADIATION ONCO 7979 WURZBACH RD STE U240 SAN ANTONIO, TX 78229	74-1586031		7,781.	0.			PATIENT ASSISTANCE
AUSTIN DIAGNOSTIC CLINIC PO BOX 843770 DALLAS, TX 75284	74-1625143		21,032.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC 8144 WALNUT HILL LN # 800 DALLAS, TX 75231	74-1958530		81,990.	0.			PATIENT ASSISTANCE
AUSTIN REGIONAL CLINIC PO BOX 260179 DALLAS, TX 75326	74-2109824		18,045.	0.			PATIENT ASSISTANCE
VITREORETINAL CONSULTANTS 6560 FANNIN #750 HOUSTON, TX 77030	74-2109903		17,332.	0.			PATIENT ASSISTANCE
CESAR TULA, MD 1700 E SAUNDERS ST #A410 LAREDO, TX 78041	74-2326182		6,936.	0.			PATIENT ASSISTANCE
RADIATION ONCOLOGY OF SAN ANTONIO PO BOX 847265 DALLAS, TX 75284	74-2332650		237,873.	0.			PATIENT ASSISTANCE

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HING S EUGENE FUNG MD 2911 HERRING AVE STE 306 WACO, TX 76708	74-2648710		8,875.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF SOUTH TEXAS 100 NE LOOP 410 #600 SAN ANTONIO, TX 78216	74-2782325		98,095.	0.			PATIENT ASSISTANCE
SOUTH TEXAS INSTITUTE OF CANCER 1205 S 19TH ST CORPUS CHRISTI, TX 78405	74-2815622		21,087.	0.			PATIENT ASSISTANCE
COASTAL BEND CANCER CTR PO BOX 3069 CORPUS CHRISTI, TX 78463	74-2898314		6,732.	0.			PATIENT ASSISTANCE
SOUTH TX ONCOLOGY & HEMATOLOGY 4383 MEDICAL DRIVE SAN ANTONIO, TX 78229	74-2915297		31,151.	0.			PATIENT ASSISTANCE
NOOR MERCHANT, MD 13060 US HIGHWAY # 1 SUITE A SEBASTIAN, FL 32958	74-3026893		7,696.	0.			PATIENT ASSISTANCE
PACIFIC ARTHRITIS CARE CENTER 5230 PACIFIC CONCOURSE DR #100 LOS ANGELES, CA 90045	74-3040915		7,944.	0.			PATIENT ASSISTANCE
PURCHASE CANCER GROUP PO BOX 7564 PADUCAH, KY 42003	74-3112051		7,500.	0.			PATIENT ASSISTANCE
CANCER CENTER ASSOCIATES 4201 MEDICAL CTR DR # 180 MCKINNEY, TX 75069	75-1312419		13,452.	0.			PATIENT ASSISTANCE

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TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		509,455.	0.			PATIENT ASSISTANCE
TYLER HEMATOLOGY ONCOLOGY PA 721-A CLINIC DR TYLER, TX 75701	75-2288596		18,952.	0.			PATIENT ASSISTANCE
GREGORY A ECHT MD PA PO BOX 674004 DALLAS, TX 75267	75-2338371		15,268.	0.			PATIENT ASSISTANCE
THE CENTER CANCER AND BLOOD DISORDER - 800 W MAGNOLIA AVE - FORT WORTH, TX 76104	75-2512142		17,959.	0.			PATIENT ASSISTANCE
EAST TX HEMATOLOGY & ONCOLOGY CLINIC, PA - 1202 W FRANK AVE - LUFKIN, TX 75904	75-2604409		13,890.	0.			PATIENT ASSISTANCE
TEXAS HEALTH PHYSICIANS GROUP PO BOX 975341 DALLAS, TX 75397	75-2613493		34,424.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY ASSOC - 4002 21ST ST # B - LUBBOCK, TX 79410	75-2638688		8,162.	0.			PATIENT ASSISTANCE
DALLAS ONCOLOGY CONSULTANTS, PA 310 E HIGHWAY 67 DUNCANVILLE, TX 75137	75-2653455		12,764.	0.			PATIENT ASSISTANCE
ALLERGY A.R.T.S. 6842 PLUM CREEK DR AMARILLO, TX 79124	75-2848936		5,311.	0.			PATIENT ASSISTANCE

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DABAS CANCER INSTITUTE 12501 JUDSON RD # 102 SAN ANTONIO, TX 78233	75-3066737		10,543.	0.			PATIENT ASSISTANCE
CORAM ALTERNATIVE SITE SERVICE 11660 W EXECUTIVE DR BOISE, ID 83713	76-0215922		7,758.	0.			PATIENT ASSISTANCE
KELSEY SEYBOLD CLINIC PO BOX 840786 DALLAS, TX 75284	76-0386391		117,617.	0.			PATIENT ASSISTANCE
LAILA HASSAN 11914 ASTORIA # 330 HOUSTON, TX 77089	76-0438451		5,062.	0.			PATIENT ASSISTANCE
MILLENNIUM PHYSICIANS ASSOCIATIONS 22710 PROFESSIONAL DR #106 KINGWOOD, TX 77339	76-0528826		19,192.	0.			PATIENT ASSISTANCE
ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD STE 600 HOUSTON, TX 77024	76-0605200		6,024.	0.			PATIENT ASSISTANCE
JAY CHEN, MD 1541 FLORIDA AVE # 101 MODESTO, CA 95350	77-0206824		5,557.	0.			PATIENT ASSISTANCE
PHYSICIANS PLAZA CORPORATION PO BOX 3628 BAKERSFIELD, CA 93385	77-0333077		23,895.	0.			PATIENT ASSISTANCE
COMPREHENSIVE BLOOD & CANCER CENTER - 6501 TRUXTUN AVE - BAKERSFIELD, CA 93309	77-0356364		10,419.	0.			PATIENT ASSISTANCE

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STOCKDALE PODIATRIST GROUP 3857 STOCKDALE HWY BAKERSFIELD, CA 93309	77-0407133		9,118.	0.			PATIENT ASSISTANCE
BARRY EIBSCHUTZ MD 1551 BISHOP ST # 230 SAN LUIS OBISPO, CA 93401	77-0485060		5,368.	0.			PATIENT ASSISTANCE
CHARLES BONISKE MD 5319 W HILLSDALE ST VISALIA, CA 93291	77-0542371		12,766.	0.			PATIENT ASSISTANCE
ALPHA MED PHYSICIANS GROUP 17333 S LA GRANGE RD TINLEY PARK, IL 60487	80-0239468		5,084.	0.			PATIENT ASSISTANCE
POUDRE VALLEY MEDICAL GROUP PO BOX 20060 FORT COLLINS, CO 80522	80-0348943		7,464.	0.			PATIENT ASSISTANCE
SEQUOIA ONCOLOGY MEDICAL ASSOC 4945 W CYPRESS AVE VISALIA, CA 93277	81-0555508		14,781.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW HOSP 2325 CORONADO ST IDAHO FALLS, ID 83404	82-0516012		20,813.	0.			PATIENT ASSISTANCE
IDAHO ARTHRITIS & OSTEO CENTER 3277 E LOUISE DR STE350 MERIDIAN, ID 83642	82-0536242		10,503.	0.			PATIENT ASSISTANCE
NORTHERN HEMATOLOGY ONCOLOGY THORNTON - DEPT 1483 - DENVER, CO 80291	83-0346340		9,891.	0.			PATIENT ASSISTANCE

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CYPRESS HEMATOLOGY & ONCOLOGY 9399 CROWN CREST BLVD #215 PARKER, CO 80138	84-0438224		7,121.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 2500 S HAVANA ST SUITE 400 AURORA, CO 80014	84-0591617		22,780.	0.			PATIENT ASSISTANCE
DENVER ARTHRITIS CLINIC 200 SPRUCE ST #100 DENVER, CO 80230	84-0717541		28,937.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 2500 S HAVANA ST SUITE 400 AURORA, CO 80014	84-0832336		15,849.	0.			PATIENT ASSISTANCE
GREELEY MEDICAL CLINIC 1900 16TH ST GREELEY, CO 80631	84-0979593		20,795.	0.			PATIENT ASSISTANCE
SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		24,752.	0.			PATIENT ASSISTANCE
US SPECIALTY CARE 7472 S TUCSON WAY STE 100B CENTENNIAL, CO 80112	84-1289705		17,105.	0.			PATIENT ASSISTANCE
EYE CARE CENTER OF NORTHERN CO, PC 1400 DRY CREEK DR LONGMONT, CO 80503	84-1355429		5,066.	0.			PATIENT ASSISTANCE
JAMES SINGLETON MD 206 W COUNTY LINE RD # 310 HIGHLANDS RANCH, CO 80129	84-1438179		12,653.	0.			PATIENT ASSISTANCE

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ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		40,015.	0.			PATIENT ASSISTANCE
SOUTHWEST ONCOLOGY 1 MERCADO ST # 100 DURANGO, CO 81301	84-1475914		5,741.	0.			PATIENT ASSISTANCE
COLORADO CENTER FOR ARTHRITIS AND OSTEOPOROSI - 1551 PROFESSIONAL LANE # 235 - LONGMONT, CO 80501	84-1542045		6,003.	0.			PATIENT ASSISTANCE
MOUNTAIN RHEUMATOLOGY 4500 E 9TH AVE # 5005 DENVER, CO 80220	84-1596684		7,330.	0.			PATIENT ASSISTANCE
THOMAS RAMAGE MD 313 WEST COUNTRY CLUB RD #3 ROSWELL, NM 88201	85-0263301		6,007.	0.			PATIENT ASSISTANCE
NEW MEXICO ONCOLOGY HEMATOLOGY - ALBUQUERQUE - PO BOX 52163 MSC 609 - PHOENIX, AZ 85072	85-0367056		23,157.	0.			PATIENT ASSISTANCE
INTERNISTS ONCOLOGISTS LTD 1300 N 12TH ST # 612 PHOENIX, AZ 85006	86-0216599		10,462.	0.			PATIENT ASSISTANCE
BANNER ARIZONA MED CTR PO BOX 29328 PHOENIX, AZ 85038	86-0277198		5,486.	0.			PATIENT ASSISTANCE
PALO VERDE HEMATOLOGY AND ONCOLOGY 5601 W EUGIE AVE # 106 GLENDALE, AZ 85304	86-0416050		107,997.	0.			PATIENT ASSISTANCE

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ARIZON ARTHRITIS-RHEUMATOLOGY 10599 N TATUM BLVD #F150 PARADISE VALLEY, AZ 85253	86-0765242		38,457.	0.			PATIENT ASSISTANCE
LOS NINOS HOSPITAL 1402 E S MOUNTAIN AVE PHOENIX, AZ 85042	86-0892673		6,000.	0.			PATIENT ASSISTANCE
ARIZONA CTR FOR HEMATOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD #C300 - GLENDALE, AZ 85306	86-0930581		102,014.	0.			PATIENT ASSISTANCE
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		203,958.	0.			PATIENT ASSISTANCE
VALLEY ARTHRITIS CARE 13943 N 91ST AVE # I PEORIA, AZ 85381	86-1010503		14,629.	0.			PATIENT ASSISTANCE
JOHN SAER MD 3901 HOUMA BLVD #310 METAIRIE, LA 70006	86-1054334		16,029.	0.			PATIENT ASSISTANCE
CENTRAL UT CLINIC PO BOX 30079 SALT LAKE CITY, UT 84130	87-0281028		20,284.	0.			PATIENT ASSISTANCE
UTAH CANCER CENTER 1121 E 3900 S STE C#240 HOLLADAY, UT 84124	87-0519691		13,050.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF UT 5169 S. COTTONWOOD ST #630 MURRAY, UT 84107	87-0525682		34,147.	0.			PATIENT ASSISTANCE

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UTAH VALLEY PEDIATRICS 1355 N UNIVERSITY AVE # 210 PROVO, UT 84604	87-0549057		17,566.	0.			PATIENT ASSISTANCE
ARTHRITIS SPECIALTY CTR 1448 E CENTER ST #E POCATELLO, ID 83201	87-0705248		19,350.	0.			PATIENT ASSISTANCE
NEVADA CANCER CTR PO BOX 26237 LAS VEGAS, NV 89126	88-0133767		23,909.	0.			PATIENT ASSISTANCE
ALPINE HEMATOLOGY AND ONCOLOGY 236 W 6TH ST # 400 RENO, NV 89503	88-0152239		7,643.	0.			PATIENT ASSISTANCE
ARTHRITIS SPECIALISTS OF NORTHERN NV - 93 BELL ST - RENO, NV 89503	88-0206666		9,334.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		51,503.	0.			PATIENT ASSISTANCE
FAYLONA GOLLARD KAUSHAL NYAMUSWA AND PARK LTD - 58 N PECOS RD - HENDERSON, NV 89074	88-0370553		11,265.	0.			PATIENT ASSISTANCE
WILLIAM KIM MD 5980 S RAINBOW BLVD #100 LAS VEGAS, NV 89118	88-0392853		7,204.	0.			PATIENT ASSISTANCE
CHRISTIANNE YUNG, MD 2482 W HORIZON RIDGE PKWY HENDERSON, NV 89052	88-0418235		16,952.	0.			PATIENT ASSISTANCE

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ARTHRITIS CONSULTANTS 160 COUNTRY ESTATES CIR STE 2 RENO, NV 89511	88-0426331		5,327.	0.			PATIENT ASSISTANCE
SAN JOAQUIN HEMATOLOGY PO BOX 7667 STOCKTON, CA 95267	90-0085684		6,543.	0.			PATIENT ASSISTANCE
INNOVATIVE INFUSIONS LLC 235 NE LOOP 820 STE 310 HURST, TX 76053	90-0213778		5,368.	0.			PATIENT ASSISTANCE
UMPQUA MEDICAL GROUP, LLC 341 MEDICAL LOO[SUITE 120 ROSEBURG, OR 97471	90-0433062		12,852.	0.			PATIENT ASSISTANCE
BANNER ARIZONA MED CTR 13640 N PLAZA DEL RIO BLVD #120 PEORIA, AZ 85381	90-0730397		21,920.	0.			PATIENT ASSISTANCE
ROCKWOOD CANCER TREATMENT 910 W 5TH AVE #700 SPOKANE, WA 99204	91-1352993		11,115.	0.			PATIENT ASSISTANCE
NEBRASKA HEMATOLOGY AND ONCOLOGY PC - 4004 PIONEER WOODS DR - LINCOLN, NE 68506	91-1806105		5,561.	0.			PATIENT ASSISTANCE
NORTHWEST MEDICAL SPECIALTIES 1624 S I ST #305 TACOMA, WA 98405	91-1867315		36,647.	0.			PATIENT ASSISTANCE
COLUMBIA RHEUMATOLOGY 6710 W OKANOGAN PL KENNEWICK, WA 99336	91-2066291		7,324.	0.			PATIENT ASSISTANCE

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NORTH BEND MEDICAL CTR 1900 WOODLAND DR COOS BAY, OR 97420	93-0635514		8,800.	0.			PATIENT ASSISTANCE
OREGON UROLOGY INSTITUTE PC 2400 HARTMAN LN #200 SPRINGFIELD, OR 97477	93-0636837		12,256.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOC OF OREGON PO BOX 79045 CITY INDUSTRY, CA 91716	93-0746296		24,248.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 2450 12TH ST SE SALEM, OR 97302	93-1152985		10,563.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 2828 E BARNETT RD MEDFORD, OR 97504	93-1272455		6,637.	0.			PATIENT ASSISTANCE
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE #4030 SALEM, OR 97301	93-1273254		22,451.	0.			PATIENT ASSISTANCE
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		27,434.	0.			PATIENT ASSISTANCE
RADIOLOGICAL ASSOC. OF SACRAMENTO MEDICAL GRO - PO BOX 160008 - SACRAMENTO, CA 95816	94-1694584		6,069.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY MEDICAL GROUP OF FRES - 7130 N MILLBROOK # 100 - FRESNO, CA 93720	94-2356945		23,683.	0.			PATIENT ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IV THERAPY IHC 2250 S 1300 W SUITE A SALT LAKE, UT 84119	94-2854057		33,729.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA RETINA VITREOUS ASS - 50 S SAN MATEO DR # 125 - SAN MATEO, CA 94403	94-2906234		5,232.	0.			PATIENT ASSISTANCE
PACIFIC RHEUMATOLOGY ASSOC 2100 WEBSTER ST #112 SAN FRANCISCO, CA 94115	94-3166656		5,119.	0.			PATIENT ASSISTANCE
ONCARE HI INC PO BOX 30460 HONOLULU, HI 96820	94-3266406		15,674.	0.			PATIENT ASSISTANCE
EPIC CARE 4721 DALLAS RNCH RD ANTIOCH, CA 94531	94-3306655		28,454.	0.			PATIENT ASSISTANCE
MATHEWS HEMATOLOGY ONCOLOGY ASSOCIATES - 3036 SENNA DR - MATHEWS, NC 28105	94-3416694		5,760.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY MEDICAL GROUP 1010 W LA VETA AVE STE 200 ORANGE, CA 92868	95-2665069		49,350.	0.			PATIENT ASSISTANCE
WILSHIRE ONCOLOGY MEDICAL GRP 1502 ARROW HWY LA VERNE, CA 91750	95-2754041		27,389.	0.			PATIENT ASSISTANCE
SHAPIRO STAFFORD AND YEE MD 622 W DUARTE RD #202 ARCADIA, CA 91007	95-3036706		8,695.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTY ONCOLOGY MED CLINIC 3617 VISTA WAY OCEANSIDE, CA 92056	95-3083886		31,671.	0.			PATIENT ASSISTANCE
MARTIN BERRY MD 3737 SAN DIMAS ST # 101 BAKERSFIELD, CA 93301	95-3159908		12,594.	0.			PATIENT ASSISTANCE
LOS ALAMITOS HEMATOLOGY ONCOLOGY 3801 KATELLA AVE #207 LOS ALAMITOS, CA 90720	95-3184731		5,917.	0.			PATIENT ASSISTANCE
VALLEY TUMOR MED GRP 44105 15TH ST W #207 LANCASTER, CA 93534	95-3275524		15,336.	0.			PATIENT ASSISTANCE
XAVIER J CARO MD 18350 ROSCOE BLVD #418 NORTHRIDGE, CA 91325	95-3563324		29,388.	0.			PATIENT ASSISTANCE
EAST VALLEY HEMATOLOGY/ONCOLOGY 2601 W ALAMEDA AVE #210 BURBANK, CA 91505	95-3738680		7,500.	0.			PATIENT ASSISTANCE
ONCOLOGY INSTITUTE OF HOPE & INNOVATION - 101 E BEVERLY BLVD #200 - MONTEBELLO, CA 90640	95-3929841		30,678.	0.			PATIENT ASSISTANCE
RUDY GREENE MD PO BOX 1470 PHOENIX, OR 97535	95-4112025		9,900.	0.			PATIENT ASSISTANCE
FACEY MEDICAL GROUP FILE 50670 LOS ANGELES, CA 90074	95-4322584		14,991.	0.			PATIENT ASSISTANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES HEMATOLOGY & ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD #303 - LOS ANGELES, CA 90147	95-4332724		27,309.	0.			PATIENT ASSISTANCE
TOWER HEMATOLOGY ONCOLOGY 9090 WILSHIRE BLVD # 200 BEVERLY HILLS, CA 90211	95-4363145		7,280.	0.			PATIENT ASSISTANCE
HEALTHCARE PARTNERS MEDICAL GROUP PO BOX 6560 TORRANCE, CA 90504	95-4526112		5,395.	0.			PATIENT ASSISTANCE
KEN ARAKAWA 1329 LUSITANA ST STE 502 HONOLULU, HI 96813	99-0344479		80,883.	0.			PATIENT ASSISTANCE
SUSAN S HIRAOKA DPM LLC PO BOX 30460 HONOLULU, HI 96820	99-0358542		6,476.	0.			PATIENT ASSISTANCE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COPAY ASSISTANCE	470	3,351,593.	0.	N/A	N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THESE FUNDS REPRESENT GRANTS MADE FOR THE
 BENEFIT OF PATIENTS. THROUGH AN APPLICATION PROCESS WHICH INCLUDES INCOME
 ATTESTATION WITH RANDOM VERIFICATION AGAINST CRITERIA SET BY THE BOARD, A
 DOCTOR'S ATTESTATION TO VALIDATE THE PATIENT MEDICAL NEED AND AN INSURANCE
 BENEFITS VERIFICATION, PAN ENSURES THAT ALL PATIENTS WHO REQUEST OUR
 SERVICES MEET THE CRITERIA FOR A DISEASE FUND BEFORE ANY FUNDS ARE
 DISBURSED. THE PATIENT'S GRANT WILL PROVIDE ASSISTANCE FOR THEIR
 RESPONSIBILITY (DEDUCTIBLE, CO-PAYMENT, OR COINSURANCE) FOR COVERED
 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK L. MCKERCHER, PHD PRESIDENT	(i)	234,272.	20,000.	0.	7,938.	0.	262,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KORAB ZUKA VICE PRESIDENT	(i)	185,240.	25,000.	0.	8,213.	17,709.	236,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization PATIENT ACCESS NETWORK FOUNDATION Employer identification number 20-1184743

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

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SOUTH CAROLINA ONCOLOGY ASSOCIATES	BOB SMITH, FORMER DIRECTOR	257,450.	BOB SMITH, FORMER DIRECTOR		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: SOUTH CAROLINA ONCOLOGY ASSOCIATES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOB SMITH, FORMER DIRECTOR OF THE ORGANIZATION, IS A PRINCIPAL PARTNER

(C) AMOUNT OF TRANSACTION \$ 257,450.

(D) DESCRIPTION OF TRANSACTION: BOB SMITH, FORMER DIRECTOR OF THE ORGANIZATION, IS A PRINCIPAL PARTNER WITH SOUTH CAROLINA ONCOLOGY ASSOCIATES. SOUTH CAROLINA ONCOLOGY ASSOCIATES IS A RECIPIENT OF A GRANT TO BE USED FOR THE BENEFIT OF ITS PATIENTS. ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OFFERING HOPE FOR A HEALTHY TOMORROW. SINCE 2004, PAN FOUNDATION HAS
OFFERED FINANCIAL ASSISTANCE TO OVER 150,000 PATIENTS BY GIVING OUT
APPROXIMATELY \$350 MILLION THROUGH MORE THAN 50 DISEASE CATEGORIES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS
ELECTRONICALLY MAILED TO ALL DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.
THEIR COMMENTS ARE THEN INCORPORATED INTO THE FORM. THE FINAL 990 IS
SUBMITTED UNDER THE PRESIDENT'S SIGNATORY.

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. 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 COMPENSATION OF THE PRESIDENT
IS DETERMINED BY THE INDEPENDENT BOARD OF DIRECTORS. THE BOARD REVIEWS THE
RECOMMENDATION OF AN INDEPENDENT CONSULTANT THAT HAS BEEN RETAINED AS WELL
AS THE FORMS 990 OF ORGANIZATIONS WITH SIMILAR MISSIONS AND BUDGETS TO
DETERMINE AN APPROPRIATE SALARY FOR THE PRESIDENT.
THE PRESIDENT DETERMINES ALL OTHER EMPLOYEES' COMPENSATION AND ALL BONUSES
MUST BE APPROVED BY THE INDEPENDENT BOARD OF DIRECTORS.

Name of the organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

DC, AL, AK, AR, CA, CO, CT, FL, IL, KS, KY, ME, MD, MI, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI, AZ, MO

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS, LIST OF BOARD MEMBERS, AND THE ANNUAL REPORT ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE

THE AUDIT AND FINANCE COMMITTEE'S 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.

PAGE 6, SECTION C, DISCLOSURE

BOOKS & RECORDS

THE ORGANIZATION'S BOOKS ARE LOCATED IN CHARLOTTE, NORTH CAROLINA IN CARE OF DENISE BADGETT AT LASH GROUP, INC, 3735 GLEN LAKE DRIVE, CHARLOTTE, NC 28208, 704-357-3071.

THE RECORDS ARE LOCATED AS STATED ON PAGE 6, SECTION C.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PATIENT ACCESS NETWORK FOUNDATION	Employer identification number (EIN) or 20-1184743
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1331 F STREET, NO. 975	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20004	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD L. GOLDSTEIN

- The books are in the care of ▶ **1331 F STREET NW, SUITE 975 - WASHINGTON, DC 20004**
 Telephone No. ▶ **202-347-9271** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2012** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.