

PUBLIC DISCLOSURE COPY



JUNE 23, 2014

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

DEAR PATRICK:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US .

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

SINCERELY,

JANICE RATICA, CPA

CHERRY BEKAERT LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2013

PREPARED FOR:

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

PREPARED BY:

CHERRY BEKAERT LLP
1111 METROPOLITAN AVE. STE. 1000
CHARLOTTE, NC 28204
704-377-1678

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 FOR STATE FILING PURPOSES.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE

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

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 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 checked="" 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 \$ 478,343,545.
	1331 F STREET	975	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20004		H(c) Group exemption number	
F Name and address of principal officer: PATRICK MCKERCHER SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PANFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2004	M State of legal domicile: DC

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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a 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 179,458,330.	Current Year 313,390,449.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,514,981.	7,529,525.
	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)	185,973,311.	320,919,974.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		1,291,997.	1,408,099.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		413,925.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,293,757.	12,631,651.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,046,395.	188,379,924.	
19 Revenue less expenses. Subtract line 18 from line 12	65,926,916.	132,540,050.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 232,396,417.	End of Year 387,017,900.
	21 Total liabilities (Part X, line 26)	47,176,235.	63,602,221.
	22 Net assets or fund balances. Subtract line 21 from line 20	185,220,182.	323,415,679.

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
	Firm's name CHERRY BEKAERT LLP	Firm's EIN 56-0574444	Check if self-employed <input type="checkbox"/> PTIN P01345659
Firm's address 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204		Phone no. 704-377-1678	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PATIENT 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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 184,902,694. including grants of \$ 174,340,174.) (Revenue \$) IN 2013, PAN FOUNDATION CREATED, SOLICITED, AND DISTRIBUTED FUNDING AND ADMINISTERED GRANTS FOR MORE THAN 60 FUNDS REPRESENTING A SOLID FOOTPRINT IN THE AREAS OF ONCOLOGY, CHRONIC AND RARE DISEASES. PAN FOUNDATION ASSISTED A TOTAL OF 87,791 PATIENTS IN 2013. OF THAT TOTAL, 74,122 WERE PATIENTS SEEKING AND RECEIVING ASSISTANCE FROM THE PAN FOUNDATION FOR THE FIRST TIME. IN THE SAME YEAR, PAN PAID MORE THAN 345,737 CLAIMS RELATED TO PATIENTS' OUT OF POCKET PRESCRIPTION DRUG EXPENSES AND RECEIVED OVER 330,881 PHONE CALLS. PAN'S REACH INCLUDES PARTNERSHIPS WITH OVER 157 SPECIALTY PHARMACIES AND MORE THAN 25,500 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 184,902,694.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to 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 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BORENSTEIN DIRECTOR	3.00	X					6,000.	0.	0.	
(2) STEPHEN F. LOEBS, PHD DIRECTOR	1.00	X					6,000.	0.	0.	
(3) ALLAN GOLDSTEIN, MD DIRECTOR	3.00	X					9,000.	0.	0.	
(4) ANITA PLOTINSKY, PHD DIRECTOR	3.00	X					9,000.	0.	0.	
(5) IAN D. SPATZ, JD DIRECTOR	3.00	X					9,000.	0.	0.	
(6) MICHAEL O'GRADY DIRECTOR	3.00	X					9,000.	0.	0.	
(7) FRED SCHNELL, MD DIRECTOR	3.00	X					9,000.	0.	0.	
(8) DONALD BARONE DIRECTOR	3.00	X					8,000.	0.	0.	
(9) NORRIE THOMAS DIRECTOR	3.00	X					9,000.	0.	0.	
(10) KIM SCHWARTZ CHAIR	3.00	X		X			10,500.	0.	0.	
(11) PATRICK L. MCKERCHER, PHD PRESIDENT	40.00			X			281,180.	0.	16,377.	
(12) RICHARD GOLDSTEIN CFO	40.00			X			178,247.	0.	39,539.	
(13) KORAB ZUKA VP OF EXTERNAL RELATIONS AND OPERATI	40.00				X		204,118.	0.	21,682.	
(14) SVETLANA DURKOVIC DIRECTOR OF OPERATIONS	40.00					X	114,480.	0.	32,747.	

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								862,525.	0.	110,345.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								862,525.	0.	110,345.

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 4

	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
LASH GROUP AMERISOURCEBERGEN CONSULTING SER 3735 GLEN LAKE DRIVE, CHARLOTTE, NC 28208	PATIENT MGMT SERVICES	10,109,559.
KING & SPALDING, 1730 PENNSYLVANIA AVENUE NW, WASHINGTON, DC 20006	LEGAL ADVISORS	175,388.
AMPLIFY PUBLIC AFFAIRS LLC, 1750 K STREET NW, 7TH FLOOR, WASHINGTON, DC 20006	PUBLIC RELATIONS	174,446.
MILLIMAN, 111 MONUMENT CIRCLE, SUITE 601, INDIANAPOLIS, IN 46204	ACTUARIAL SERVICES	173,240.

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 4

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	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	313,390,449.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
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)			7,150,342.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		21,040.			
		c Gain or (loss)		-21,040.			
		d Net gain or (loss)			379,183.		
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 _____							
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.				320,919,974.	0.	0.	7,529,525.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	166,930,604.	166,930,604.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	7,409,570.	7,409,570.		
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	827,114.	261,807.	452,750.	112,557.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	335,705.	13,248.	237,708.	84,749.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,795.	9,660.	18,915.	12,220.
9 Other employee benefits	138,191.	14,181.	101,487.	22,523.
10 Payroll taxes	66,294.	14,339.	38,255.	13,700.
11 Fees for services (non-employees):				
a Management	9,092,179.	9,092,179.		
b Legal	284,345.	152,867.	76,312.	55,166.
c Accounting	345,891.	153,637.	188,879.	3,375.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	807,254.		807,254.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	643,582.	141,584.	393,151.	108,847.
12 Advertising and promotion	65,881.	54,456.	11,425.	
13 Office expenses	125,080.	1,059.	123,871.	150.
14 Information technology	54,142.	20,304.	33,838.	
15 Royalties				
16 Occupancy	121,824.		121,824.	
17 Travel	184,890.	25,595.	159,295.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,923.	40,743.	63,180.	
20 Interest	59,943.		59,943.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,359.		11,359.	
23 Insurance	10,468.	715.	9,115.	638.
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 INNOVATION EXPENSES	427,974.	381,404.	46,570.	
b ACTUARIAL EXPENSES	193,240.	173,240.	20,000.	
c SYMPOSIUM	99,676.	11,502.	88,174.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	188,379,924.	184,902,694.	3,063,305.	413,925.
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 or note to any line 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	14,537,395.	2	22,184,741.
	3 Pledges and grants receivable, net	50,520,000.	3	86,245,000.
	4 Accounts receivable, net	5,000.	4	
	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	71,702.	9	79,109.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 120,269.		
	b Less: accumulated depreciation	10b 11,359.	31,617.	10c 108,910.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	167,230,703.	12	278,400,140.
	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)	232,396,417.	16	387,017,900.	
Liabilities	17 Accounts payable and accrued expenses	4,569,235.	17	6,305,221.
	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	42,607,000.	25	57,297,000.
	26 Total liabilities. Add lines 17 through 25	47,176,235.	26	63,602,221.
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	10,802,700.	27	16,109,943.
	28 Temporarily restricted net assets	174,417,482.	28	307,305,736.
	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	185,220,182.	33	323,415,679.	
34 Total liabilities and net assets/fund balances	232,396,417.	34	387,017,900.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	320,919,974.
2	Total expenses (must equal Part IX, column (A), line 25)	2	188,379,924.
3	Revenue less expenses. Subtract line 2 from line 1	3	132,540,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	185,220,182.
5	Net unrealized gains (losses) on investments	5	5,655,447.
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	323,415,679.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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?
 - (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? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34511711.	35551233.	83632322.	179458330	313390449	646544045
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	34511711.	35551233.	83632322.	179458330	313390449	646544045
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)						426308873
6 Public support. Subtract line 5 from line 4.						220235172

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	34511711.	35551233.	83632322.	179458330	313390449	646544045
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1258146.	2862450.	3798553.	4656432.	7150342.	19725923.
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						666269968
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 2013 (line 6, column (f) divided by line 11, column (f))	14	33.05 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	21.50 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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:

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

OMB No. 1545-0047

2013

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

[X] 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 its Form 990-PF, Part I, line 2, 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) (2013)

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
1	_____ _____ _____	\$ <u>13,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>27,420,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>17,575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>2,395,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 45,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 10,380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 107,190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	<hr/> <hr/> <hr/>	\$ <u>15,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>4,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>1,650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>4,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	_____ _____ _____	\$ 835,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 8,875,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
25	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 5,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 42,730,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE 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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements...

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. 1b 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,081.	291.	2,790.
d Equipment		117,188.	11,068.	106,120.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 108,910.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ETFs AND CLOSED END FUNDS	150,204,848.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	70,880,023.	END-OF-YEAR MARKET VALUE
(C) GOV. & AGENCY SECURITIES	17,206,913.	END-OF-YEAR MARKET VALUE
(D) CORPORATE BONDS	40,108,356.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	278,400,140.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CO PAYMENT ASSISTANCE OBLIGATION	57,297,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,297,000.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	325,789,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	5,655,447.	
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	5,655,447.	
3	Subtract line 2e from line 1		3	320,133,760.
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	807,254.	
b	Other (Describe in Part XIII.)	4b	-21,040.	
c	Add lines 4a and 4b	4c	786,214.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	320,919,974.

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

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

1	Total expenses and losses per audited financial statements		1	187,593,710.
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	21,040.	
e	Add lines 2a through 2d	2e	21,040.	
3	Subtract line 2e from line 1		3	187,572,670.
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	807,254.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	807,254.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	188,379,924.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: 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 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

Part XIII Supplemental Information (continued)

THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2013 AND 2012 AND,
ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED. THE FOUNDATION BELIEVES IT IS
NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2010.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS SHOWN AS AN EXPENSE ON THE
FINANCIALS -21,040.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS SHOWN AS AN EXPENSE ON THE
FINANCIALS 21,040.

**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.**

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

OMB No. 1545-0047

2013

**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
MERCY HOSPITAL 144 STATE STREET PORTLAND, ME 04101	01-0211534		9,254.	0.			PATIENT ASSISTANCE
MAINE EYE CENTER 15 LOWELL ST PORTLAND, ME 04102	01-0329291		16,270.	0.			PATIENT ASSISTANCE
MAINE CTR FOR CANCER MED 100 CAMPUS DR # 100 SCARBOROUGH, ME 04074	01-0357684		67,851.	0.			PATIENT ASSISTANCE
EYECARE MEDICAL GROUP 53 SEWALL STREET PORTLAND, ME 04102	01-0358257		10,648.	0.			PATIENT ASSISTANCE
EYE CENTER OF CENTRAL MAINE 40 AIRPORT RD # 1 WATERVILLE, ME 04901	01-0543747		5,050.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC OF BALTIMORE 1220 B EAST JOPPA RD #310 TOWSON, MD 21286	01-0606079		14,481.	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 ▶ 907.

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

Schedule I (Form 990) (2013)

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
DESCHUTES RHEUMATOLOGY PO BOX 490 BEND, OR 97709	01-0922194		6,973.	0.			PATIENT ASSISTANCE
NEW HAMPSHIRE ONC HEMA 200 TECHNOLOGY DR HOOKSETT, NH 03106	02-0335060		30,068.	0.			PATIENT ASSISTANCE
HUNTERDON HEMATOLOGY & ONCOLOGY 2100 WESCOTT DR FLEMINGTON, NJ 08822	02-0543270		10,982.	0.			PATIENT ASSISTANCE
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		27,308.	0.			PATIENT ASSISTANCE
NACOGDOCHES HEMATOLOGY/ONCOLOGY CLINIC - 1225 N MOUND ST - NACOGDOCHES, TX 75961	03-0439468		7,214.	0.			PATIENT ASSISTANCE
COMMUNITY CANCER CENTER OF N FLORIDA - PO BOX 830941 - BIRMINGHAM, AL 35283	03-0452526		7,146.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW CANCER ASSOC PO BOX 643388 PITTSBURGH, PA 15264	03-0480551		66,827.	0.			PATIENT ASSISTANCE
MEDICAL CENTER OF THE ROCKIES PO BOX 20060 FORT COLLINS, CO 80522	04-3730045		8,232.	0.			PATIENT ASSISTANCE
ATLANTIC RETINA CENTER 31455 WINTERPLACE PKWY SALISBURY, MD 21804	04-3769587		9,464.	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.)

(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
MIRIAM HOSPITAL PO BOX 1202 PROVIDENCE, RI 02903	05-0258905		9,660.	0.			PATIENT ASSISTANCE
MEDICAL GROUP OF RI 1050 WARWICK AVE WARWICK, RI 02888	05-0383917		12,929.	0.			PATIENT ASSISTANCE
J. SCOTT TODER 1524 ATWOOD AVE # 333 JOHNSTON, RI 02919	05-0414921		9,605.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC OF RI, INC. - 1220 PONTIAC AVE #101 - CRANSTON, RI 02920	05-0475195		8,357.	0.			PATIENT ASSISTANCE
ADRIANA POP-MOODY MD PA PO BOX 3806 CORPUS CHRISTI, TX 78463	05-0592086		12,886.	0.			PATIENT ASSISTANCE
UROLOGY GROUP PC 9 WASHINGTON AVE STE 3A HAMDEN, CT 06518	06-0854140		5,552.	0.			PATIENT ASSISTANCE
MEDICAL SPECIATIST OF FAIRFIELD 425 POST RD FAIRFIELD, CT 06824	06-0867105		21,068.	0.			PATIENT ASSISTANCE
CONNECTICUT ONCOLOGY GROUP 536 SAYBROOK RD MIDDLETOWN, CT 06457	06-1008486		12,975.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY AND BLOOD DISORDERS LLP - 100 HAYNES ST - MANCHESTER, CT 06040	06-1021367		11,505.	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.)

(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
NEW ENGLAND RETINA ASSOC 2200 WHITNEY AV STE 300 HAMDEN, CT 06518	06-1414890		9,122.	0.			PATIENT ASSISTANCE
CT MULTISPECIALTY GROUP PC 100 RETREAT AVE HARTFORD, CT 06106	06-1440790		15,494.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC 3 SHAWS COVE # 201 NEW LONDON, CT 06320	06-1495690		7,713.	0.			PATIENT ASSISTANCE
CANCER CARE OF N FL PO BOX 1642 LAKE CITY, FL 32056	06-1641228		33,062.	0.			PATIENT ASSISTANCE
IOWA CANCER SPECIALISTS, PC 1351 W CENTRAL PARK DAVENPORT, IA 52804	06-1666841		5,134.	0.			PATIENT ASSISTANCE
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT # 2 OCALA, FL 34471	06-1720582		9,753.	0.			PATIENT ASSISTANCE
NORTH JERSEY RHEUMATOLOGY CTR PO BOX 4606 WARREN, NJ 07059	06-1786168		7,452.	0.			PATIENT ASSISTANCE
VALLEY CANCER ASSOC PA 1719 TREASURE HILLS BLVD HARLINGEN, TX 78550	06-1831543		28,242.	0.			PATIENT ASSISTANCE
WINTHROP UNIVERSITY HOSPITAL PO BOX 9562 UNIONDALE, NY 11555	11-1633486		9,579.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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NORTHSHORE HEMATOLOGY ONCOLOGY ASSOC - P.O. BOX 5773 - HICKSVILLE, NY 11802	11-2419534		92,109.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTANTS OF LONG ISLAND - 865 MERRICK AVE #80N - WESTBURY, NY 11590	11-2498332		7,442.	0.			PATIENT ASSISTANCE
JAMES MAISEL, MD 400 S OYSTER BAY RD # 305 HICKSVILLE, NY 11801	11-2806486		5,492.	0.			PATIENT ASSISTANCE
PROHEALTH CARE ASSOCIATES 2800 MARCUS AVE LAKE SUCCESS, NY 11042	11-3355604		26,738.	0.			PATIENT ASSISTANCE
GENTIVA CARECENTRIX PO BOX 277947 ATLANTA, GA 30384	11-3454103		7,639.	0.			PATIENT ASSISTANCE
EASTERN LONG ISLAND HEMATOLOGY ONCOLOGY - 1333 E MAIN ST - RIVERHEAD, NY 11901	11-3601943		26,896.	0.			PATIENT ASSISTANCE
MARYLAND ONCOLOGY AND HEMATOLOGY PO BOX 75581 BALTIMORE, MD 21275	11-3652573		29,608.	0.			PATIENT ASSISTANCE
MEDICAL CENTER CLINIC 247 MOREWOOD AVE PITTSBURGH, PA 15213	11-3683376		23,333.	0.			PATIENT ASSISTANCE
WEILL CORNELL EYE ASSOC BOX 29530 GPO NEW YORK, NY 10087	13-1623978		7,802.	0.			PATIENT ASSISTANCE

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NYACK HOSPITAL 160 N MIDLAND AVE NYACK, NY 10960	13-1740119		5,523.	0.			PATIENT ASSISTANCE
NATHANIEL WISCH, GRUENSTEIN, KLAFTER - 12 E 86TH ST - NEW YORK, NY 10028	13-2667055		6,553.	0.			PATIENT ASSISTANCE
VITREOUS RETINA MACULA CONSULTANTS OF NY - 460 PARK AVE 5TH FLOOR - NEW YORK, NY 10022	13-2721177		5,348.	0.			PATIENT ASSISTANCE
STEVEN VOGL MD 2220 TIEMANN AVE BRONX, NY 10469	13-3156441		5,629.	0.			PATIENT ASSISTANCE
JEFFREY JOSEF MD 978 NORTHSIDE PLAZA RTE 45 # L1 POMONA, NY 10970	13-3672356		10,746.	0.			PATIENT ASSISTANCE
WESTCHESTER HEMATOLOGY ONCOLOGY ASSOCIATES - PO BOX 663 - MOUNT KISCO, NY 10549	13-3672555		5,099.	0.			PATIENT ASSISTANCE
WESTCHESTER MEDICAL GROUP PO BOX 417414 BOSTON, MA 02241	13-3884168		10,229.	0.			PATIENT ASSISTANCE
QUEENS MEDICAL ASSOCIATES 176-60 UNION TPKE # 360 FRESH MEADOWS, NY 11366	13-4145867		40,349.	0.			PATIENT ASSISTANCE
GOLDEN TRIANGLE RADIATION ONCOLOGY DEPT 283 PO BOX 4869 HOUSTON, TX 77210	13-4212115		23,111.	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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MID- HUDSON RETINA CONSULTANTS 450 GIDNEY AVE NEWBURGH, NY 12550	14-1636401		11,069.	0.			PATIENT ASSISTANCE
THE CENTER FOR RHEUMATOLOGY 1367 WASHINGTON AVE # 101 ALBANY, NY 12206	14-1647576		6,499.	0.			PATIENT ASSISTANCE
DAVID SPERBER CLINIC 113 S. JENSEN RD. VESTAL, NY 13850	14-1789555		10,780.	0.			PATIENT ASSISTANCE
NEW YORK ONCOLOGY HEMATOLOGY, PC 43 NEW SCOTLAND AVE MC7 ALBANY, NY 12208	14-1799724		38,502.	0.			PATIENT ASSISTANCE
MARY M GOOLEY HEMOPHILIA CENTER 1415 PORTLAND AVE # 500 ROCHESTER, NY 14621	16-0836536		7,150.	0.			PATIENT ASSISTANCE
RETINA VITREOUS SURGEONS OF CNY PC 3107 E GENESE ST SYRACUSE, NY 13224	16-0993668		53,187.	0.			PATIENT ASSISTANCE
BUFFALO MEDICAL GROUP PO BOX 8000 DEPT 316 BUFFALO, NY 14267	16-1000580		10,418.	0.			PATIENT ASSISTANCE
RAMAN SOOD PC 617 CENTRAL AVE DUNKIRK, NY 14048	16-1059338		5,150.	0.			PATIENT ASSISTANCE
UNIVERSITY EYE SPECIALIST 2469 STATE ROUTE 19 N WARSAW, NY 14569	16-1178293		13,550.	0.			PATIENT ASSISTANCE

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RETINA ASSOCIATES OF WESTERN NEW YORK - 160 SAWGRASS DR #200 - ROCHESTER, NY 14620	16-1182825		12,978.	0.			PATIENT ASSISTANCE
ISOSCELES D GARBES MD 3612 SENECA ST BUFFALO, NY 14224	16-1320291		12,894.	0.			PATIENT ASSISTANCE
BUFFALO RHEUMATOLOGY 3055 SW N BLVD #100 ORCHARD PARK, NY 14127	16-1359836		15,522.	0.			PATIENT ASSISTANCE
DEPARTMENT OF MEDICINE PO BOX 4848 SYRACUSE, NY 13221	16-1475278		7,081.	0.			PATIENT ASSISTANCE
INTERLAKES ONCOLOGY AND HEMATOLOGY 211 WHITE SPRUCE BLVD ROCHESTER, NY 14623	16-1495236		11,110.	0.			PATIENT ASSISTANCE
WISA SHOKRI, MD 164 WASHINGTON AVE BATAVIA, NY 14020	16-1550420		6,729.	0.			PATIENT ASSISTANCE
BROOME ONCOLOGY 30 HARRISON ST # 100 JOHNSON CITY, NY 13790	16-1611703		73,515.	0.			PATIENT ASSISTANCE
RETINA HEALTH CTR 1567 HAYLEY LN FORT MYERS, FL 33907	16-1625376		11,978.	0.			PATIENT ASSISTANCE
CAROLINA SPECIALTY CARE, PA 124 SUNSET HILL RD STATESVILLE, NC 28609	16-1670352		6,471.	0.			PATIENT ASSISTANCE

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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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RHEUMATOLOGY ASSOCIATES OF SOUTH TEXAS - 19272 STONEOAK PKWY STE#101 - SAN ANTONIO, TX 78258	16-1751617		9,371.	0.			PATIENT ASSISTANCE
RIO BRAVO CANCER & BLOOD PA 1301 AVENUE G DEL RIO, TX 78840	20-0148164		6,033.	0.			PATIENT ASSISTANCE
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATES - 148 WEST NORTH ST - SPRINGFIELD, OH 45504	20-0240117		39,988.	0.			PATIENT ASSISTANCE
MULTISPECIALTY GROUP OF TX PA 1200 BINZ # 1130 HOUSTON, TX 77004	20-0244683		6,467.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGER DR #620 - WEST PALM BEACH, FL 33401	20-0468264		19,760.	0.			PATIENT ASSISTANCE
KEYSTONE ONCOLOGY PO BOX 7282 LANCASTER, PA 17603	20-0472090		7,171.	0.			PATIENT ASSISTANCE
ORANGETOWN OPHTHALMOLOGY 2 CROSFIELD AVE # 315 WEST NYACK, NY 10994	20-0544390		8,605.	0.			PATIENT ASSISTANCE
CANCER CTR OF HUNTVILLE 201 GOVERNORS DR # 320 HUNTSVILLE, AL 35801	20-0546686		23,915.	0.			PATIENT ASSISTANCE
MCBRIDE CLINIC PO BOX 268981 OKLAHOMA CITY, OK 73103	20-0561474		22,561.	0.			PATIENT ASSISTANCE

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CANCER CENTER INSTITUTE OF CAROLINA - 111 MIRACLE DR - AIKEN, SC 29801	20-0566725		5,941.	0.			PATIENT ASSISTANCE
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		537,275.	0.			PATIENT ASSISTANCE
LOW COUNTRY CANCER CARE 225 CANDLER DR # 201 SAVANNAH, GA 31405	20-0815546		12,837.	0.			PATIENT ASSISTANCE
HARSHI BAINS MD PA 1519 E FRONT ST TYLER, TX 75702	20-0937057		8,619.	0.			PATIENT ASSISTANCE
CANCER HLTH TREATMENT CTRS 8127 MERRILLVILLE RD MERRILLVILLE, IN 46410	20-1090689		14,353.	0.			PATIENT ASSISTANCE
CENTRAL COAST MEDICAL ONCOLOGY 1325 E CHURCH ST #301 SANTA MARIA, CA 93454	20-1223204		18,563.	0.			PATIENT ASSISTANCE
NORTH WEST FLA HEM / ONC P A 301 W 26TH ST LYNN HAVEN, FL 32444	20-1606423		31,295.	0.			PATIENT ASSISTANCE
KENNETH E. STARK, MD 1613 BANNING BEACH RD TAVARES, FL 32778	20-1723835		5,682.	0.			PATIENT ASSISTANCE
UROPARTNERS, LLC 3183 PAYSPPHERE CIR CHICAGO, IL 60674	20-1780406		16,585.	0.			PATIENT ASSISTANCE

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CENTRAL OHIO UROLOGY GROUP INC PO BOX 712616 CINCINNATI, OH 45271	20-1781799		9,069.	0.			PATIENT ASSISTANCE
NORTHEAST GA CANCER CARE 3320 OLD JEFFERSON RD #700 ATHENS, GA 30607	20-1842623		33,843.	0.			PATIENT ASSISTANCE
LAKE CANCER MEDICAL CENTER 732 N THIRD STREET LEESBURG, FL 34748	20-1858776		13,883.	0.			PATIENT ASSISTANCE
BLOOD AND CANCER CTR 671 WILSON AVE HANOVER, PA 17331	20-1862706		5,523.	0.			PATIENT ASSISTANCE
UROLOGY HEALTH SPECIALIST LLC PO BOX 1287 BLUE BELL, PA 19422	20-1982990		6,060.	0.			PATIENT ASSISTANCE
FRONT RANGE CANCER SPECIALISTS 2315 E HARMONY # 110 FORT COLLINS, CO 80528	20-1989197		14,691.	0.			PATIENT ASSISTANCE
DR MARTA T BOGNAR MD 961 A SMOKY MOUNTAIN SPRINGS LN GAINESVILLE, GA 30501	20-2052607		12,395.	0.			PATIENT ASSISTANCE
ASSOCIATED UROLOGICAL SPECIAL PO BOX 516 BEDFORD PARK, IL 60499	20-2136282		7,243.	0.			PATIENT ASSISTANCE
CONTRA COSTA ONCOLOGY 500 LENNON LN WALNUT CREEK, CA 94598	20-2298787		21,498.	0.			PATIENT ASSISTANCE

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GROUP HEALTH ASSOCIATES 4600 WESLEY AVE #N CINCINNATI, OH 45212	20-2305158		9,634.	0.			PATIENT ASSISTANCE
CATALINA POINTE ARTHRITIS & RHEU SPECIALIST - 7520 N ORACLE RD - TUCSON, AZ 85704	20-2335169		13,521.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY RADIATION LLC PO BOX 864381 ORLANDO, FL 32886	20-2627516		108,581.	0.			PATIENT ASSISTANCE
MICHIGAN HEMATOLOGY ONCOLOGY, PC 543 N MAIN # 223 ROCHESTER, MI 48307	20-2721591		19,331.	0.			PATIENT ASSISTANCE
UPPER CUMBERLAND CANCER CARE PO BOX 847 CROSSVILLE, TN 38557	20-2845809		10,000.	0.			PATIENT ASSISTANCE
ALLEGRA ARTHRITIS ASSOC 282 BROAD ST RED BANK, NJ 07701	20-3045848		6,865.	0.			PATIENT ASSISTANCE
DAYTON PHYSICIANS PO BOX 635098 CINCINNATI, OH 45263	20-3130844		102,692.	0.			PATIENT ASSISTANCE
HEALTH CARE AUTHORITY FOR BAPTIST PO BOX 241145 MONTGOMERY, AL 36124	20-3204949		21,106.	0.			PATIENT ASSISTANCE
PONTCHATRAIN HEMATOLOGY ONCOLOGY 15752 MEDICAL ARTS PLAZA #101 HAMMOND, LA 70403	20-3218016		12,843.	0.			PATIENT ASSISTANCE

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COLORADO RETINA ASSOCIATES PC P O BOX 17949 DENVER, CO 80217	20-3288374		42,114.	0.			PATIENT ASSISTANCE
CANCER CTRS OF SW OK 104 NW 31ST ST LAWTON, OK 73505	20-3315309		19,172.	0.			PATIENT ASSISTANCE
MARION HEART CENTER 1040 SW 2ND AVE OCALA, FL 34474	20-3316494		16,611.	0.			PATIENT ASSISTANCE
SAND LAKE CANCER CENTER 7301 STONEROCK CIR STE 2 ORLANDO, FL 32885	20-3546219		5,009.	0.			PATIENT ASSISTANCE
RONALD S WEISS MD SC 7120 W CERMAK RD BERWYN, IL 60402	20-3639008		27,039.	0.			PATIENT ASSISTANCE
OH RETINA ASSOC 4690 MUNSON ST NW CANTON, OH 44718	20-3787354		5,329.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE 4411 BEN FRANKLIN RD DURHAM, NC 27704	20-3911637		13,506.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY OF GA 980 JOHNSON FERRY RD NE # 220 ATLANTA, GA 30342	20-3926179		11,009.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY CENTER PLLC - 401 BOYLE ST # 101 - SOMERSET, KY 42503	20-4095847		36,791.	0.			PATIENT ASSISTANCE

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INTEGRATED MEDICAL PROFESSIONALS PLLC - 532 BROADHOLLOW RD # 142 - MELVILLE, NY 11747	20-4483367		7,637.	0.			PATIENT ASSISTANCE
EMORY SPECIALTY ASSOC LLC PO BOX 102398 ATLANTA, GA 30368	20-4700877		47,683.	0.			PATIENT ASSISTANCE
CANCER CTR OF CENTRAL CT 55 MERIDEN AVE #1A SOUTHINGTON, CT 06489	20-4892866		5,417.	0.			PATIENT ASSISTANCE
SOUTH TEXAS ARTHRITIS CARE CENTER PO BOX 34 SAN ANTONIO, TX 78291	20-4935811		8,818.	0.			PATIENT ASSISTANCE
DENTON ONCOLOGY CENTER 2900 N I-35 # 111 DENTON, TX 76201	20-5036142		16,833.	0.			PATIENT ASSISTANCE
CAPE FEAR RETINAL ASSOCIATES 1104 MEDICAL CENTER DR WILMINGTON, NC 28401	20-5203879		6,065.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL SPECIALISTS PO BOX 850001 ORLANDO, FL 32885	20-5283786		5,128.	0.			PATIENT ASSISTANCE
CHARLESTON HEMATOLOGY-ONCOLOGY 2085 HENRY TECKLENBURG BLVD 2ND FL CHARLESTON, SC 29414	20-5615148		174,314.	0.			PATIENT ASSISTANCE
COMMUNITY ONCOLOGY ASSOCIATES 7257 N FRESNO STREET FRESNO, CA 93720	20-5740728		10,077.	0.			PATIENT ASSISTANCE

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WAVERLY HEMATOLOGY ONCOLOGY PO BOX 601043 CHARLOTTE, NC 28260	20-5815295		15,204.	0.			PATIENT ASSISTANCE
UROLOGIC CONSULTANTS-SE 1 PRESIDENTIAL BLVD STE 100 BALA CYNWYD, PA 19004	20-5819328		52,259.	0.			PATIENT ASSISTANCE
PORTLAND RHEUMATOLOGY CLINIC LLC 10230 SW CAPITOL HWY PORTLAND, OR 97219	20-5978270		9,498.	0.			PATIENT ASSISTANCE
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		187,785.	0.			PATIENT ASSISTANCE
RETINA ASSOC OF NJ PA 628 CEDAR LN TEANECK, NJ 07666	20-8346981		62,078.	0.			PATIENT ASSISTANCE
ONCOLOGY INSTITUTE OF HOPE & INNOVATION - 101 E BEVERLY BLVD #200 - MONTEBELLO, CA 90640	20-8366709		38,745.	0.			PATIENT ASSISTANCE
SONORAN HEMATOLOGY & ONCOLOGY PO BOX 29338 DEPT 1009 PHOENIX, AZ 85038	20-8391890		16,064.	0.			PATIENT ASSISTANCE
CANCER CENTER OF SW VIRGINIA 6719 GOV G.C. PEERY HWY #1200 RICHLANDS, VA 24641	20-8484894		5,003.	0.			PATIENT ASSISTANCE
NORTH GEORGIA CANCER CARE PC 400 TIMMS RD # A CALHOUN, GA 30701	20-8497373		55,699.	0.			PATIENT ASSISTANCE

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SOUTHERN VITREORETINAL ASSOC 2439 CARE DR TALLAHASSEE, FL 32308	20-8515285		35,008.	0.			PATIENT ASSISTANCE
ARIZONA INSTITUTE OF UROLOGY, PLLC 1106 N EL DORADO PLACE TUCSON, AZ 85715	20-8551867		16,627.	0.			PATIENT ASSISTANCE
21ST CENTURY ONCOLOGY PO BOX 864373 ORLANDO, FL 32886	20-8754308		85,406.	0.			PATIENT ASSISTANCE
UZMA IQBAL MD PA 11307 FM 1960 W #330 HOUSTON, TX 77065	20-8770785		15,284.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL PROFESSIONALS OF NY PLLC - 1226 E WATER ST - SYRACUSE, NY 13210	20-8928235		10,810.	0.			PATIENT ASSISTANCE
LONG ISLAND REG ARTHRITIS AND OSTEOPOROSIS CARE - 500 W MAIN ST # 110 - BABYLON, NY 11702	20-8964140		13,456.	0.			PATIENT ASSISTANCE
SOUTHERN EYE PHYSICIANS CENTER 1420 SOUTH 28TH AVENUE HATTIESBURG, MS 39402	20-8990120		8,796.	0.			PATIENT ASSISTANCE
VIRTUA WEST JERSEY HEALTH PO BOX 8500-8032 PHILA, PA 19178	21-0634532		8,205.	0.			PATIENT ASSISTANCE
RWJUH HAMILTON PO BOX 48025 NEWARK, NJ 07101	21-0634572		9,782.	0.			PATIENT ASSISTANCE

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ENGLEWOOD HOSP & MED CTR PO BOX 48304 NEWARK, NJ 07101	22-1487173		5,870.	0.			PATIENT ASSISTANCE
SOUTH JERSEY EYE PHYSICIANS 509 S LENOLA RD STE 11 MOORESTOWN, NJ 08057	22-2116946		6,182.	0.			PATIENT ASSISTANCE
PRINCETON MEDICAL GROUP 419 N HARRISON ST PRINCETON, NJ 08540	22-2306123		10,012.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF NORTH JERSEY - 1415 QUEEN ANN RD - TEANECK, NJ 07666	22-2322338		5,600.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE ASSOC 100 1ST ST #301 HACKENSACK, NJ 07601	22-2369793		9,021.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE ASSOC 100 1ST ST #301 HACKENSACK, NJ 07601	22-3141761		128,644.	0.			PATIENT ASSISTANCE
CARDIOLOGY AND ONCOLOGY ASSOCIATES, P.A. - 400 FRANKLIN TPKE # 102 - MAHWAH, NJ 07430	22-3144262		6,339.	0.			PATIENT ASSISTANCE
RETINA VITIEOUS 349 E NORTHFIELD RD LIVINGSTON, NJ 07039	22-3393043		8,820.	0.			PATIENT ASSISTANCE
ADULT MEDICAL ONCOLOGY HEMATOLOGY 39 SYCAMORE AVE LITTLE SILVER, NJ 07739	22-3471515		5,722.	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.)

(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
GREGORY P MANZULLO MD 100 COMMONS WAY BLD A100 TOMS RIVER, NJ 08756	22-3477172		9,136.	0.			PATIENT ASSISTANCE
ESSEX HEMATOLOGY ONCOLOGY GROUP PA 36 NEWARD AVE # 304 BELLEVILLE, NJ 07109	22-3603490		33,694.	0.			PATIENT ASSISTANCE
BURLINGTON COUNTY HEMATOLOGY ONCOLOGY - 101 BURRS RD # C - WESTAMPTON, NJ 08060	22-3669121		21,332.	0.			PATIENT ASSISTANCE
CALIFORNIA RETINA CONSULTANTS 515 E MICHELTORENA ST # C SANTA BARBARA, CA 93103	22-3697030		40,415.	0.			PATIENT ASSISTANCE
NEW JERSEY ASSOCIATES PO BOX 732 BRICK, NJ 08723	22-3741971		21,386.	0.			PATIENT ASSISTANCE
ADULT MEDICAL ONCOLOGY HEMATOLOGY GRP - 39 SYCAMORE AVE - LITTLE SILVER, NJ 07739	22-3763567		5,204.	0.			PATIENT ASSISTANCE
FRANKLIN H SPIRN MD PA 1656 OAK TREE RD EDISON, NJ 08820	22-3835696		6,920.	0.			PATIENT ASSISTANCE
ABINGTON MEMORIAL HOSPITAL PO BOX 786306 PHILA, PA 19178	23-1352152		7,127.	0.			PATIENT ASSISTANCE
ST JOSEPH MEDICAL CENTER PO BOX 644171 PITTSBURGH, PA 15264	23-1352211		10,884.	0.			PATIENT ASSISTANCE

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ALBERT EINSTEIN MEDICAL CENTER PO BOX 8500-7135 PHILA, PA 19178	23-1396794		19,825.	0.			PATIENT ASSISTANCE
VISTARR LASER & VISION CTR 845 W CHESTER PIKE WEST CHESTER, PA 19382	23-1716852		10,653.	0.			PATIENT ASSISTANCE
UROLOGICAL ASSOCIATES LANCASTER 2106 HARRISBURG PIKE # 200 LANCASTER, PA 17604	23-1740524		25,142.	0.			PATIENT ASSISTANCE
RETINOVITREOUS ASSOC 4060 BUTLER PIKE STE 200 PLYMOUTH MEETING, PA 19462	23-1932869		106,885.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPOROSIS CTR 2760 CENTURY BLVD. WYOMISSING, PA 19610	23-1949591		5,534.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOC OF YORK 25 MONUMENT RD #294 YORK, PA 17403	23-2122436		27,832.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY ASSOCIATES OF NEPA - 1100 MEAD ST - DUNMORE, PA 18512	23-2137083		24,213.	0.			PATIENT ASSISTANCE
PENNSYLVANIA RETINA SPECIALISTS 220 GRANDVIEW AVE SUITE 200 CAMP HILL, PA 17011	23-2152842		22,024.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC 382 PIERCE ST KINGSTON, PA 18704	23-2170323		6,989.	0.			PATIENT ASSISTANCE

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LANCASTER CANCER CENTER PO BOX 10396 LANCASTER, PA 17605	23-2174179		32,011.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 33 CHESTER PIKE RIDLEY PARK, PA 19078	23-2177670		17,031.	0.			PATIENT ASSISTANCE
ABINGTON HEMO ONCOL ASSOC 2500 MARYLAND RD # 312 WILLOW GROVE, PA 19090	23-2188111		49,897.	0.			PATIENT ASSISTANCE
BENJAMIN BLOOM MD TWO PENN BLVD #117 PHILA, PA 19144	23-2236571		18,072.	0.			PATIENT ASSISTANCE
SOLL EYE PC OF PA FRANKLIN DIVISION - PO BOX 843317 - BOSTON, MA 02284	23-2246884		10,998.	0.			PATIENT ASSISTANCE
ANDREWS & PATEL ASSOC 3912 TRINDLE RD CAMP HILL, PA 17011	23-2382727		49,971.	0.			PATIENT ASSISTANCE
MICHAEL D PERILSTEIN MD 13 ARMAND HAMMER BLVD # 210 POTTSTOWN, PA 19464	23-2383658		5,150.	0.			PATIENT ASSISTANCE
SATISH A SHAH MD/PC 20 EXPEDITION TRL, #101 GETTYSBURG, PA 17325	23-2586060		45,106.	0.			PATIENT ASSISTANCE
CANCER CARE OF CENTRAL PA 1575 N OLD TRAIL SELINGROVE, PA 17870	23-2684021		14,206.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CHESTER COUNTY EYE CARE ASSOC 915 OLD FERN HILL RD BLDG B #200 WEST CHESTER, PA 19380	23-2747926		20,078.	0.			PATIENT ASSISTANCE
JEFFERSON UNIVERSITY PHYSICIANS 146 MONTGOMERY AVE BALA CYNWYD, PA 19004	23-2809585		6,515.	0.			PATIENT ASSISTANCE
UNIVERSITY OF PITTSBURGH PHYSICIANS PO BOX 382053 PITTSBURGH, PA 15251	23-2919472		8,310.	0.			PATIENT ASSISTANCE
ELLEN M FIELD, MD 1665 VALLEY CENTER PKWY #150 BETHLEHEM, PA 18017	23-2939316		5,036.	0.			PATIENT ASSISTANCE
PENNSYLVANIA ONCOLOGY HEMATOLOGY ASSOCIATES - PO BOX 828078 - PHILADELPHIA, PA 19162	23-2972833		22,424.	0.			PATIENT ASSISTANCE
PAOLI HEMATOLOGY ONCOLOGY ASSOCIATES P.C. - 209 W LANCASTER AVE # 100 - PAOLI, PA 19301	23-2986317		39,033.	0.			PATIENT ASSISTANCE
PHYSICIAN ONCOLOGY LTD 9600 ROOSEVELT BLVD # 301 PHILADELPHIA, PA 19115	23-3004910		6,356.	0.			PATIENT ASSISTANCE
VITREORETINAL ASSOCIATES, P.C. 800 W 4TH ST # 104 WILLIAMSPORT, PA 17701	23-3022925		6,352.	0.			PATIENT ASSISTANCE
KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LN KALISPELL, MT 59901	23-7293874		16,853.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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GUTHRIE CLINIC 130 CENTERWAY CORNING, NY 14830	25-0815795		20,430.	0.			PATIENT ASSISTANCE
MAGEE- WOMENS HOSPITAL OF UPMC PO BOX 223239 PITTSBURGH, PA 15251	25-0965420		7,995.	0.			PATIENT ASSISTANCE
UPMC MCKEESPORT PO BOX 382007 PITTSBURGH, PA 15250	25-0965423		22,138.	0.			PATIENT ASSISTANCE
UNIVERSITY OF PITTSBURGH MEDICAL CENTER - PO BOX 382007 - PITTSBURGH, PA 15250	25-0965480		47,334.	0.			PATIENT ASSISTANCE
TITUSVILLE AREA HOSPITAL 406 W OAK ST TITUSVILLE, PA 16354	25-0965579		6,107.	0.			PATIENT ASSISTANCE
THE WESTERN PENN HOSPITAL PO BOX 644650 PITTSBURGH, PA 15264	25-0969492		7,077.	0.			PATIENT ASSISTANCE
BLAIR MEDICAL ASSOC 1414 9TH AVE ROUNDHOUSE STE ALTOONA, PA 16602	25-1219302		15,774.	0.			PATIENT ASSISTANCE
SUMMIT CANCER & HEMATOLOGY SERVICES - 755 NORLAND AVE # 100 - CHAMBERSBURG, PA 17201	25-1515376		8,938.	0.			PATIENT ASSISTANCE
CONEMAUGH CANCER CARE ASSOC 1020 FRANKLIN ST JOHNSTOWN, PA 15905	25-1658283		94,788.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ONCOLOGY HEMATOLOGY ASSOC PO BOX 643042 PITTSBURGH, PA 15264	25-1762980		8,944.	0.			PATIENT ASSISTANCE
PINNACLE HEALTH MEDICAL OPT UNIT PO BOX 2353 HARRISBURG, PA 17105	25-1778644		5,054.	0.			PATIENT ASSISTANCE
UTAH HEMATOLOGY ONCOLOGY 4403 HARRISON BLVD #1685 OGDEN, UT 84403	26-0043031		118,927.	0.			PATIENT ASSISTANCE
HH SERVICES BATES ET AL LLC PO BOX 77000 DEPT #771412 DETROIT, MI 48277	26-0396104		10,759.	0.			PATIENT ASSISTANCE
CAPITAL REGION RETINA PLLC 1365 WASHINGTON AVE STE101 ALBANY, NY 12206	26-1078622		6,234.	0.			PATIENT ASSISTANCE
ST JOSEPH'S MERCY CLINIC INC PO BOX 21850 HOT SPRINGS, AR 71903	26-1125131		23,966.	0.			PATIENT ASSISTANCE
GREEN BAY ORTHOPEDIC LTV 2223 LIME KILN RD #1 GREEN BAY, WI 54311	26-1132759		17,476.	0.			PATIENT ASSISTANCE
ESSENTIA HEALTH CANCER CENTER (FARGO) - PO BOX 1450 NW 7813 - MINNEAPOLIS, MN 55485	26-1175213		7,790.	0.			PATIENT ASSISTANCE
SARASOTA RETINA INSTITUTE 3400 BEE RIDGE RD PINECRAFT, FL 34239	26-1431864		10,929.	0.			PATIENT ASSISTANCE

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CANCER CENTER OF SOUTH FLORIDA 4801 S CONGRESS AVE #201 LAKE WORTH, FL 33461	26-1666272		8,188.	0.			PATIENT ASSISTANCE
CHESTER COUNTY RHEUMATOLGY P.C 795 E MARSHALL ST #101 WEST CHESTER, PA 19380	26-1724004		7,132.	0.			PATIENT ASSISTANCE
WOODLANDS MEDICAL SPECIALISTS, PA 1717 NORTH E STREET #231 PENSACOLA, FL 32501	26-1802830		15,357.	0.			PATIENT ASSISTANCE
RETINA SPECIALIST OF IDAHO, PLLC 13923 W WAINWRIGHT #301 BOISE, ID 83713	26-2050357		8,078.	0.			PATIENT ASSISTANCE
NW AR RETINA 601 W MAPLE AVE #205A SPRINGDALE, AR 72764	26-2209307		29,192.	0.			PATIENT ASSISTANCE
FIRST HEALTH-UNCHCS LLC PO BOX 24427 WINSTON SALEM, NC 27114	26-2568199		10,525.	0.			PATIENT ASSISTANCE
OMID S. SHAYE A MEDICAL CORP 7320 WOODLAKE AVE #330 WEST HILLS, CA 91307	26-2750472		11,779.	0.			PATIENT ASSISTANCE
ARTHRITIS CARE CENTER OF OKLAHOMA PO BOX 5160 BELFAST, ME 04915	26-2758193		8,736.	0.			PATIENT ASSISTANCE
DEACONESS CLINIC 421 CHESTNUT ST EVANSVILLE, IN 47713	26-3083364		7,767.	0.			PATIENT ASSISTANCE

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RETINA & VITREOUS SURGEONS OF UT 1055 N 300 W #210 PROVO, UT 84604	26-3420389		7,854.	0.			PATIENT ASSISTANCE
THE RETINA SPECIALIST OF MI 2757 LEONARD ST. NE STE 200 GRAND RAPIDS, MI 49525	26-3453700		5,722.	0.			PATIENT ASSISTANCE
BRENT A FLICKINGER, MD, PC 961A SMOKY MOUNTAIN SPRINGS LANE GAINESVILLE, GA 30501	26-3489935		8,309.	0.			PATIENT ASSISTANCE
PACIFIC HEMATOLOGY AND ONCOLOGY 612 W DUARTE RD STE 804 ARCADIA, CA 91007	26-3566010		8,415.	0.			PATIENT ASSISTANCE
SOUTH JERSEY UROLOGY CONSULTANTS 2950 COLLEGE DR. # 2E VINELAND, NJ 08360	26-3697129		19,618.	0.			PATIENT ASSISTANCE
CAROLINA EAST INTERNAL MEDICINE PO BOX 602522 CHARLOTTE, NC 28201	26-4212594		7,500.	0.			PATIENT ASSISTANCE
LUTHERAN MEDICAL GROUP PO BOX 4852 BELFAST, ME 04915	26-4213839		5,020.	0.			PATIENT ASSISTANCE
PIEDMONT RETINA SPECIALISTS, PA 1132 N CHURCH ST #103 GREENSBORO, NC 27401	26-4687965		14,260.	0.			PATIENT ASSISTANCE
WESTCHESTER CANCER CARE 175 MEMORIAL HWY # 1-10 NEW ROCHELLE, NY 10801	26-4834572		8,470.	0.			PATIENT ASSISTANCE

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DELAWARE VALLEY UROLOGY - WASHINGTON TOWNSHIP OFFICE - 2003 LINCOLN DR W #B - MARLTON, NJ 08053	27-0110791		7,234.	0.			PATIENT ASSISTANCE
RETINA VITREOUS CENTER PO BOX 2492 EDMOND, OK 73083	27-0159123		8,684.	0.			PATIENT ASSISTANCE
MOHAMED AHMED, MD 908 NIAGARA FALLS BLVD #208 N TONAWANDA, NY 14120	27-0437873		21,354.	0.			PATIENT ASSISTANCE
GREATER HOUSTON PHYSICIAN MEDICAL ASSOCIATION - 8850 SIX PINES DR #270 - SHENANDOAH, TX 77380	27-0573017		15,543.	0.			PATIENT ASSISTANCE
UAP BONE & JOINT CTR 1725 N FIFTH ST TERRE HAUTE, IN 47804	27-0581401		6,938.	0.			PATIENT ASSISTANCE
KRISHNAN HEMATOLOGY ONCOLOGY ASSOC PO BOX 2595 ELLCOTT CITY, MD 21041	27-0597913		50,918.	0.			PATIENT ASSISTANCE
MACULA DIABETIC & EYE CENTER 4916 26TH ST W. # 200 BRADENTON, FL 34207	27-0671710		7,460.	0.			PATIENT ASSISTANCE
MOUNTAIN BLUE CANCER CARE CENTER 400 INDIANA ST #270 GOLDEN, CO 80401	27-0834513		8,246.	0.			PATIENT ASSISTANCE
SHANAHAN RHEUMATOLOGY & IMMUN PLLC PO BOX 910 GREENFIELD, MA 01302	27-0845895		6,479.	0.			PATIENT ASSISTANCE

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WELLMONT MEDICAL ASSOCIATES PO BOX 102098 ATLANTA, GA 30368	27-0898372		10,428.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CARE 16977 COLLECTIONS CTR CHICAGO, IL 60693	27-0986997		5,534.	0.			PATIENT ASSISTANCE
GLOBAL ONCOLOGY 600 N GARFIELD AVE #210 MONTEREY PARK, CA 91754	27-1426142		13,321.	0.			PATIENT ASSISTANCE
TULSA CANCER INSTITUTE PO BOX 505096 SAINT LOUIS, MO 63150	27-1806985		8,775.	0.			PATIENT ASSISTANCE
SAN ANTONIO ARTHRITIS CARE CENTER 8527 VILLAGE DR #103 SAN ANTONIO, TX 78217	27-2571855		14,020.	0.			PATIENT ASSISTANCE
THE RETINA CENTER OF NEW JERSEY 1255 BROAD ST STE 104 BLOOMFIELD, NJ 07003	27-3654710		7,598.	0.			PATIENT ASSISTANCE
CAROLINA UROLOGY PARTNERS 9735 KINCEY AVE STE 201 HUNTERSVILLE, NC 28078	27-3905550		15,331.	0.			PATIENT ASSISTANCE
MIDTOWN ALLERGY & ARTHRITIS CARE PC - 35 E 30TH ST STE 1A - NEW YORK, NY 10016	27-4032754		6,089.	0.			PATIENT ASSISTANCE
MT DIABLO SOLANO ONCOLOGY GROUP 2571 PARK AVE CONCORD, CA 94520	27-4038116		5,557.	0.			PATIENT ASSISTANCE

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UC SAN DIEGO CANCER CTR PO BOX 749733 LOS ANGELES, CA 90074	27-4440873		10,296.	0.			PATIENT ASSISTANCE
UPMC, EAST PO BOX 382007 PITTSBURGH, PA 15250	27-4814831		5,979.	0.			PATIENT ASSISTANCE
MOHAVE ARTHRITIS 3003 HWY 95 #J-100 BULLHEAD CITY, AZ 86442	30-0344344		5,600.	0.			PATIENT ASSISTANCE
GOOD SAMARITAN HOSPITAL PO BOX 633580 CINCINNATI, OH 45263	31-0536981		12,917.	0.			PATIENT ASSISTANCE
GOOD SAMARITAN HOSPITAL PO BOX 633580 CINCINNATI, OH 45263	31-0537486		6,514.	0.			PATIENT ASSISTANCE
SOUTHERN OH MEDICAL CENTER 1248 KINNEYS LANE PORTSMOUTH, OH 45662	31-0678022		6,296.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY 495 COOPER RD STE. 225 WESTERVILLE, OH 43081	31-0957876		28,974.	0.			PATIENT ASSISTANCE
RETINA PHYSICIANS & SURGEONS INC 89 SYLVANIA DR DAYTON, OH 45440	31-1011691		16,337.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY CARE PO BOX 641174 CINCINNATI, OH 45264	31-1106418		205,436.	0.			PATIENT ASSISTANCE

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MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43219	31-1141868		118,043.	0.			PATIENT ASSISTANCE
ALLIANCE PHYSICIANS INC. PO BOX 71-1808 COLUMBUS, OH 43271	31-1175717		13,432.	0.			PATIENT ASSISTANCE
JAMES CANCER HOSP PO BOX 643662 PITTSBURGH, PA 15264	31-1322863		6,224.	0.			PATIENT ASSISTANCE
ELAINE A BEED, MD INC 10172 WINDSOR WAY POWELL, OH 43065	31-1350566		10,770.	0.			PATIENT ASSISTANCE
COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		56,751.	0.			PATIENT ASSISTANCE
GWELLA RHEUMATOLOGY PO BOX 2563 LANCASTER, OH 43130	31-1425884		5,990.	0.			PATIENT ASSISTANCE
CINCINNATI EYE INSTITUTE P O BOX 633854 CINCINNATI, OH 45263	31-1473421		6,399.	0.			PATIENT ASSISTANCE
G.O.E.S PHYSICIANS, INC 2330 E HIGH ST SPRINGFIELD, OH 45505	31-1499979		12,653.	0.			PATIENT ASSISTANCE
ARTHRITIS CENTER OF LEXINGTON 330 WALLER AVE #100 LEXINGTON, KY 40504	31-1516285		13,575.	0.			PATIENT ASSISTANCE

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UNIV OF TN MEDICAL CTR PO BOX 440164 NASHVILLE, TN 37244	31-1626179		46,465.	0.			PATIENT ASSISTANCE
OHIO CANCER SPECIALISTS 1125 ASPIRA CT MANSFIELD, OH 44906	31-1652645		25,137.	0.			PATIENT ASSISTANCE
PREMIER HEALTHCARE ASSOCIATES 7702 E PARHAM RD # 101 RICHMOND, VA 23294	31-1769212		13,287.	0.			PATIENT ASSISTANCE
DAYTON ARTHRITIS AND ALLERGY PO BOX 633141 CINCINNATI, OH 45263	31-1811998		10,533.	0.			PATIENT ASSISTANCE
ADENA HEALTH SYSTEM 272 HOSPITAL RD CHILLICOTHE, OH 45601	31-4379443		20,923.	0.			PATIENT ASSISTANCE
MARIETTA MEMORIAL HOSPITAL 401 MATTHEW ST MARIETTA, OH 45750	31-4379509		16,829.	0.			PATIENT ASSISTANCE
MEMORIAL HOSPITAL OF UNION COUNTY PO BOX 931316 CLEVELAND, OH 44193	31-6402480		11,146.	0.			PATIENT ASSISTANCE
JEFFREY S. RINKOFF, MD 748 STATE ST MEDFORD, OR 97504	32-0020235		12,411.	0.			PATIENT ASSISTANCE
NORTHERN MI HEMATOLOGY ONCOLOGY 416 CONNABLE AVE PETOSKEY, MI 49770	32-0020293		29,518.	0.			PATIENT ASSISTANCE

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MARIANNE COWLEY MD DEPT 5105 PO BOX 740041 LOUISVILLE, KY 40201	32-0046550		10,598.	0.			PATIENT ASSISTANCE
LINH C HUYNH 875 E CANAL DR #10 TURLOCK, CA 95380	32-0078331		6,239.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES 514 N PROSPECT AVE 4TH FLOOR REDONDO BEACH, CA 90277	33-0004735		9,446.	0.			PATIENT ASSISTANCE
KOUSAY AL-KOURAINY, MD 480 4TH AVE # 409 CHULA VISTA, CA 91910	33-0108259		21,942.	0.			PATIENT ASSISTANCE
ST JUDE MEDICAL GROUP PO BOX 31001-1920 PASADENA, CA 91110	33-0185031		84,182.	0.			PATIENT ASSISTANCE
ORANGE COAST ONCOLOGY HEMATOLOGY 17500 RED HILL AVE #250 IRVINE, CA 92614	33-0451980		9,437.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY CARE ASSOC 1010 W LA VETA AVE #250 ORANGE, CA 92868	33-0534277		5,053.	0.			PATIENT ASSISTANCE
PACIFIC SHORES MEDICAL GROUP 1043 ELM AVE #104 LONG BEACH, CA 90813	33-0553940		104,612.	0.			PATIENT ASSISTANCE
CANCER CTR ONCOLOGY MED 5555 GROSSMONT CTR DR LA MESA, CA 91942	33-0565963		130,654.	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.)

(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
RIVERSIDE MEDICAL CLINIC 3660 ARLINGTON AVE RIVERSIDE, CA 92506	33-0587303		20,297.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC. OF SAN DIEGO - 3075 HEALTH CENTER DR # 102 - SAN DIEGO, CA 92123	33-0590652		16,126.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		102,828.	0.			PATIENT ASSISTANCE
BEAVER MEDICAL GROUP PO BOX 2200 REDLANDS, CA 92373	33-0645967		16,001.	0.			PATIENT ASSISTANCE
CRESCENT HEALTHCARE INC 2995 MCMILLIAN AVE STE 196 SAN LUIS OBISPO, CA 93401	33-0726408		8,873.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF S CA 11340 MOUNTAIN VIEW AVE # B LOMA LINDA, CA 92354	33-0926562		6,146.	0.			PATIENT ASSISTANCE
ARTHRITIS, AUTOIMMUNE & ALLERGY 1893 N CLYDE MORRIS BLVD #110 DAYTONA BEACH, FL 32117	33-1155955		5,155.	0.			PATIENT ASSISTANCE
ST JOSEPH HEALTH CENTER PO BOX 636458 CINCINNATI, OH 45263	34-0505560		18,680.	0.			PATIENT ASSISTANCE
AKRON GENERAL MEDICAL CTR PO BOX 715228 COLUMBUS, OH 43271	34-0714478		13,596.	0.			PATIENT ASSISTANCE

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CLEVELAND CLINIC PO BOX 931058 CLEVELAND, OH 44193	34-0714585		14,946.	0.			PATIENT ASSISTANCE
SUMMA HEALTH SYSTEM PO BOX 3540 AKRON, OH 44309	34-0714755		9,729.	0.			PATIENT ASSISTANCE
SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY RD SCC MIDDLEBURG HEIGHTS, OH 44130	34-0753531		31,067.	0.			PATIENT ASSISTANCE
KAISER PERMENTE 5420 LANCASTER DR BROOKLYN HEIGHTS, OH 44131	34-0922268		20,722.	0.			PATIENT ASSISTANCE
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		64,620.	0.			PATIENT ASSISTANCE
NORTH CANTON MEDICAL FNDTN PO BOX 74793 CLEVELAND, OH 44194	34-1088530		67,765.	0.			PATIENT ASSISTANCE
MAHONING VALLEY HEMA ONC LOCK BOX 6536 PO BOX 8500 PHILA, PA 19178	34-1105439		77,107.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOC 2213 CHERRY ST # 400 TOLEDO, OH 43608	34-1196311		126,066.	0.			PATIENT ASSISTANCE
TRI-COUNTY HEMATOLOGY& ONCOLOGY PO BOX 36660 CANTON, OH 44708	34-1294692		106,448.	0.			PATIENT ASSISTANCE

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RETINA ASSOCIATES OF CLEVELAND 3401 ENTERPRISE PKWY #300 BEACHWOOD, OH 44122	34-1411937		101,754.	0.			PATIENT ASSISTANCE
SOUTHWEST UROLOGY 6900 PEARL RD 2ND FLOOR CLEVELAND, OH 44130	34-1509612		7,472.	0.			PATIENT ASSISTANCE
BLOOD & CANCER CENTER INC 3695 A BOARDMAN CANFIELD RD CANFIELD, OH 44406	34-1588272		79,321.	0.			PATIENT ASSISTANCE
DRS MUBASHIR, MARQUINEZ & REHMAN, INC - 224 W EXCHANGE ST - AKRON, OH 44302	34-1733317		8,570.	0.			PATIENT ASSISTANCE
THE RETINA GRP OF NE OHIO INC 75 ARCH ST #302 AKRON, OH 44304	34-1760572		16,312.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC 1455 HARRISON AVE NW # 105 CANTON, OH 44708	34-1806921		6,235.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY OF LIMA 825 W MARKET ST # 203 LIMA, OH 45805	34-1869889		6,083.	0.			PATIENT ASSISTANCE
MORNINGSTAR HEM/ONC INC 2600 6TH ST SW CANTON, OH 44710	34-1920787		11,757.	0.			PATIENT ASSISTANCE
WESTSIDE HEMATOLOGY/ONCOLOGY INC 29101 HEALTH CAMPUS DR #260 WESTLAKE, OH 44145	34-1969760		7,500.	0.			PATIENT ASSISTANCE

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FULTON COUNTY HEALTH CENTER PO BOX 3493 COLUMBUS, OH 43260	34-4428214		5,504.	0.			PATIENT ASSISTANCE
WOOSTER COMMUNITY HOSPITAL PO BOX 714537 COLUMBUS, OH 43271	34-6003129		7,670.	0.			PATIENT ASSISTANCE
DEACONESS HOSPITAL PO BOX 152 EVANSVILLE, IN 47701	35-0593390		31,029.	0.			PATIENT ASSISTANCE
COMMUNITY REGIONAL CANCER CARE 1500 N RITTER AVE INDIANAPOLIS, IN 46219	35-0983617		8,040.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES, P.C. 8902 N MERIDIAN ST # 108 INDIANAPOLIS, IN 46260	35-1373436		9,243.	0.			PATIENT ASSISTANCE
FORT WAYNE MEDICAL ONCOLOGY AND HEMATOLOGY - 7910 W JEFFERSON BLVD # 108 - FORT WAYNE, IN 46804	35-1400631		421,761.	0.			PATIENT ASSISTANCE
JASPER COUNTY HOSPITAL 1104 E GRACE ST RENSSELAER, IN 47978	35-1404051		9,811.	0.			PATIENT ASSISTANCE
TRI-STATE OPHTHALMOLOGY 350 W COLUMBIA ST # 250 EVANSVILLE, IN 47710	35-1462413		20,607.	0.			PATIENT ASSISTANCE
FIRST UROLOGY 3431 SOLUTION CENTER CHICAGO, IL 60677	35-1488175		15,513.	0.			PATIENT ASSISTANCE

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SUNITI MEDICAL CORPORTATION 200 E 89TH ST # 2A MERRILLVILLE, IN 46410	35-1529228		20,809.	0.			PATIENT ASSISTANCE
MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		147,448.	0.			PATIENT ASSISTANCE
BLOOMINGTON HOSP & HEALTHCARE SYS PO BOX 1149 BLOOMINGTON, IN 47402	35-1720796		5,515.	0.			PATIENT ASSISTANCE
ELKHART CLINIC LLC P O BOX 2968 ELKHART, IN 46515	35-1911857		13,561.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY OF SW IN PO BOX 3089 EVANSVILLE, IN 47730	35-1925136		15,159.	0.			PATIENT ASSISTANCE
CENTRAL IN CANCER CTR PO BOX 60603 CHARLOTTE, NC 28260	35-1955872		18,555.	0.			PATIENT ASSISTANCE
ALLEN COUNTY RETINAL SURGEONS PC 7900 WEST JEFFERSON #300 FORT WAYNE, IN 46804	35-1971489		6,401.	0.			PATIENT ASSISTANCE
UROLOGY OF INDIANA LLC PO BOX 6069 DEPT 14 INDIANAPOLIS, IN 46206	35-1998209		20,353.	0.			PATIENT ASSISTANCE
PROVIDENCE MEDICAL GROUP 2723 S 7TH ST # G TERRE HAUTE, IN 47802	35-2095108		5,552.	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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AMERICAN HEALTH NETWORK 15397 STONY CREEK WAY #101 NOBLESVILLE, IN 46060	35-2108729		49,433.	0.			PATIENT ASSISTANCE
THE RETINA GROUP OPHTHALMOLOGY 6262 E BROADWAY RD #106 MESA, AZ 85206	35-2192294		6,305.	0.			PATIENT ASSISTANCE
CAROLINA BLOOD & CANCER CARE 1583 HEALTHCARE DR ROCK HILL, SC 29732	35-2221941		22,468.	0.			PATIENT ASSISTANCE
RUSH UNIVERSITY MED CNTR DEPT 4565 CAROL STREAM, IL 60122	36-2174823		5,451.	0.			PATIENT ASSISTANCE
SWEDISHAMERICAN REG CANCER CTR PO BOX 1567 ROCKFORD, IL 61110	36-2222696		5,944.	0.			PATIENT ASSISTANCE
ROCKFORD UROLOGICAL ASSOCS 351 EXECUTIVE PKWY STE M4 ROCKFORD, IL 61107	36-2736715		38,687.	0.			PATIENT ASSISTANCE
FOX VALLEY HEMATOLOGY ONCOLOGY 1710 N RANDALL RD # 300 ELGIN, IL 60123	36-3138920		7,588.	0.			PATIENT ASSISTANCE
REGIONAL WEST PHYSICIAN CLINIC PO BOX 1248 SCOTTSBLUFF, NE 69363	36-3314159		7,723.	0.			PATIENT ASSISTANCE
METRO INFECTIOUS DISEASE CONSULTANTS, LLC - 901 MCCLINTOCK DR #202 - BURR RIDGE, IL 60527	36-3966745		11,765.	0.			PATIENT ASSISTANCE

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ILLINOIS CANCER SPECIALISTS 3610 PAYSHERE CIRCLE CHICAGO, IL 60674	36-3980044		8,893.	0.			PATIENT ASSISTANCE
DREYER MEDICAL CLINIC 62199 COLLECTION CTR DR CHICAGO, IL 60693	36-4088232		7,497.	0.			PATIENT ASSISTANCE
PRONGER SMITH PO BOX 789 TINLEY PARK, IL 60477	36-4121705		10,815.	0.			PATIENT ASSISTANCE
BLAKE HORIO MD LTD PO BOX 643 OAK BROOK, IL 60522	36-4166076		18,186.	0.			PATIENT ASSISTANCE
MID IL HEMATOLOGY AND ONCOLOGY ASSOCIATES - 407 E VERNON AVE # 104 - NORMAL, IL 61761	37-1096341		28,541.	0.			PATIENT ASSISTANCE
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301	37-1206525		7,511.	0.			PATIENT ASSISTANCE
ONCOLOGY-HEMATOLOGY ASSOC OF CENTRAL IL - 8940 N WOOD SAGE RD - PEORIA, IL 61615	37-1331017		118,319.	0.			PATIENT ASSISTANCE
MEDICAL AND SURGICAL SPECIALISTS 834 N SEMINARY ST # GALESBURG, IL 61401	37-1393654		14,053.	0.			PATIENT ASSISTANCE
CROSSVILLE MEDICAL ONCOLOGY PO BOX 946 CROSSVILLE, TN 38557	37-1453164		14,293.	0.			PATIENT ASSISTANCE

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LESLIE LOCKRIDGE, MD PO BOX 838 NEWPORT, VT 05855	37-1689420		7,871.	0.			PATIENT ASSISTANCE
UNIVERSITY OF IL AT CHICAGO 506 S. WRIGHT 209 URBANA, IL 61801	37-6000511		5,739.	0.			PATIENT ASSISTANCE
ST JOHN HOSPITAL HEALTH SYSTEM 3187 SOLUTION CENTER CHICAGO, IL 60677	38-1359063		7,370.	0.			PATIENT ASSISTANCE
OAKWOOD HEALTHCARE SYSTEM DEPT 214101 PO BOX 67000 DETROIT, MI 48267	38-1405141		6,911.	0.			PATIENT ASSISTANCE
PONTIAC OSTEOPATHIC HOSPITAL 8172 RELIABLE PKWY CHICAGO, IL 60686	38-1428164		5,145.	0.			PATIENT ASSISTANCE
WILLIAM BEAUMONT HOSPITAL PO BOX 5042 TROY, MI 48007	38-1459362		8,291.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL 39650 ORCHARD HILL PL#200 NOVI, MI 48375	38-1946761		97,373.	0.			PATIENT ASSISTANCE
ALLEGIANCE HEALTH DEPT 64787 DRAWER 64000 DETROIT, MI 48264	38-2027689		9,371.	0.			PATIENT ASSISTANCE
SINGH & ARORA ONCOLOGY HEMATOLOGY 4100 BEECHER RD FLINT, MI 48532	38-2199193		6,699.	0.			PATIENT ASSISTANCE

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GENESEE HEMATOLOGY ONCOLOGY 302 KENSINGTON AVE FLINT, MI 48503	38-2278871		15,101.	0.			PATIENT ASSISTANCE
CANCER & HEMATOLOGY CTR OF WESTERN MICHIGAN - PO BOX 30516 DEPT 6052A - LANSING, MI 48909	38-2777354		93,192.	0.			PATIENT ASSISTANCE
WEST MI CANCER CENTER 200 N PARK ST KALAMAZOO, MI 49007	38-3061574		5,302.	0.			PATIENT ASSISTANCE
MID-MICHIGAN PHYSICIANS 1540 LAKE LANSING RD LANSING, MI 48912	38-3267121		20,449.	0.			PATIENT ASSISTANCE
GENESEE CANCER & BLOOD DISEASES 302 KENSINGTON AVE FLINT, MI 48503	38-3285515		27,019.	0.			PATIENT ASSISTANCE
ARTHRITIS EDUCATION AND TREATMENT CTR - 1155 E PARIS AVE # 100 - GRAND RAPIDS, MI 49546	38-3421145		18,064.	0.			PATIENT ASSISTANCE
EAST CENTRAL ONCOLOGY ASSOCIATES 4011 ORCHARD DR #1000 MIDLAND, MI 48640	38-3441275		5,375.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY P - 5400 MACKINAW # 4200 - SAGINAW, MI 48604	38-3553403		8,165.	0.			PATIENT ASSISTANCE
MIDWEST EYE INSTITUTE 201 PENNSYLVANIA PKWY INDIANAPOLIS, IN 46280	38-3642669		6,488.	0.			PATIENT ASSISTANCE

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COMPASSIONATE CANCER CARE 18111 BROOKHURST ST #6100 FOUNTAIN VALLEY, CA 92708	38-3650060		23,760.	0.			PATIENT ASSISTANCE
ARTHRITIS CARE OF MICHIANA 100 NAVARRE PL # 5570 SOUTH BEND, IN 46601	38-3650151		22,852.	0.			PATIENT ASSISTANCE
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		15,041.	0.			PATIENT ASSISTANCE
AURORA HEALTH CARE METRO INC 1055 N MAYFAIR RD #300 WAUWATOSA, WI 53226	39-0806181		34,263.	0.			PATIENT ASSISTANCE
APPLETON MEDICAL CTR INC PO BOX 2759 APPLETON, WI 54912	39-0824015		5,892.	0.			PATIENT ASSISTANCE
GREEN BAY ONCOLOGY PO BOX 13453 GREEN BAY, WI 54307	39-1314853		104,448.	0.			PATIENT ASSISTANCE
WEST SUBURBAN CTR FOR ARTHRITIS 601 N BARKER RD # 110 BROOKFIELD, WI 53045	39-1418162		28,189.	0.			PATIENT ASSISTANCE
AURORA ADVANCED HEALTHCARE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1595302		5,922.	0.			PATIENT ASSISTANCE
AURORA MEDICAL GROUP PO BOX 979 SHEBOYGAN, WI 53082	39-1678306		6,470.	0.			PATIENT ASSISTANCE

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FOX VALLEY HEMATOLOGY & ONCOLOGY 900 E GRANT ST APPLETON, WI 54911	39-1682233		19,835.	0.			PATIENT ASSISTANCE
RHEUMATIC DISEASE CENTER 7080 N PORT WASHINGTON RD MILWAUKEE, WI 53217	39-1713075		14,612.	0.			PATIENT ASSISTANCE
MAYO CLINIC HEALTH SYSTEM EAU CLAIR CLINIC - PO BOX 860087 - MINNEAPOLIS, MN 55486	39-1735831		8,793.	0.			PATIENT ASSISTANCE
UNIVERSITY OF WI HOSPITALS & CLINICS - DRAWER #853 - MILWAUKEE, WI 53278	39-1835630		8,981.	0.			PATIENT ASSISTANCE
BAY CARE GREEN BAY EYE CLINIC 2253 W MASON ST #100 GREEN BAY, WI 54307	39-1943214		5,466.	0.			PATIENT ASSISTANCE
AURORA BAYCARE MED CTR PO BOX 8920 GREEN BAY, WI 54308	39-1947472		8,697.	0.			PATIENT ASSISTANCE
HUBERT H HUMPHREY CANCER CTR 3435 W BROADWAY # 1135 ROBBINSDALE, MN 55422	41-0729979		11,039.	0.			PATIENT ASSISTANCE
MANKATO CLINIC 1230 E MAIN ST MANKATO, MN 56002	41-0849339		5,012.	0.			PATIENT ASSISTANCE
VITREO RETINAL SURGERY MN CENTER 7760 FRANCE AVE S #310 MINNEAPOLIS, MN 55435	41-1608615		8,146.	0.			PATIENT ASSISTANCE

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MINNESOTA ONCOLOGY 2550 UNIVERSITY AVE W #110N SAINT PAUL, MN 55114	41-1793418		35,451.	0.			PATIENT ASSISTANCE
SUNCOAST RETINA CONSULTANTS 3280 N MCMULLEN BOOTH RD STE 120 CLEARWATER, FL 33761	41-2104585		14,446.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF NORTH FL PO BOX 674377 DALLAS, TX 75267	41-2152274		95,649.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY & HEMATOLOGY 1221 PLEASANT ST # 100 DES MOINES, IA 50309	42-0680452		9,656.	0.			PATIENT ASSISTANCE
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403	42-0698295		7,078.	0.			PATIENT ASSISTANCE
WOLFE EYE CLINIC 309 EAST CHURCH ST MARSHALLTOWN, IA 50158	42-0954581		18,554.	0.			PATIENT ASSISTANCE
NORTHWEST IOWA UROLOGISTS 1200 1ST AVE E. ST. B SPENCER, IA 51301	42-1145550		19,626.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY & HEMATOLOGY 1221 PLEASANT ST # 100 DES MOINES, IA 50309	42-1163076		35,010.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOCIATES 701 10TH STREET SE 3RD FLOOR CEDAR RAPIDS, IA 52403	42-1203658		8,046.	0.			PATIENT ASSISTANCE

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CEDAR VALLEY MEDICAL SPECIALISTS, PC - 4150 KIMBALL AVE - WATERLOO, IA 50701	42-1417307		15,830.	0.			PATIENT ASSISTANCE
IOWA HEALTH HOME CARE 11333 AURORA AVE URBANDALE, IA 50322	42-1477471		5,817.	0.			PATIENT ASSISTANCE
HENNEPIN COUNTY MED CTR PO BOX 1238 MINNEAPOLIS, MN 55440	42-1707837		16,614.	0.			PATIENT ASSISTANCE
BAKERSFIELDS HEMATOLOGY ONCOLOGY 9800 BRIMHALL RD BAKERSFIELD, CA 93312	42-1727030		10,755.	0.			PATIENT ASSISTANCE
SITEMAN CANCER CNTR WEST PO BOX 504875 SAINT LOUIS, MO 63150	43-0653611		34,212.	0.			PATIENT ASSISTANCE
ST LOUIS UNIVERSITY CANCER CTR PO BOX 18535M SAINT LOUIS, MO 63195	43-0654872		5,720.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS PO BOX 60394 ST LOUIS, MO 63160	43-0913832		17,076.	0.			PATIENT ASSISTANCE
JEFFERSON CITY MEDICAL GROUP PO BOX 104240 JEFFERSON CITY, MO 65110	43-0954586		5,554.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL WASHINGTON PO BOX 502385 SAINT LOUIS, MO 63150	43-1066883		12,827.	0.			PATIENT ASSISTANCE

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ONCOLOGY HEMATOLOGY ASSOCIATES 3850 S NATIONAL STE 600 SPRINGFIELD, MO 65807	43-1188342		5,138.	0.			PATIENT ASSISTANCE
ST LOUIS ONCOLOGY ASSOCIATES INC 10012 KENNERLY RD # 100 SAINT LOUIS, MO 63128	43-1240180		7,342.	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		17,889.	0.			PATIENT ASSISTANCE
MERCY CLINIC SPRINGFIELD COMMUNITIES - PO BOX 505164 - SAINT LOUIS, MO 63150	43-1560263		50,084.	0.			PATIENT ASSISTANCE
SIGNATURE MEDICAL GROUP INC 12639 OLD TESSON RD STE # 115 SAINT LOUIS, MO 63128	43-1696710		9,826.	0.			PATIENT ASSISTANCE
FREEMAN CANCER INSTITUTE 3415 MCINTOSH CIR JOPLIN, MO 64804	43-1704371		11,809.	0.			PATIENT ASSISTANCE
SSM DEPAUL MEDICAL GROUP 1551 WALL ST #310 ST CHARLES, MO 63303	43-1715106		12,391.	0.			PATIENT ASSISTANCE
MISSOURI CANCER ASSOCIATES 2372 PAYSAPHERE CIRCLE CHICAGO, IL 60674	43-1763016		9,969.	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
RETINAL ASSOCIATES 1265 E PRIMROSE SPRINGFIELD, MO 65804	43-1842769		17,032.	0.			PATIENT ASSISTANCE
CLAYTON MEDICAL 6400 CLAYTON RD SUITE 110 SAINT LOUIS, MO 63117	43-1907813		9,332.	0.			PATIENT ASSISTANCE
MERCY ARCH HEMATOLOGY ONCOL. 607 S NEW BALLAS RD # 3300 SAINT LOUIS, MO 63141	43-1927040		31,019.	0.			PATIENT ASSISTANCE
S CO HEMATOLOGY & ONCOLOGY PO BOX 210337 CHULA VISTA, CA 91921	43-1986447		25,950.	0.			PATIENT ASSISTANCE
ADVANCED CARE SCRIPTS DEPT # 862 PO BOX 850001 ORLANDO, FL 32885	43-2080503		32,646.	0.			PATIENT ASSISTANCE
CAPITAL REGION MEDICAL CENTER 1432 SOUTHWEST BLVD JEFFERSON CITY, MO 65109	44-0546366		23,399.	0.			PATIENT ASSISTANCE
MERCY CANCER AND HEMATOLOGY PO BOX 504274 SAINT LOUIS, MO 63150	44-0552485		73,435.	0.			PATIENT ASSISTANCE
L E COX MEDICAL CTRS 1423 N JEFFERSON SPRINGFIELD, MO 65802	44-0577118		37,783.	0.			PATIENT ASSISTANCE
OZARKS MEDICAL CTR PO BOX 1100 WEST PLAINS, MO 65775	44-6005758		5,166.	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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CACHE VALLEY CANCER TREATMENT & RESEARCH CLINIC - 1281 N 600 E - LOGAN, UT 84341	45-0486684		12,189.	0.			PATIENT ASSISTANCE
MICHIGAN HEALTHCARE 25241 GRAND RIVER REDFORD, MI 48240	45-1674932		11,809.	0.			PATIENT ASSISTANCE
OSLER HMA MEDICAL GROUP LLC PO BOX 741792 ATLANTA, GA 30374	45-2015257		22,323.	0.			PATIENT ASSISTANCE
SALEM RHEUMATOLOGY LLC 960 LIBERTY ST SE # 200 SALEM, OR 97302	45-2137183		14,093.	0.			PATIENT ASSISTANCE
GREATER PHILADELPHIA CANCER AND HEMATOLOGY - 3998 RED LION RD # 130 - PHILADELPHIA, PA 19114	45-2552343		360,503.	0.			PATIENT ASSISTANCE
THE CHRIST HOSPITAL MEDICAL SPECIALIST 2 - PO BOX 637627 - CINCINNATI, OH 45263	45-2681845		9,396.	0.			PATIENT ASSISTANCE
FAMILY CANCER CENTER FOUNDATION PO BOX 741799 ATLANTA, GA 30374	45-2842963		7,117.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA CANCER CENTER 1541 FLORIDA AVE #306 MODESTO, CA 95350	45-2897904		10,712.	0.			PATIENT ASSISTANCE
INTRAVENE LLC 2215 LANDOVER PLACE LYNCHBURG, VA 24501	45-3049735		28,365.	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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FLORIDA CANCER AFFILIATES - NEW PORT RICHEY - PO BOX 864763 - ORLANDO, FL 32886	45-3669482		10,703.	0.			PATIENT ASSISTANCE
SHENANDOAH ONCOLOGY PC PO BOX 602754 CHARLOTTE, NC 28260	45-4759270		17,007.	0.			PATIENT ASSISTANCE
CRYSTAL MEDICAL GROUP 310 CENTRAL AVE #106 EAST ORANGE, NJ 07018	45-4863386		12,315.	0.			PATIENT ASSISTANCE
MIDWEST REG ALLERGY ASTHMA ART AND OST CTR - 1027 S MAIN ST # 202 - JOPLIN, MO 64801	45-4901181		6,428.	0.			PATIENT ASSISTANCE
OHIO ONCOLOGY AND HEMATOLOGY LLC 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43219	45-5395632		51,688.	0.			PATIENT ASSISTANCE
CANCER SPEC OF N FL -BAPTIST DOWNTOWN - 1235 SAN MARCO BLVD #202 - JACKSONVILLE, FL 32207	45-5523028		264,615.	0.			PATIENT ASSISTANCE
AVERA MCKENNAN HOME INFUSION 1020 SOUTH CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		8,601.	0.			PATIENT ASSISTANCE
ST. MARY'S HEALTHCARE CTR PO BOX 31001-1295 PASADENA, CA 91101	46-0230199		5,287.	0.			PATIENT ASSISTANCE
WILLIAM P MAIER PC 633 E 11TH AVE EUGENE, OR 97401	46-0485850		7,530.	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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CAROLINA HEMATOLOGY ONCOLOGY ASSOC 1100 S TRYON ST # 400 CHARLOTTE, NC 28203	46-0486024		21,370.	0.			PATIENT ASSISTANCE
NSH CANCER PROFESSIONAL G LLC 1835 SAVOY DRIVE STE# 107 SANDY SPRINGS, GA 30342	46-0676654		182,470.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY SERVICES OFFICE 3737 SAN DIMAS ST # 101 BAKERSFIELD, CA 93301	46-0910853		13,939.	0.			PATIENT ASSISTANCE
HEALTH FIRST MEDICAL GROUP, LLC 1223 GATEWAY DR MELBOURNE, FL 32901	46-1243081		51,659.	0.			PATIENT ASSISTANCE
EYE SURGICAL ASSOCIATES 1710 S 70TH ST LINCOLN, NE 68506	47-0626698		24,514.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOCIATES PC 8303 DODGE ST #225 OMAHA, NE 68114	47-0626996		18,158.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY CONSULTANTS 110 N 29TH #101 NORFOLK, NE 68701	47-0770654		61,022.	0.			PATIENT ASSISTANCE
CENTRAL NEBRASKA NEUROLOGY 2727 W 2ND ST #340 HASTINGS, NE 68901	47-0800845		5,000.	0.			PATIENT ASSISTANCE
OCALA ONCOLOGY 433 SW 10TH ST OCALA, FL 34474	47-0872321		20,171.	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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VITREO RETINAL CONSULTANTS SURGEONS PA - 530 N LORRAINE - WICHITA, KS 67214	48-0817150		22,130.	0.			PATIENT ASSISTANCE
CENTRAL CARE, PA PO BOX 256 SALINA, KS 67402	48-1125116		73,551.	0.			PATIENT ASSISTANCE
MOWERY CLINIC 737 EAST CRAWFORD SALINA, KS 67401	48-1145374		14,982.	0.			PATIENT ASSISTANCE
CANCER CENTER OF KS PA PO BOX 1458 WICHITA, KS 67201	48-1181579		342,508.	0.			PATIENT ASSISTANCE
UNIV OF KS HOSP AUTH 1000 E 101 ST TERR KANSAS CITY, MO 64131	48-1202402		24,409.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES, PA PO BOX 414971 KANSAS CITY, MO 64141	48-1211774		29,209.	0.			PATIENT ASSISTANCE
KANSAS CITY UROLOGY CARE, PA PO BOX 802257 KANSAS CITY, MO 64180	48-1216340		12,336.	0.			PATIENT ASSISTANCE
AUSTIN TX RADIATION ONCOLOGY GROUP PO BOX 923 SAN ANTONIO, TX 78294	48-1271862		5,448.	0.			PATIENT ASSISTANCE
BIOSCRIPT INFUSION SERVICES 14478 COLLECTIONS CENTER DR CHICAGO, IL 60693	48-1283527		7,577.	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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BLOOD & CANCER CTR OF TX 825 MEDICAL DR TYLER, TX 75701	48-1285510		17,222.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY HEMATOLOGY CONSULTANTS, PA - 4701 OGLETOWN-STANTON RD STE 3400 - NEWARK, DE 19713	51-0384913		9,003.	0.			PATIENT ASSISTANCE
ATLANTIC UROLOGY CLINICS LLC PO BOX 602460 CHARLOTTE, NC 28260	51-0570029		26,148.	0.			PATIENT ASSISTANCE
RIVERSIDE REG MED CTR PO BOX 6008 NEWPORT NEWS, VA 23606	52-1245746		7,216.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL SURGEONS P.O BOX 7780-1600 PHILA, PA 19182	52-1249671		32,566.	0.			PATIENT ASSISTANCE
CHESAPEAKE ONCOLOGY HEMATOLOGY ASSOC - 3001 S HANOVER ST - BALTIMORE, MD 21225	52-1480363		11,313.	0.			PATIENT ASSISTANCE
RETINA GROUP OF WASHINGTON, P.C. 7501 GREENWAY CTR DR #300 GREENBELT, MD 20770	52-1570295		7,731.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER & HEMATOLOGY SPECIALISTS - 705 WHITE HORSE RD # D-105 - VOORHEES, NJ 08043	52-1676914		7,784.	0.			PATIENT ASSISTANCE
ELMAN RETINA GROUP, PA 9114 PHILADELPHIA RD STE#310 ROSEDALE, MD 21237	52-1803322		5,969.	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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RETINA CONSULTANTS OF DELMARVA 1415 WESLEY DR SALISBURY, MD 21801	52-1862392		11,711.	0.			PATIENT ASSISTANCE
DAVID H SMITH MD PA 8221 TEAL DR # 301 EASTON, MD 21601	52-1934955		8,283.	0.			PATIENT ASSISTANCE
MORRISTOWN MEMORIAL HOSPITAL PO BOX 10219 NEWARK, NJ 07193	52-1958352		14,545.	0.			PATIENT ASSISTANCE
THE RETINA CARE CENTER 6115 FALLS RD BALTIMORE, MD 21209	52-2117156		8,623.	0.			PATIENT ASSISTANCE
CHESAPEAKE UROLOGY 25 CROSSROADS DR STE 306 OWINGS MILLS, MD 21117	52-2146172		172,219.	0.			PATIENT ASSISTANCE
BIRMINGHAM HEMATOLOGY & ONCOLOGY 500 OFFICE PARK DR # 400 BIRMINGHAM, AL 35223	52-2170293		45,956.	0.			PATIENT ASSISTANCE
GREATER WASHINGTON ONCOLOGY ASSOC 1400 FOREST GLEN RD STE #435 SILVER SPRING, MD 20910	52-2286097		5,725.	0.			PATIENT ASSISTANCE
MICHAEL P LEWKO MD LLC 871 ALLWOOD RD #1 CLIFTON, NJ 07012	52-2342955		7,235.	0.			PATIENT ASSISTANCE
VISTAR EYE CENTER PO BOX 1789 ROANOKE, VA 24008	54-0853078		17,162.	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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VIRGINIA CANCER INSTITUTE 6605 W BROAD ST #C RICHMOND, VA 23230	54-1066435		119,613.	0.			PATIENT ASSISTANCE
LYNCHBURG HEMATOLOGY ONCOLOGY CLINIC - 1701 THOMSON DR STE 200 - LYNCHBURG, VA 24501	54-1111445		20,099.	0.			PATIENT ASSISTANCE
INTRAVENE 2215 LANDOVER PL LYNCHBURG, VA 24501	54-1131672		11,630.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		9,919.	0.			PATIENT ASSISTANCE
DANVILLE HEMATOLOGY & ONCOLOGY 125 EXECUTIVE DR #J DANVILLE, VA 24541	54-1397275		30,965.	0.			PATIENT ASSISTANCE
RETINA AND VITREOUS CTR PC 968 COLONIAL RD # 105 VIRGINIA BCH, VA 23454	54-1406743		5,179.	0.			PATIENT ASSISTANCE
AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		27,471.	0.			PATIENT ASSISTANCE
VIRGINIA ONCOLGY ASSOCIATES 5900 LAKE WRIGHT DR, SUITE 300 NORFOLK, VA 23502	54-1768662		114,771.	0.			PATIENT ASSISTANCE
KY CANCER CLINIC 200 MEDICAL CENTER DR # 3-0 HAZARD, KY 41701	54-1862820		7,873.	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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BLUE RIDGE CANCER CARE - CHRISTIANSBURG - PO BOX 601507 - CHARLOTTE, NC 28260	54-1922084		65,556.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF VA 8700 STONY POINT PKWY #150 RICHMOND, VA 23235	54-1950215		26,873.	0.			PATIENT ASSISTANCE
SB KONDRAGUNTA LLC 34 MEDICAL PARK BLVD # G PETERSBURG, VA 23805	54-1989200		17,886.	0.			PATIENT ASSISTANCE
PATRICIA LARSON & ASSOCIATES PO BOX 529 ITASCA, IL 60143	54-2152477		5,000.	0.			PATIENT ASSISTANCE
UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - PO BOX 403059 - ATLANTA, GA 30384	54-6001796		41,424.	0.			PATIENT ASSISTANCE
WHEELING HOSPITAL 1 MEDICAL PARK STE# 202 WHEELING, WV 26003	55-0357057		5,640.	0.			PATIENT ASSISTANCE
HUNTINGTON INTERNAL MEDICINE GROUP 5170 US RT 60 E HUNTINGTON, WV 25705	55-0578595		16,136.	0.			PATIENT ASSISTANCE
BECKLEY ONCOLOGY ASSOCIATES 275 DRY HILL RD BECKLEY, WV 25801	55-0699734		20,044.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS PO BOX 3970 CHARLESTON, WV 25339	55-0703678		7,922.	0.			PATIENT ASSISTANCE

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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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CRAIG MORGAN, MD 1611 13TH AVE HUNTINGTON, WV 25701	55-0726025		8,818.	0.			PATIENT ASSISTANCE
PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE #15 FAIRMONT, WV 26554	55-0763359		27,588.	0.			PATIENT ASSISTANCE
EDWARD WAGNER MD 25500 RANCHO NIGUEL RD #240 LAGUNA NIGUEL, CA 92677	55-7297661		11,703.	0.			PATIENT ASSISTANCE
KERNODLE CLINIC PO BOX 1717 BURLINGTON, NC 27216	56-0520990		6,747.	0.			PATIENT ASSISTANCE
RANDOLPH HOSPITAL PO BOX 1048 ASHEBORO, NC 27204	56-0530234		11,535.	0.			PATIENT ASSISTANCE
MISSION HOSPITALS, INC PO BOX 751177 CHARLOTTE, NC 28275	56-0532141		13,255.	0.			PATIENT ASSISTANCE
HIGH POINT REGIONAL HEALTH SYSTEM 601 N ELM ST HIGH POINT, NC 27262	56-0532309		19,031.	0.			PATIENT ASSISTANCE
PARK RIDGE HOSPITAL PO BOX 601556 CHARLOTTE, NC 28260	56-0543246		28,020.	0.			PATIENT ASSISTANCE
MOREHEAD MEMORIAL HOSPITAL 117 E KINGS HWY EDEN, NC 27288	56-0591294		5,952.	0.			PATIENT ASSISTANCE

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CRAVEN REGIONAL MED CTR PO BOX 12157 NEW BERN, NC 28561	56-0755775		20,059.	0.			PATIENT ASSISTANCE
FORSYTH MEMORIAL HOSPITAL, INC PO BOX 75216 CHARLOTTE, NC 28275	56-0928089		34,299.	0.			PATIENT ASSISTANCE
PINEHURST MEDICAL CLINIC PO BOX 63283 CHARLOTTE, NC 28263	56-0942980		11,380.	0.			PATIENT ASSISTANCE
GRAYSTONE OPHTHAMOLOGY PO BOX 3445 HICKORY, NC 28603	56-0962483		5,323.	0.			PATIENT ASSISTANCE
KINSTON MEDICAL SPECIALISTS 701 DOCTORS DRIVE #N KINSTON, NC 28501	56-0986098		16,228.	0.			PATIENT ASSISTANCE
CAROLINA EYE ASSOCIATES 2170 MIDLAND RD SOUTHERN PINES, NC 28387	56-1183309		51,702.	0.			PATIENT ASSISTANCE
CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		12,148.	0.			PATIENT ASSISTANCE
CAROLINA OPHTHALMOLOGY PA PO BOX 2300 HENDERSONVILLE, NC 28793	56-1310375		5,425.	0.			PATIENT ASSISTANCE
CAROMONT MEDICAL GRP/ARTHRITIS & OSTEOPOROSIS CTR - PO BOX 5168 - BELFAST, ME 04915	56-1479712		33,652.	0.			PATIENT ASSISTANCE

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REX HEMATOLOGY & ONCOLOGY ASSOC. 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	56-1509260		35,080.	0.			PATIENT ASSISTANCE
RUTHERFORD INTERNAL MEDICINE PO BOX 602148 CHARLOTTE, NC 28260	56-1667838		30,849.	0.			PATIENT ASSISTANCE
SOUTHEASTERN MEDICAL ONCOLOGY CENTER - 203 COX BLVD - GOLDSBORO, NC 27534	56-1711669		183,203.	0.			PATIENT ASSISTANCE
CAROLINA ARTHRITIS ASSOC PO BOX 63232 CHARLOTTE, NC 28263	56-1745946		11,087.	0.			PATIENT ASSISTANCE
GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		50,017.	0.			PATIENT ASSISTANCE
CHARLOTTE EENT ASSOC 6035 FAIRVIEW RD CHARLOTTE, NC 28216	56-1896112		23,957.	0.			PATIENT ASSISTANCE
PINEHURST RHEUMATOLOGY 4204 MURDOCKSVILLE RD SEVEN LAKES, NC 27376	56-1912684		10,414.	0.			PATIENT ASSISTANCE
CORNERSTONE HEALTH CARE PO BOX 896050 CHARLOTTE, NC 28289	56-1935767		18,463.	0.			PATIENT ASSISTANCE
FIRST HEALTH OUTPATIENT CANCER CENTER - PO BOX 8500 - PINEHURST, NC 28374	56-1936354		5,690.	0.			PATIENT ASSISTANCE

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REGIONAL HEMATOLOGY & ONCOLOGY 4101 MACON POND RD RALEIGH, NC 27609	56-1938316		80,153.	0.			PATIENT ASSISTANCE
THE BLOOD & CANCER CLINIC 1565 PURDUE DR STE 301 FAYETTEVILLE, NC 28303	56-1951959		28,131.	0.			PATIENT ASSISTANCE
WESTERN CAROLINA RETINAL ASSOC 8 MEDICAL PARK DRIVE ASHEVILLE, NC 28803	56-1967404		15,221.	0.			PATIENT ASSISTANCE
PHYSICIANS EAST PO BOX 30620 GREENVILLE, NC 27833	56-1968491		5,286.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 4414 LAKE BOONE TRL # 302 RALEIGH, NC 27607	56-2043271		45,146.	0.			PATIENT ASSISTANCE
SAAD UPSTATE NEUROLOGY PO BOX 2716 COLUMBIA, SC 29202	56-2053696		5,737.	0.			PATIENT ASSISTANCE
COASTAL CAROLINA HEALTH CARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		35,703.	0.			PATIENT ASSISTANCE
DUKE UNIVERSITY MEDICAL CENTER PO BOX 751274 CHARLOTTE, NC 28275	56-2070036		12,568.	0.			PATIENT ASSISTANCE
URO SPEC OF THE CAROLINAS UNIV PO BOX 36488 CHARLOTTE, NC 28236	56-2107759		15,828.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CAROLINA RHEUMATOLOGY 8220 NIGELS DR MYRTLE BEACH, SC 29572	56-2165138		7,803.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD #100 CHARLOTTE, NC 28207	56-2179043		49,127.	0.			PATIENT ASSISTANCE
ARTHRITIS - OSTEOPOROSIS CONSULTANTS - PO BOX 63235 - CHARLOTTE, NC 28263	56-2202409		46,165.	0.			PATIENT ASSISTANCE
LAKE NORMAN HEMATOLOGY ONCOLOGY SPECIALISTS - 170 MEDICAL PARK RD - MOORESVILLE, NC 28117	56-2216617		27,986.	0.			PATIENT ASSISTANCE
GRACE HEMATOLOGY AND ONCOLOGY PO BOX 38 FLETCHER, NC 28732	56-2227967		5,312.	0.			PATIENT ASSISTANCE
MECKLENBURG MEDICAL GROUP - RHEUMATOLOGY - PO BOX 601643 - CHARLOTTE, NC 28260	56-2274416		7,608.	0.			PATIENT ASSISTANCE
PACIFIC MEDICAL CENTERS PO BOX 24386 SEATTLE, WA 98124	56-2290878		11,947.	0.			PATIENT ASSISTANCE
COASTAL ONCOLOGY 325 CLYDE MORRIS BLVD #450 ORMOND BEACH, FL 32174	56-2347830		10,357.	0.			PATIENT ASSISTANCE
QUALIFY EYE CENTER 6 SAMARA CIR NORTHFIELD, NJ 08225	56-2398390		7,228.	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.)

(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
ARTHRITIS ASSOCIATES PA 4511 HORIZON HILL BLVD #150 SAN ANTONIO, TX 78229	56-2613565		19,805.	0.			PATIENT ASSISTANCE
HAYWOOD REGIONAL MEDICAL CTR PO BOX 369 CLYDE, NC 28721	56-6000535		27,015.	0.			PATIENT ASSISTANCE
ANDERSON AREA CANCER CTR 2000 E GREENVILLE ST #5000 ANDERSON, SC 29621	57-0359174		7,601.	0.			PATIENT ASSISTANCE
MCLEOD REGIONAL MEDICAL 555 E CHEVES ST FLORENCE, SC 29506	57-0370242		7,057.	0.			PATIENT ASSISTANCE
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		6,638.	0.			PATIENT ASSISTANCE
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR #400 GREENVILLE, SC 29601	57-0702625		27,470.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		66,622.	0.			PATIENT ASSISTANCE
SOUTH CAROLINA ONCOLOGY ASSOCIATES 166 STONERIDGE DR COLUMBIA, SC 29210	57-0787600		305,727.	0.			PATIENT ASSISTANCE
LEXINGTON RHEUMATOLOGY 110 E MEDICAL LN #235 WEST COLUMBIA, SC 29169	57-0874077		58,685.	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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RHEUMATOLOGY ASSOC 14 E FARMFIELD AVE CHARLESTON, SC 29407	57-0903726		5,600.	0.			PATIENT ASSISTANCE
PALMETTO RETINA CENTER PO BOX 8864 RICHLAND, SC 29202	57-0955585		44,305.	0.			PATIENT ASSISTANCE
UROLOGY CENTER OF SPARTANBURG 391 SERPENTINE DRIVE STE #500 SPARTANBURG, SC 29303	57-0959374		10,393.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF CAROLINA 1126 GROVE RD GREENVILLE, SC 29605	57-0991865		15,161.	0.			PATIENT ASSISTANCE
INTERNAL MEDICINE OF GREENVILLE 1025 VERDAE BLVD # A GREENVILLE, SC 29607	57-1004971		14,096.	0.			PATIENT ASSISTANCE
PALMETTO HEMATOLOGY & ONCOLOGY 380 SERPENTINE DR # 200 SPARTANBURG, SC 29303	57-1050553		6,221.	0.			PATIENT ASSISTANCE
CHARLESTON CANCER CTR 2910 TRICOM ST CHARLESTON, SC 29406	57-1071425		10,617.	0.			PATIENT ASSISTANCE
PALMETTO INFUSION SERVICES PO BOX 538476 ATLANTA, GA 30353	57-1085343		27,133.	0.			PATIENT ASSISTANCE
MEDICAL UNIVERSITY HOSPITAL AUTH PO BOX 931854 ATLANTA, GA 31193	57-1098556		58,464.	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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SANTEE HEMATOLOGY ONCOLOGY 1105 N LAFAYETTE DR # A SUMTER, SC 29150	57-1111938		39,927.	0.			PATIENT ASSISTANCE
PALM BEACH CANCER INSTITUTE PO BOX 863310 ORLANDO, FL 32886	57-1139372		56,792.	0.			PATIENT ASSISTANCE
SPARTANBURG REGIONAL MED CTR PO BOX 2168 SPARTANBURG, SC 29304	57-6000934		41,144.	0.			PATIENT ASSISTANCE
GREENVILLE HOSPITAL SYSTEM-UNIV MED GRP - PO BOX 60087 - CHARLOTTE, NC 28260	57-6007863		22,930.	0.			PATIENT ASSISTANCE
EMORY CRAWFORD LONG HOSPITAL PO BOX 406864 ATLANTA, GA 30384	58-0566200		10,135.	0.			PATIENT ASSISTANCE
NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY # 500 GAINESVILLE, GA 30501	58-0656907		47,341.	0.			PATIENT ASSISTANCE
WEST GEORGIA EYE CARE CENTER 2616 WARM SPRINGS RD COLUMBUS, GA 30253	58-1075293		8,103.	0.			PATIENT ASSISTANCE
GEORGIA UROLOGY PA 1930 BRANNAN RD MCDONOUGH, GA 30253	58-1109444		18,748.	0.			PATIENT ASSISTANCE
AMERICAN FOOT AND LEG SPECIALIST 425 FOREST PKWY #101 FOREST PARK, GA 30297	58-1235233		9,647.	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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SUMMIT CANCER CARE 225 CANDLER DR SAVANNAH, GA 31405	58-1305331		5,843.	0.			PATIENT ASSISTANCE
AUGUSTA ONCOLOGY ASSOCIATES 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		122,677.	0.			PATIENT ASSISTANCE
GARY R BOTSTEIN MD 2712 N DECATUR RD DECATUR, GA 30033	58-1490719		7,124.	0.			PATIENT ASSISTANCE
GEORGIA RETINA PC 155 MEDICAL WAY #E RIVERDALE, GA 30274	58-1519372		114,706.	0.			PATIENT ASSISTANCE
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD # 200 RIVERDALE, GA 30274	58-1715376		18,901.	0.			PATIENT ASSISTANCE
PEACHTREE HEMATOLOGY ONCOLOGY 1800 HOWELL MILL RD NW #775 800 ATLANTA, GA 30318	58-1761689		7,303.	0.			PATIENT ASSISTANCE
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE #102 DALTON, GA 30720	58-1793611		19,814.	0.			PATIENT ASSISTANCE
VALDOSTA SPECIALTY CLINIC 2412 N OAK ST VALDOSTA, GA 31602	58-1844895		8,350.	0.			PATIENT ASSISTANCE
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR # 300 AUSTELL, GA 30106	58-1923818		199,235.	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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NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	58-1954432		362,595.	0.			PATIENT ASSISTANCE
GWINNETT MEDICAL CENTER PO BOX 1190 LAWRENCEVILLE, GA 30046	58-2002413		46,561.	0.			PATIENT ASSISTANCE
THE LONG STREET CLINIC PO DRAWER 658 GAINESVILLE, GA 30503	58-2117020		26,525.	0.			PATIENT ASSISTANCE
GEORGIA CANCER SPECIALISTS 1100 JOHNSON FERRY RD #600 ATLANTA, GA 30342	58-2181189		173,086.	0.			PATIENT ASSISTANCE
HARBIN CLINIC PO BOX 848290 BOSTON, MA 02284	58-2234927		120,682.	0.			PATIENT ASSISTANCE
CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST #1B MACON, GA 31201	58-2537874		147,251.	0.			PATIENT ASSISTANCE
SUBURBAN HEMATOLOGY ONCOLOGY 1700 TREE LANE RD # 490 SNELLVILLE, GA 30078	58-2590501		5,569.	0.			PATIENT ASSISTANCE
SACRED HEART HOSPITAL PO BOX 2728 PENSACOLA, FL 32513	59-0634434		58,156.	0.			PATIENT ASSISTANCE
MARTIN MEMORIAL CANCER CENTER INFUSION SUITE - 501 E OSCEOLA ST 3RD FL, # 302 - STUART, FL 34994	59-0637874		17,366.	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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WATSON CLINIC KIDNEY CTR 1550 LAKE LAND HILLS BLVD LAKE LAND, FL 33805	59-0704934		75,221.	0.			PATIENT ASSISTANCE
PHILLIP NDUM, MD PO BOX 730729 ORMOND BEACH, FL 32173	59-0973502		29,483.	0.			PATIENT ASSISTANCE
MELBOURNE INTERNAL MED ASSOC 1223 GATEWAY DR # G MELBOURNE, FL 32901	59-1224281		44,270.	0.			PATIENT ASSISTANCE
ST LUKES CATARACT & LASER INST PO BOX 918926 ORLANDO, FL 32891	59-1224512		8,161.	0.			PATIENT ASSISTANCE
SUNCOAST INTERNAL MEDICINE 13644 WALSINGHAM RD LARGO, FL 33774	59-1273247		9,915.	0.			PATIENT ASSISTANCE
CLARK & DAUGHTREY MEDICAL GROUP PA PO BOX 917394 ORLANDO, FL 32891	59-1273583		14,809.	0.			PATIENT ASSISTANCE
FLORIDA EYE MICROSURGICAL INST. 1717 WOOLBRIGHT RD BOYNTON BEACH, FL 33426	59-1675396		5,422.	0.			PATIENT ASSISTANCE
ORLANDO REGIONAL HEALTHCARE SYST PO BOX 620000 STOP 9936 ORLANDO, FL 32891	59-1726273		15,182.	0.			PATIENT ASSISTANCE
MARINERS HOSPITAL PO BOX 025819 MIAMI, FL 33102	59-1987355		7,425.	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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STUART ONCOLOGY ASSOCIATES 501 E OSCEOLA ST 3RD FL, #301 STUART, FL 34994	59-2003116		53,664.	0.			PATIENT ASSISTANCE
FLORIDA RETINA INSTITUTE 2639 OAK ST JACKSONVILLE, FL 32204	59-2009089		6,287.	0.			PATIENT ASSISTANCE
MID-FL HEMATOLOY ONCOLOGY PA 2776 ENTEREPRISE RD # 100 ORANGE CITY, FL 32763	59-2021436		16,251.	0.			PATIENT ASSISTANCE
VITREO & RETINA ASSOC 4340 NEWBERRY RD # 202 GAINESVILLE, FL 32607	59-2046817		6,489.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SW FL 6901 INTERNATIONAL CTR BLVD FORT MYERS, FL 33912	59-2086792		8,704.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY CONSULTANTS 2501 N ORANGE AVE #381 ORLANDO, FL 32804	59-2109057		83,787.	0.			PATIENT ASSISTANCE
ROBERTO ARAUJO MD 3000 US HWY 19 HOLIDAY, FL 34691	59-2109527		12,445.	0.			PATIENT ASSISTANCE
WEST FLORIDA MEDICAL CENTER 8201 UNIVERSITY PKWY PENSACOLA, FL 32524	59-2193856		9,692.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF FLORIDA 13904 LAKESHORE BLVD #410 HUDSON, FL 34667	59-2203138		79,413.	0.			PATIENT ASSISTANCE

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21ST CENTURY ONCOLOGY PO BOX 862152 ORLANDO, FL 32886	59-2485899		12,312.	0.			PATIENT ASSISTANCE
UMDC-DEPT OF OPHTHALMOLOGY PO BOX 025809 MIAMI, FL 33102	59-2579838		7,351.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT 1360 E VENICE AVE VENICE, FL 34285	59-2691910		7,885.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		30,899.	0.			PATIENT ASSISTANCE
EAST FLORIDA EYE INSTITUTE PO BOX 896 STUART, FL 34995	59-2936142		5,208.	0.			PATIENT ASSISTANCE
MEMORIAL HOSPITAL FLAGLER INC PO BOX 864623 ORLANDO, FL 32886	59-2951990		13,969.	0.			PATIENT ASSISTANCE
BAY ONCOLOGY CENTER 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		29,892.	0.			PATIENT ASSISTANCE
CANCER INSTITUTE OF FLORIDA 894 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	59-2983755		8,054.	0.			PATIENT ASSISTANCE
VITREOUS AND RETINA CONSULTANTS 250 AVE K SW #200 WINTER HAVEN, FL 33880	59-3028408		27,418.	0.			PATIENT ASSISTANCE

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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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HEMATOLOGY ONCOLOGY ASSOCIATES OF CENTRAL BREVARD - 107 LONGWOOD AVE - ROCKLEDGE, FL 32955	59-3169766		62,257.	0.			PATIENT ASSISTANCE
CITRUS HEMATOLOGY & ONCOLOGY 770 SE 5TH TER CRYSTAL RIVER, FL 34429	59-3208438		8,320.	0.			PATIENT ASSISTANCE
CANCER INSTITUTE OF FL 894 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	59-3214635		92,418.	0.			PATIENT ASSISTANCE
H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-3238634		9,478.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES OF CENTRAL BREVARD - 107 LONGWOOD AVE - ROCKLEDGE, FL 32955	59-3268119		5,791.	0.			PATIENT ASSISTANCE
OSLER HMA MEDICAL GRP. 930 S HARBOR CITY BLVD MELBOURNE, FL 32901	59-3297304		10,836.	0.			PATIENT ASSISTANCE
RAKESH ROHATGI MD 321 SE 29TH PL STE 102 Ocala, FL 34471	59-3329469		86,266.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATISM ASSOC 612 DRUID RD E CLEARWATER, FL 33756	59-3337044		18,422.	0.			PATIENT ASSISTANCE
MEDICAL ASSOC OF BREVARD 2290 W EAU GALLIE BLVD MELBOURNE, FL 32935	59-3360315		20,815.	0.			PATIENT ASSISTANCE

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PINELLAS HEMATOLOGY AND ONCOLOGY 5000 PARK ST N #1017 SAINT PETERSBURG, FL 33709	59-3363610		34,639.	0.			PATIENT ASSISTANCE
SPACE COAST CANCER CENTERS 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		64,087.	0.			PATIENT ASSISTANCE
PHYSICIAN SURGICAL NETWORK 1020 W OAK ST KISSIMMEE, FL 34741	59-3370576		9,871.	0.			PATIENT ASSISTANCE
FLORIDA EYE CONSULTANTS 1995 W NASA BLVD STE 2 WEST MELBOURNE, FL 32904	59-3395074		9,008.	0.			PATIENT ASSISTANCE
THE EYE INSTITUTE OF WEST FLORIDA 148 13TH ST SW LARGO, FL 33770	59-3400241		5,792.	0.			PATIENT ASSISTANCE
ORLANDO ARTHRITIS INSTITUTE 58 WEST MICHIGAN ST ORLANDO, FL 32806	59-3470767		16,632.	0.			PATIENT ASSISTANCE
RETINA SPECIALTY INSTITUTE 5150 NORTH DAVIS HWY PENSACOLA, FL 32503	59-3482386		21,804.	0.			PATIENT ASSISTANCE
FERNANDO C MALAMUD, MD PA 2202 STATE AVE #111 PANAMA CITY, FL 32405	59-3639869		12,014.	0.			PATIENT ASSISTANCE
DAVID DRESNER, MD PA 603 7TH ST S # 560 SAINT PETERSBURG, FL 33701	59-3695009		53,711.	0.			PATIENT ASSISTANCE

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HALIFAX REGIONAL ONCOLOGY CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	59-6001217		6,805.	0.			PATIENT ASSISTANCE
BAPTIST HEALTHCARE SYSTEMS PO BOX 32860 LOUISVILLE, KY 40232	61-0444707		8,199.	0.			PATIENT ASSISTANCE
ST ELIZABETH MEDICAL CENTER, INC PO BOX 188157 COVINGTON, KY 41018	61-0445850		6,455.	0.			PATIENT ASSISTANCE
GRAVES AND GILBERT CLINIC PO BOX 90007 BOWLING GREEN, KY 42101	61-0700826		9,858.	0.			PATIENT ASSISTANCE
PADUCAH RETINA CENTER 1903 BROADWAY PADUCAH, KY 42001	61-0706763		6,899.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES 3430 NEWBURG RD #250 LOUISVILLE, KY 40218	61-1183441		5,635.	0.			PATIENT ASSISTANCE
EYE CENTERS OF LOUISVILLE 4010 DUPONT CIRCLE # 380 LOUISVILLE, KY 40270	61-1212775		5,010.	0.			PATIENT ASSISTANCE
THE UROLOGY GROUP PO BOX L1080 CINCINNATI, OH 45270	61-1257391		9,829.	0.			PATIENT ASSISTANCE
ELIZABETHTOWN HEMO/ONCO 1107 WOODLAND DR # 105 ELIZABETHTOWN, KY 42701	61-1273759		7,085.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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COMMONWEALTH CANCER CENTER 110 DIAGNOSTIC DR SUITE B FRANKFORT, KY 70601	61-1277847		5,720.	0.			PATIENT ASSISTANCE
VINAY VERMANI MD INC 2301 LEXINGTON AVE # 135 ASHLAND, KY 41101	61-1311131		6,320.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS CHARTERED P.O. BOX 412194 KANSAS CITY, MO 41414	61-1452962		15,250.	0.			PATIENT ASSISTANCE
GAJERA AND PATEL 1717 HIGH ST STE 1A HOPKINSVILLE, KY 42240	61-1459460		9,929.	0.			PATIENT ASSISTANCE
METHODIST UNIVERSITY HOSPITAL TRANSPLANT INSTITUTE - PO BOX 75947 - CHARLOTTE, NC 28275	62-0479367		104,739.	0.			PATIENT ASSISTANCE
JACKSON CLINIC PA 955 R NORTH PARKWAY JACKSON, TN 38305	62-0555660		15,416.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOCIATES 345 23RD AVE N #350 NASHVILLE, TN 37203	62-1042760		110,520.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR # 200 KNOXVILLE, TN 37909	62-1064119		18,902.	0.			PATIENT ASSISTANCE
SOUTHEASTERN RETINA ASSOCIATES DEPARTMENT 888147 KNOXVILLE, TN 37995	62-1094813		111,505.	0.			PATIENT ASSISTANCE

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FAMILY CANCER CENTER 6005 PARK AVE # 1000 B MEMPHIS, TN 38101	62-1113167		21,330.	0.			PATIENT ASSISTANCE
JOHNSON CITY EYE CLINIC 110 MED TECH PARKWAY JOHNSON CITY, TN 37604	62-1137305		12,081.	0.			PATIENT ASSISTANCE
HERITAGE MEDICAL ASSOCIATES 222 22ND AVE N #100 NASHVILLE, TN 37203	62-1483206		6,685.	0.			PATIENT ASSISTANCE
ARTHRITIS ASSOCIATES OF KINGSPORT 3 SHERIDAN SQ KINGSPORT, TN 37660	62-1523356		35,000.	0.			PATIENT ASSISTANCE
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		112,072.	0.			PATIENT ASSISTANCE
UROLOGY & UROLOGIC SURGERY, PC PO BOX 888158 KNOXVILLE, TN 37995	62-1561221		14,571.	0.			PATIENT ASSISTANCE
WELLMONT HEALTH SYSTEM PO BOX 1089 BRISTOL, TN 37621	62-1636465		21,074.	0.			PATIENT ASSISTANCE
TENNESSEE ONCOLOGY PO BOX 440100 NASHVILLE, TN 37244	62-1647259		545,861.	0.			PATIENT ASSISTANCE
E TN HEMATOLOGY ONCOLOGY 1406 TUSCULUM BLVD STE 2000 GREENEVILLE, TN 37745	62-1663564		10,940.	0.			PATIENT ASSISTANCE

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UROLOGY ASSOCIATES 2801 CHARLOTTE AVE. NASHVILLE, TN 37209	62-1664297		28,975.	0.			PATIENT ASSISTANCE
THE JONES CLINIC PO BOX 1000 DEPT 552 MEMPHIS, TN 38148	62-1717770		9,108.	0.			PATIENT ASSISTANCE
SANDBERG FOOT HEALTH 939 E EMERALD AVE # 706 KNOXVILLE, TN 37917	62-1732005		19,552.	0.			PATIENT ASSISTANCE
NASHVILLE ONCOLOGY ASSOC. 2011 CHURCH ST #701 PLAZA 1 NASHVILLE, TN 37203	62-1762036		19,612.	0.			PATIENT ASSISTANCE
SOUTHEAST EYE SPECIALIST PLLC PO BOX 6188 CHATTANOOGA, TN 37401	62-1791165		9,182.	0.			PATIENT ASSISTANCE
HAWKINS COUNTY MEMORIAL HOSPITAL/HOSP INFUSION CTR - PO BOX 1089 - BRISTOL, TN 37621	62-1816368		36,397.	0.			PATIENT ASSISTANCE
JACKSON-MADISON COUNTY GENERAL HOSPITAL - PO BOX 3855 - JACKSON, TN 38303	62-6010402		15,570.	0.			PATIENT ASSISTANCE
UNIVERSITY OF S AL MEDICAL CTR PO BOX 40010 MOBILE, AL 36640	63-0477348		11,968.	0.			PATIENT ASSISTANCE
UROLOGY CENTERS OF ALABAMA PO BOX 59867 HOMEWOOD, AL 35259	63-0581180		5,306.	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.)

(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
SIMON WILLIAMSON CLINIC PC PO BOX 12366 BIRMINGHAM, AL 35202	63-0693892		13,410.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALTIES, PC PO BOX 18428 HUNTSVILLE, AL 35804	63-0897317		303,758.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF N AL 201 SIVLEY RD SE #600 HUNTSVILLE, AL 35801	63-0907980		15,213.	0.			PATIENT ASSISTANCE
DOTHAN MEDICAL ASSOCIATES, PA 1118 ROSS CLARK CIR #100B DOTHAN, AL 36301	63-0991466		18,785.	0.			PATIENT ASSISTANCE
RETINA CONSULTANT OF AL PO BOX 830740 DEPT #4500 BIRMINGHAM, AL 25283	63-1120285		11,044.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC LLC DEPARTMENT 3162 PO BOX 2153 BIRMINGHAM, AL 35287	63-1137578		30,653.	0.			PATIENT ASSISTANCE
METRO WEST MEDICAL GROUP PO BOX 11407 BIRMINGHAM, AL 35286	63-1244265		6,124.	0.			PATIENT ASSISTANCE
UNIVERSITY OF AL AT BIRMINGHAM PO BOX 11407 BIRMINGHAM, AL 35246	63-6005396		17,131.	0.			PATIENT ASSISTANCE
HATTIESBURG CLINIC, P.A. PO BOX 2467 JACKSON, MS 39225	64-0507572		39,572.	0.			PATIENT ASSISTANCE

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JACKSON ONCOLOGY & HEMATOLOGY 1227 N STATE ST #101 JACKSON, MS 39202	64-0619700		10,221.	0.			PATIENT ASSISTANCE
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		7,573.	0.			PATIENT ASSISTANCE
BAPTIST MEM HOSP N MS INC 6005 PARK AVE # 1000 B MEMPHIS, TN 38119	64-0772726		34,572.	0.			PATIENT ASSISTANCE
MISSISSIPPI RETINA ASSOCIATES PA PO BOX 12401 JACKSON, MS 39236	64-0860086		15,139.	0.			PATIENT ASSISTANCE
MISS BAPTIST MED CTR PO BOX 23090 JACKSON, MS 39225	64-0881013		8,906.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPOROSIS TREATMENT & RESEARCH CTR - 2550 FLOWOOD DR #300 - FLOWOOD, MS 39232	64-0891138		6,357.	0.			PATIENT ASSISTANCE
NATCHEZ ONCOLOGY CLINIC INC 150 JEFFERSON DAVES BLVD # 120 NATCHEZ, MS 39120	64-0927522		7,582.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY PO BOX 1887 CLARKSDALE, MS 38614	64-0930175		5,387.	0.			PATIENT ASSISTANCE
DELTA ONCOLOGY 333 HWY 82 WEST GREENWOOD, MS 38930	64-0932526		24,876.	0.			PATIENT ASSISTANCE

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MEMORIAL HOSPITAL AT GULFPORT PO BOX 1810 GULFPORT, MS 39502	64-6010232		19,249.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC FLORIDA NONPROFIT CORPORATION - 2950 CLEVELAND CLINIC BLVD - WESTON, FL 33331	65-0003177		7,176.	0.			PATIENT ASSISTANCE
RETINA GROUP OF FL 6333 N FEDERAL HWY # 300 FT LAUDERDALE, FL 33308	65-0017482		24,494.	0.			PATIENT ASSISTANCE
ONCOLOGY & RADIATION ASSOC PO BOX 864839 ORLANDO, FL 32886	65-0349562		6,770.	0.			PATIENT ASSISTANCE
MANATEE SAROSOTA EYE CLINIC 217 MANATEE AVE E BRADENTON, FL 34208	65-0425039		8,018.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC 2300 S CONGRESS AVE # 103 BOYNTON BEACH, FL 33426	65-0539792		53,039.	0.			PATIENT ASSISTANCE
SOUTH FL ONCOLOGY HEMATOLOGY CONSULTANTS - 7351 W OAKLAND PARK BLVD #106 - LAUDERHILL, FL 33313	65-0577436		17,771.	0.			PATIENT ASSISTANCE
WEST BROWARD RHEUMATOLOGY ASSOC 7431 N UNIVERSITY DR # 300 TAMANAC, FL 33321	65-0615014		25,048.	0.			PATIENT ASSISTANCE
SOUTHEAST FL HEMATOLOGY AND ONCOLOGY GROUP - 5700 N FEDERAL HWY - FORT LAUDERDALE, FL 33308	65-0676382		21,550.	0.			PATIENT ASSISTANCE

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HEMATOLOGY ONCOLOGY ASSOCIATES 1871 SE TIFFANY AVE # 100 FORT PIERCE, FL 34952	65-0696665		152,819.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA - METCARE ONCOLOGY - 1200 W GRANADA BLVD # 1 - ORMOND BEACH, FL 32174	65-0710916		52,104.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC OF W BROWARD - 7431 N UNIVERSITY DR # 110 - TAMARAC, FL 33321	65-0753936		58,285.	0.			PATIENT ASSISTANCE
FLORIDA CANCER SPECIALIST PL PO BOX 102222 ATLANTA, GA 30368	65-0825133		1,469,669.	0.			PATIENT ASSISTANCE
TREASURE COAST CANCER CARE 1700 SE HILLMOOR DR # 306 PORT SAINT LUCIE, FL 34952	65-0891840		8,973.	0.			PATIENT ASSISTANCE
CHARLES KHAN & WAYNE RISKIN MD PA 4700 SHERIDAN ST # C HOLLYWOOD, FL 33021	65-0900699		39,750.	0.			PATIENT ASSISTANCE
NORMAN B GAYLIS MD PA PO BOX 630787 MIAMI, FL 33163	65-0901240		6,046.	0.			PATIENT ASSISTANCE
NORTHWEST ONCOLOGY AND HEMATOLOGY PO BOX 919046 ORLANDO, FL 32891	65-1150093		11,160.	0.			PATIENT ASSISTANCE
GALLOWAY REGIONAL EYE CENTER PO BOX 49847 GREENWOOD, SC 29649	65-1176165		7,514.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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MEDICAL ONCOLOGY ASSOCIATES PO BOX 996 HAYDEN, ID 83835	65-1180332		14,478.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY CONSULTANTS OF PA - 3 WALNUT ST # 204 - LEMOYNE, PA 17043	65-1208336		8,817.	0.			PATIENT ASSISTANCE
OPTIONCARE ENTERPRISE 2769 PAYSPIRE CIRCLE CHICAGO, IL 60677	68-0208702		11,594.	0.			PATIENT ASSISTANCE
SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE #301 CARMICHAEL, CA 95608	68-0305843		25,229.	0.			PATIENT ASSISTANCE
JOHN F KIRALY MD PO BOX 913 W SACRAMENTO, CA 95691	68-0309878		6,342.	0.			PATIENT ASSISTANCE
DIABLO VALLEY ONCOLOGY 400 TAYLOR BLVD # 202 PLEASANT HILL, CA 94523	68-0462651		13,569.	0.			PATIENT ASSISTANCE
BEND MEMORIAL CLINIC PO BOX 6048 BEND, OR 97708	68-0637976		24,451.	0.			PATIENT ASSISTANCE
ST BERNARDS HEALTHCARE 225 E JACKSON JONESBORO, AR 72401	71-0290019		10,524.	0.			PATIENT ASSISTANCE
LITTLE ROCK DIAGNOSTIC CLINIC 10001 LILE DR LITTLE ROCK, AR 72205	71-0412630		8,311.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CENTRAL AR RAD THER INST PO BOX 56679 LITTLE ROCK, AR 72215	71-0437657		147,360.	0.			PATIENT ASSISTANCE
COOPER CLINIC 6801 ROGERS AVE FORT SMITH, AR 72903	71-0445686		52,503.	0.			PATIENT ASSISTANCE
MAGIE MABREY EYE CLINIC 924 MAIN ST CONWAY, AR 72032	71-0474074		33,905.	0.			PATIENT ASSISTANCE
ARKANSAS ONCOLOGY ASSOC PO BOX 910860 DALLAS, TX 75391	71-0492053		38,245.	0.			PATIENT ASSISTANCE
CENTRAL ARKANSAS HEMATOLOGY ONCOLOGY CLINIC PA - 133 HARMONY PARK CIR - HOT SPRINGS NATIONAL PARK, AR 71913	71-0627544		33,776.	0.			PATIENT ASSISTANCE
ARKANSAS CANCER INSTITUTE 7200 SOUTH HAZEL ST PINE BLUFF, AR 71603	71-0705436		31,223.	0.			PATIENT ASSISTANCE
TWIN LAKES MEDICAL SPECIALISTS PA 628 HOSPITAL DR # A GROUND FLOOR MOUNTAIN HOME, AR 72653	71-0706465		17,009.	0.			PATIENT ASSISTANCE
HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72703	71-0788742		108,053.	0.			PATIENT ASSISTANCE
RANDY D ROBERTS MD 1000 E MATTHEWS AVE # C JONESBORO, AR 72401	71-0822361		17,701.	0.			PATIENT ASSISTANCE

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NORTHEAST ARKANSAS BAPTIST CLINIC PO BOX 7502 JONESBORO, AR 72403	71-0833213		44,083.	0.			PATIENT ASSISTANCE
NORTHEAST ARKANSAS BAPTIST CLINIC PO BOX 7502 JONESBORO, AR 72403	71-0850123		6,866.	0.			PATIENT ASSISTANCE
HANNIBAL CLINIC 100 MEDICAL DR HANNIBAL, MO 63401	71-0893524		7,352.	0.			PATIENT ASSISTANCE
FREEDMAN CLINIC OF INTERNAL MEDICINE - PO BOX 13030 - ALEXANDRIA, LA 71315	72-0399647		28,227.	0.			PATIENT ASSISTANCE
HIGHLAND CLINIC 1455 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LA 71105	72-0703150		65,757.	0.			PATIENT ASSISTANCE
THE EYE CLINIC OF MONROE 3101 MERCEDES DR MONROE, LA 71201	72-0767582		5,920.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF NE LA 1804 N 7TH STREET WEST MONROE, LA 71291	72-0975592		5,064.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CLINIC 8595 PICARDY AVE # 400 BATON ROUGE, LA 70809	72-1015780		54,567.	0.			PATIENT ASSISTANCE
BATON ROUGE CLINIC 7373 PERKINS RD BATON ROUGE, LA 70808	72-1111417		5,563.	0.			PATIENT ASSISTANCE

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LOUISIANA ONCOLOGY 4809 AMBASSADOR CAFFERY PKWY STE 11 LAFAYETTE, LA 70508	72-1188733		6,803.	0.			PATIENT ASSISTANCE
NORTHLAKE HEMATOLOGY ONCOLOGY 1120 ROBERT BLVD SLIDELL, LA 70458	72-1314506		26,796.	0.			PATIENT ASSISTANCE
REGIONAL UROLOGY SHREVEPORT 255 BERT KOUNS FORBING, LA 71106	72-1324701		5,369.	0.			PATIENT ASSISTANCE
PREMIER HEALTH MANAGEMENT INC 2880 DAUPHIN ST MOBILE, AL 36606	72-1356450		6,314.	0.			PATIENT ASSISTANCE
RETINA VITREOUS OF LA 7777 HENNESY BLVD # 606 BATON ROUGE, LA 70808	72-1449539		11,610.	0.			PATIENT ASSISTANCE
ST ANTHONY HOSPITAL PO BOX 269009 OKLAHOMA CITY, OK 73126	73-0657693		39,032.	0.			PATIENT ASSISTANCE
UROLOGIC SPECIALISTS OF OK DEPT 294 PO BOX 21568 TULSA, OK 74121	73-0729369		9,000.	0.			PATIENT ASSISTANCE
OU PHYSICIANS 825 NE 10TH ST #4500 OKLAHOMA CITY, OK 73104	73-1477155		6,006.	0.			PATIENT ASSISTANCE
FRANCISCO H DEXEUS, MD INC 825 E OWEN GARRIOTT ENID, OK 73701	73-1486420		33,448.	0.			PATIENT ASSISTANCE

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OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEARCH - PO BOX 21228 DEPT 176 - TULSA, OK 74121	73-1522819		59,011.	0.			PATIENT ASSISTANCE
OKLAHOMA ARTHRITIS CTR 1701 S RENAISSANCE BLVD #110 EDMOND, OK 73013	73-1578116		8,143.	0.			PATIENT ASSISTANCE
IRONWOOD CANCER & RESEARCH CENTERS PO BOX 29901 DEPT 991 PHOENIX, AZ 85038	73-1636831		528,741.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY 11209 N TATUM BLVD # 275 PHOENIX, AZ 85028	73-1683689		65,136.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN ONCOLOGY CTR 6501 E 2ND CASPER, WY 82609	73-1684200		48,066.	0.			PATIENT ASSISTANCE
COMANCHE COUNTY MEMORIAL HOSPITAL PO BOX 129 LAWTON, OK 73502	73-6061037		18,716.	0.			PATIENT ASSISTANCE
CHRISTUS SPOHN CANCER CTR PO BOX 730244 DALLAS, TX 75373	74-1109836		11,580.	0.			PATIENT ASSISTANCE
CANCER THERAPY & RESEARCH CENTER 7979 WURZBACH RD # U240 SAN ANTONIO, TX 78229	74-1586031		30,065.	0.			PATIENT ASSISTANCE
AUSTIN DIAGNOSTIC CLINIC PO BOX 843770 DALLAS, TX 75284	74-1625143		19,058.	0.			PATIENT ASSISTANCE

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RHEUMATOLOGY ASSOC 8144 WALNUT HILL LN # 800 DALLAS, TX 75231	74-1958530		54,137.	0.			PATIENT ASSISTANCE
VITREORETINAL CONSULTANTS 6560 FANNIN #750 HOUSTON, TX 77030	74-2109903		11,064.	0.			PATIENT ASSISTANCE
MEDICAL CENTER OPHTHALMOLOGY ASSOC PO BOX 1358 SAN ANTONIO, TX 78295	74-2143569		5,834.	0.			PATIENT ASSISTANCE
CESAR TULA, MD 1700 E SAUNDERS ST #A410 LAREDO, TX 78041	74-2326182		20,061.	0.			PATIENT ASSISTANCE
RADIATION ONCOLOGY OF SAN ANTONIO PO BOX 847265 DALLAS, TX 75284	74-2332650		301,872.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF SOUTH TEXAS 1625 RODD FIELD RD CORPUS CHRISTI, TX 78412	74-2722597		13,262.	0.			PATIENT ASSISTANCE
BRIAN BERGER MD PA 3705 MEDICAL PKY # 410 AUSTIN, TX 78705	74-2740163		9,252.	0.			PATIENT ASSISTANCE
PREMIER EYE CARE 11111 RESEARCH BLVD #170 AUSTIN, TX 78759	74-2754960		7,508.	0.			PATIENT ASSISTANCE
VALLEY RETINA INSTITUTE 1309 E RIDGE RD # 1 MCALLEN, TX 78501	74-2768498		6,120.	0.			PATIENT ASSISTANCE

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CANCER CARE CENTER OF SOUTH TEXAS 100 NE LOOP 410 #600 SAN ANTONIO, TX 78216	74-2782325		162,160.	0.			PATIENT ASSISTANCE
SOUTH TEXAS INSTITUTE OF CANCER 1205 S 19TH ST CORPUS CHRISTI, TX 78405	74-2815622		5,744.	0.			PATIENT ASSISTANCE
BAYSIDE UROLOGY PO BOX 2848 CORPUS CHRISTI, TX 78403	74-2864944		19,707.	0.			PATIENT ASSISTANCE
THOMAS SPANN CLINIC PA PO BOX 6409 CORPUS CHRISTI, TX 78466	74-2868847		23,317.	0.			PATIENT ASSISTANCE
COASTAL BEND CANCER CTR PO BOX 3069 CORPUS CHRISTI, TX 78463	74-2898314		90,646.	0.			PATIENT ASSISTANCE
SOUTH TX ONCOLOGY & HEMATOLOGY 4383 MEDICAL DRIVE SAN ANTONIO, TX 78229	74-2915297		104,676.	0.			PATIENT ASSISTANCE
NOOR MERCHANT, MD 13060 US HIGHWAY # 1 SUITE A SEBASTIAN, FL 32958	74-3026893		15,580.	0.			PATIENT ASSISTANCE
PACIFIC ARTHRITIS CARE CENTER 5230 PACIFIC CONCOURSE DR #100 LOS ANGELES, CA 90045	74-3040915		18,933.	0.			PATIENT ASSISTANCE
MOTHER FRANCES HOSPITAL PO BOX 841656 DALLAS, TX 75284	75-0818167		5,242.	0.			PATIENT ASSISTANCE

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TEXAS HEALTH PRESBYTERIAN HOSP DALLAS - PO BOX 910115 - DALLAS, TX 75391	75-1047527		33,017.	0.			PATIENT ASSISTANCE
CANCER CENTER ASSOCIATES 4201 MEDICAL CTR DR # 180 MCKINNEY, TX 75069	75-1312419		17,541.	0.			PATIENT ASSISTANCE
TEXAS RETINA ASSOCIATES PO BOX 650037 DALLAS, TX 75265	75-1362336		8,771.	0.			PATIENT ASSISTANCE
TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		847,640.	0.			PATIENT ASSISTANCE
TYLER HEMATOLOGY ONCOLOGY PA 721-A CLINIC DR TYLER, TX 75701	75-2288596		43,888.	0.			PATIENT ASSISTANCE
GREGORY A ECHT MD PA PO BOX 674004 DALLAS, TX 75267	75-2338371		26,690.	0.			PATIENT ASSISTANCE
ROBERT TORTI MD PO BOX 730990 DALLAS, TX 75373	75-2415520		5,168.	0.			PATIENT ASSISTANCE
THE CENTER CANCER AND BLOOD DISORDER - 800 W MAGNOLIA AVE - FORT WORTH, TX 76104	75-2512142		59,964.	0.			PATIENT ASSISTANCE
MEDICAL CLINIC OF NORTH TEXAS, PA PO BOX 99356 FORT WORTH, TX 76199	75-2566987		6,211.	0.			PATIENT ASSISTANCE

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EAST TX HEMATOLOGY & ONCOLOGY CLINIC, PA - 1202 W FRANK AVE - LUFKIN, TX 75904	75-2604409		35,323.	0.			PATIENT ASSISTANCE
TEXAS HEALTH PHYSICIANS GROUP PO BOX 975341 DALLAS, TX 75397	75-2613493		7,825.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY ASSOC - 4002 21ST ST # B - LUBBOCK, TX 79410	75-2638688		23,362.	0.			PATIENT ASSISTANCE
ALLERGY A.R.T.S. 6842 PLUM CREEK DR AMARILLO, TX 79124	75-2848936		9,248.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPOROSIS 1212 CLINIC DR TYLER, TX 75701	75-2887474		5,464.	0.			PATIENT ASSISTANCE
UNIV OF TX HEALTH SCIENCE CTR - TYLER - PO BOX 847810 - DALLAS, TX 75284	75-2931720		5,597.	0.			PATIENT ASSISTANCE
THE FOX MEDICAL ONCOLOGY CENTER PC 21 INDUSTRIAL BLVD STE 204 PAOLI, PA 19301	75-3062649		7,332.	0.			PATIENT ASSISTANCE
DABAS CANCER INSTITUTE 12501 JUDSON RD # 102 SAN ANTONIO, TX 78233	75-3066737		6,028.	0.			PATIENT ASSISTANCE
LOUIS BERMAN, MD 1200 BINZ AVE #1130 HOUSTON, TX 77004	76-0032225		5,917.	0.			PATIENT ASSISTANCE

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SOUTHEAST TX ONCOLOGY PARTNERS 1140 CYPRESS STATION DR # 302 HOUSTON, TX 77090	76-0039691		5,867.	0.			PATIENT ASSISTANCE
BRAZOSPORT CANCER CTR 100 B MEDICAL DR LAKE JACKSON, TX 77566	76-0326352		20,489.	0.			PATIENT ASSISTANCE
KELSEY SEYBOLD CLINIC PO BOX 840786 DALLAS, TX 75284	76-0386391		119,323.	0.			PATIENT ASSISTANCE
FOOT & ANKLE CENTER OF N HOUSTON 17215 RED OAK DR # 102 HOUSTON, TX 77090	76-0403505		5,185.	0.			PATIENT ASSISTANCE
MILLENNIUM PHYSICIANS ASSOCIATIONS 22710 PROFESSIONAL DR #106 KINGWOOD, TX 77339	76-0528826		53,713.	0.			PATIENT ASSISTANCE
AMIRALI POPATIA MD 1603 MAIN ST # 200 RICHMOND, TX 77469	76-0599320		5,006.	0.			PATIENT ASSISTANCE
ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD STE 600 HOUSTON, TX 77024	76-0605200		223,263.	0.			PATIENT ASSISTANCE
ASIF COCHINWALA, MD 21212 NW FREEWAY # 375 CYPRESS, TX 77429	76-0622505		5,290.	0.			PATIENT ASSISTANCE
PHILIP WALLER, MD 12553 GULF FREEWAY HOUSTON, TX 77034	76-0645491		10,643.	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
PMK MEDICAL GROUP INC PO BOX 51034 LOS ANGELES, CA 90051	77-0311552		23,584.	0.			PATIENT ASSISTANCE
CALIFORNIA CANCER ASSOCIATES 7675 DAGGET ST #370 SAN DIEGO, CA 92111	77-0324589		67,101.	0.			PATIENT ASSISTANCE
PHYSICIANS PLAZA CORPORATION PO BOX 3628 BAKERSFIELD, CA 93385	77-0333077		36,098.	0.			PATIENT ASSISTANCE
COMPREHENSIVE BLOOD & CANCER CENTER - 6501 TRUXTUN AVE - BAKERSFIELD, CA 93309	77-0356364		17,230.	0.			PATIENT ASSISTANCE
STOCKDALE PODIATRIST GROUP 3857 STOCKDALE HWY BAKERSFIELD, CA 93309	77-0407133		5,012.	0.			PATIENT ASSISTANCE
EYE SURGICAL AND MEDICAL ASSOC 5021 W NOBLE AVE # A VISALIA, CA 93277	77-0511727		9,192.	0.			PATIENT ASSISTANCE
SAVOY MEDICAL CENTER 801 POINCIANA AVE MAMOU, LA 70554	80-0202027		17,074.	0.			PATIENT ASSISTANCE
MOSES CONE REGIONAL CANCER CENTER PO BOX 405633 ATLANTA, GA 30384	80-0249057		7,438.	0.			PATIENT ASSISTANCE
POUDRE VALLEY MEDICAL GROUP PO BOX 20060 FORT COLLINS, CO 80522	80-0348943		11,394.	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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MARQUETTE GENERAL HEM/ONC ASSOC 1414 W FAIR AVE #332 MARQUETTE, MI 49855	80-0835058		13,971.	0.			PATIENT ASSISTANCE
BILLINGS CLINIC 801 NORTH 29TH ST BILLINGS, MT 59101	81-0231784		7,027.	0.			PATIENT ASSISTANCE
ST VINCENT HEATHCARE DEPT CH 14287 PALATINE, IL 60055	81-0232124		5,568.	0.			PATIENT ASSISTANCE
SEQUOIA ONCOLOGY MEDICAL ASSOC 4945 W CYPRESS AVE VISALIA, CA 93277	81-0555508		53,936.	0.			PATIENT ASSISTANCE
WILSON BABER, MD LLC PO BOX 44309 SHREVEPORT, LA 71134	81-0587840		13,531.	0.			PATIENT ASSISTANCE
ST. LUKE'S REGIONAL MEDICAL CENTER PO BOX 2777 BOISE, ID 83701	82-0161600		7,555.	0.			PATIENT ASSISTANCE
ST. JOSEPH REGIONAL MEDICAL CENTER 415 6TH ST LEWISTON, ID 83501	82-0204264		13,355.	0.			PATIENT ASSISTANCE
KOOTENAI MEDICAL CENTER 2003 LINCOLN WAY COEUR D ALENE, ID 83814	82-0231746		10,921.	0.			PATIENT ASSISTANCE
NORTH IDAHO EYE INSTITUTE 1814 LINCOLN WAY COEUR D ALENE, ID 83814	82-0448111		8,601.	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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MOUNTAIN VIEW HOSP 2325 CORONADO ST IDAHO FALLS, ID 83404	82-0516012		34,595.	0.			PATIENT ASSISTANCE
IDAHO ARTHRITIS & OSTEO CENTER 3277 E LOUISE DR STE350 MERIDIAN, ID 83642	82-0536242		16,244.	0.			PATIENT ASSISTANCE
WALTER KNOX MEM HOSPITAL 1202 E LOCUST ST EMMETT, ID 83617	82-6000422		5,155.	0.			PATIENT ASSISTANCE
NORTHERN HEMATOLOGY ONCOLOGY THORNTON - DEPT 1483 - DENVER, CO 80291	83-0346340		11,844.	0.			PATIENT ASSISTANCE
SAN LUIS REGIONAL VALLEY MEDICAL CENTER - 106 BLANCA AVE - ALAMOSA, CO 81101	84-0255530		5,689.	0.			PATIENT ASSISTANCE
CENTURA HOME INFUSION NORTHSTATE PO BOX 911057 DENVER, CO 80291	84-0405257		9,678.	0.			PATIENT ASSISTANCE
CYPRESS HEMATOLOGY & ONCOLOGY 9399 CROWN CREST BLVD #215 PARKER, CO 80138	84-0438224		34,216.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 2500 S HAVANA ST #400 AURORA, CO 80014	84-0591617		21,491.	0.			PATIENT ASSISTANCE
DENVER ARTHRITIS CLINIC 200 SPRUCE ST #100 DENVER, CO 80230	84-0717541		19,549.	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
SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		11,619.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 3030 N CIRCLE STE 301 COLO SPGS, CO 80909	84-1145709		16,168.	0.			PATIENT ASSISTANCE
POUDRE VALLEY HOSPITAL PO BOX 20060 FORT COLLINS, CO 80522	84-1262971		10,406.	0.			PATIENT ASSISTANCE
US SPECIALTY CARE 7472 S TUCSON WAY STE 100B CENTENNIAL, CO 80112	84-1289705		44,676.	0.			PATIENT ASSISTANCE
EYE CARE CENTER OF NORTHERN CO, PC 1400 DRY CREEK DR LONGMONT, CO 80503	84-1355429		10,224.	0.			PATIENT ASSISTANCE
JAMES SINGLETON MD 206 W COUNTY LINE RD # 310 HIGHLANDS RANCH, CO 80129	84-1438179		13,395.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		144,572.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF NEW MEXICO PO BOX 90550 ALBUQUERQUE, NM 87199	85-0246856		6,480.	0.			PATIENT ASSISTANCE
NEW MEXICO ONCOLOGY HEMATOLOGY - ALBUQUERQUE - PO BOX 52163 MSC 609 - PHOENIX, AZ 85072	85-0367056		26,200.	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.)

(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
UROLOGICAL ASSOC OF SOUTHERN ARIZONA - 6325 E TANQUE VERDE RD - TUCSON, AZ 85715	86-0221210		6,516.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINA CONSULTANTS 7600 N 15TH ST # 155 PHOENIX, AZ 85020	86-0285158		5,490.	0.			PATIENT ASSISTANCE
PALO VERDE HEMATOLOGY AND ONCOLOGY 5601 W EUGIE AVE # 106 GLENDALE, AZ 85304	86-0416050		355,554.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS OF AZ PO BOX 32530 PHOENIX, AZ 85064	86-0708606		55,398.	0.			PATIENT ASSISTANCE
ARIZON ARTHRITIS-RHEUMATOLOGY 10599 N TATUM BLVD #F150 PARADISE VALLEY, AZ 85253	86-0765242		50,994.	0.			PATIENT ASSISTANCE
INTEGRATED MEDICAL SERVICES, INC PO BOX 9004 PHOENIX, AZ 85068	86-0783428		5,321.	0.			PATIENT ASSISTANCE
RASW PC 6561 E CARONDELET DR TUCSON, AZ 85710	86-0891570		35,704.	0.			PATIENT ASSISTANCE
ARIZONA CTR FOR HEMATOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD #C300 - GLENDALE, AZ 85306	86-0930581		197,435.	0.			PATIENT ASSISTANCE
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		456,852.	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.)

(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
VALLEY ARTHRITIS CARE 13943 N 91ST AVE # I PEORIA, AZ 85381	86-1010503		16,120.	0.			PATIENT ASSISTANCE
CENTRAL UT CLINIC PO BOX 30079 SALT LAKE CITY, UT 84130	87-0281028		23,789.	0.			PATIENT ASSISTANCE
UTAH CANCER CENTER 1121 E 3900 S STE C#240 HOLLADAY, UT 84124	87-0519691		71,597.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF UT 5169 S. COTTONWOOD ST #630 MURRAY, UT 84107	87-0525682		22,188.	0.			PATIENT ASSISTANCE
UTAH VALLEY PEDIATRICS 1355 N UNIVERSITY AVE # 210 PROVO, UT 84604	87-0549057		8,011.	0.			PATIENT ASSISTANCE
ARTHRITIS SPECIALTY CTR 1448 E CENTER ST #E POCATELLO, ID 83201	87-0705248		7,776.	0.			PATIENT ASSISTANCE
NEVADA CANCER CTR PO BOX 26237 LAS VEGAS, NV 89126	88-0133767		16,571.	0.			PATIENT ASSISTANCE
ALPINE HEMATOLOGY AND ONCOLOGY 236 W 6TH ST # 400 RENO, NV 89503	88-0152239		6,588.	0.			PATIENT ASSISTANCE
RENO ONCOLOGY CONSULTANTS 85 KIRMAN AVE # 101 RENO, NC 89502	88-0315123		10,374.	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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COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		91,515.	0.			PATIENT ASSISTANCE
FAYLONA GOLLARD KAUSHAL NYAMUSWA AND PARK LTD - 58 N PECOS RD - HENDERSON, NV 89074	88-0370553		15,426.	0.			PATIENT ASSISTANCE
OSTEOPOROSIS & ARTHRITIS CENTER 10001 S EASTERN AVE #306 HENDERSON, NV 89052	88-0418235		7,368.	0.			PATIENT ASSISTANCE
BANNER DESERT CANCER CENTER PO BOX 2978 PHOENIX, AZ 85062	90-0054201		6,525.	0.			PATIENT ASSISTANCE
SAN JOAQUIN HEMATOLOGY PO BOX 7667 STOCKTON, CA 95267	90-0085684		11,240.	0.			PATIENT ASSISTANCE
TN PLATEAU ONCOLOGY PO BOX 1086 CROSSVILLE, TN 38557	90-0111512		17,736.	0.			PATIENT ASSISTANCE
COSTAL BIN RETNA 5722 ESPLANADE DR #100 CORPUS CHRISTI, TX 78414	90-0145614		6,236.	0.			PATIENT ASSISTANCE
INNOVATIVE INFUSIONS LLC 235 NE LOOP 820 STE 310 HURST, TX 76053	90-0213778		5,404.	0.			PATIENT ASSISTANCE
BANNER GATEWAY MED CTR PO BOX 2978 PHOENIX, AZ 85062	90-0220728		16,524.	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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OCALA ONCOLOGY CENTER, PL PO BOX 863205 ORLANDO, FL 32886	90-0336929		9,686.	0.			PATIENT ASSISTANCE
BANNER ARIZONA MED CTR 13640 N PLAZA DEL RIO BLVD #120 PEORIA, AZ 85381	90-0730397		110,450.	0.			PATIENT ASSISTANCE
THE EVERETT CLINIC PO BOX 5127 EVERETT, WA 98206	91-0214500		17,350.	0.			PATIENT ASSISTANCE
MALCOLM W WINTER MD 2720 CLARE AVE #A BREMERTON, WA 98310	91-0565546		6,682.	0.			PATIENT ASSISTANCE
YAKIMA VALLEY MEMORIAL HOSPITAL 2811 TIETON DR YAKIMA, WA 98902	91-0567263		16,202.	0.			PATIENT ASSISTANCE
THE VANCOUVER CLINIC PO BOX 873010 VANCOUVER, WA 98687	91-0851599		9,736.	0.			PATIENT ASSISTANCE
SPOKANE EYE CLINIC 427 S BERNARD ST SPOKANE, WA 99204	91-0852217		7,496.	0.			PATIENT ASSISTANCE
CANCER CARE NW PO BOX 3868 SPOKANE, WA 99220	91-1007627		13,489.	0.			PATIENT ASSISTANCE
MINOR & JAMES MEDICAL PO BOX 3489 SEATTLE, WA 98114	91-1340223		10,166.	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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PUGET SOUND CANCER CTR 1560 N 115TH G16 SEATTLE, WA 98133	91-1792791		5,969.	0.			PATIENT ASSISTANCE
UMPQUA MEDICAL, P.C. 2880 NW STEWART PKWY STE 200 ROSEBURG, OR 97471	91-1802758		5,624.	0.			PATIENT ASSISTANCE
NEBRASKA HEMATOLOGY AND ONCOLOGY PC - 4004 PIONEER WOODS DR - LINCOLN, NE 68506	91-1806105		7,483.	0.			PATIENT ASSISTANCE
SOUTHEAST NE HEMATOLOGY/ONCOLOGY CONSU - 201 S 68TH ST PL #200 - LINCOLN, NE 68510	91-1862785		10,201.	0.			PATIENT ASSISTANCE
NORTHWEST MEDICAL SPECIALTIES 1624 S I ST #305 TACOMA, WA 98405	91-1867315		104,218.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 1530 N 115TH ST #105 SEATTLE, WA 98133	91-2062004		9,890.	0.			PATIENT ASSISTANCE
RETINA CENTER NORTHWEST 9800 LEVIN RD # 203 SILVERDALE, WA 98383	91-2086736		11,396.	0.			PATIENT ASSISTANCE
ROGUE VALLEY MEDICAL CENTER 2825 E BARNETT RD MEDFORD, OR 97501	93-0223960		14,395.	0.			PATIENT ASSISTANCE
WILLAMETTE UROLOGY PC 2973 12TH ST SE SALEM, OR 97302	93-0607237		7,221.	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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NORTH BEND MEDICAL CTR 1900 WOODLAND DR COOS BAY, OR 97420	93-0635514		13,428.	0.			PATIENT ASSISTANCE
OREGON UROLOGY INSTITUTE PC 2400 HARTMAN LN #200 SPRINGFIELD, OR 97477	93-0636837		41,774.	0.			PATIENT ASSISTANCE
HILLSBORO EYE CLINIC 512 EAST MAIN ST HILLSBORO, OR 97123	93-0721833		8,493.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOC OF OREGON PO BOX 79045 CITY INDUSTRY, CA 91716	93-0746296		19,780.	0.			PATIENT ASSISTANCE
NORTHWEST RHEUMATOLOGY ASSOC 9155 SW BARNES RD # 314 PORTLAND, OR 97225	93-1100743		15,315.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 2450 12TH ST SE SALEM, OR 97302	93-1152985		13,964.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 2828 E BARNETT RD MEDFORD, OR 97504	93-1272455		42,494.	0.			PATIENT ASSISTANCE
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE #4030 SALEM, OR 97301	93-1273254		21,774.	0.			PATIENT ASSISTANCE
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		72,950.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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KAISER FOUNDATION HEALTH PLAN INC FILE 50295 LOS ANGELES, CA 90074	94-1340523		20,506.	0.			PATIENT ASSISTANCE
RIDEOUT MEMORIAL CENTER PO BOX 2128 MARYSVILLE, CA 95901	94-1387866		7,145.	0.			PATIENT ASSISTANCE
RADIOLOGICAL ASSOC. OF SACRAMENTO MEDICAL GROUP - PO BOX 160008 - SACRAMENTO, CA 95816	94-1694584		21,916.	0.			PATIENT ASSISTANCE
EUREKA INTERNAL MEDICINE 2280 HARRISON AVE # F EUREKA, CA 95501	94-2232842		8,938.	0.			PATIENT ASSISTANCE
WEST COAST RETINA MEDICAL GROUP INC. - 1445 BUSH ST - SAN FRANCISCO, CA 94109	94-2275625		14,198.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY MEDICAL GROUP OF FRESNO - 7130 N MILLBROOK # 100 - FRESNO, CA 93720	94-2356945		20,085.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 3100 TELEGRAPH AVE #3101 OAKLAND, CA 94609	94-2435121		6,453.	0.			PATIENT ASSISTANCE
PACIFIC HEMATOLOGY ONCOLOGY ASSOCIATES - 2100 WEBSTER ST #225 - SAN FRANCISCO, CA 94115	94-2547219		9,792.	0.			PATIENT ASSISTANCE
CENTRAL CALIFORNIA FACULTY MEDICAL GROUP INC - PO BOX 5254 - FRESNO, CA 93755	94-2613220		10,757.	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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IV THERAPY IHC 2250 S 1300 W SUITE A SALT LAKE, UT 84119	94-2854057		36,351.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA RETINA VITREOUS ASS - 50 S SAN MATEO DR # 125 - SAN MATEO, CA 94403	94-2906234		7,443.	0.			PATIENT ASSISTANCE
BAY AREA RETINA ASSOC 122 LA CASA VIA #223 WALNUT CREEK, CA 94598	94-3064464		21,285.	0.			PATIENT ASSISTANCE
PACIFIC RHEUMATOLOGY ASSOC 2100 WEBSTER ST #112 SAN FRANCISCO, CA 94115	94-3166656		6,576.	0.			PATIENT ASSISTANCE
PACIFIC CANCER CARE 5 HARRIS CT BLDG T #201 MONTEREY, CA 93940	94-3246234		14,212.	0.			PATIENT ASSISTANCE
ONCARE HI INC PO BOX 30460 HONOLULU, HI 96820	94-3266406		35,089.	0.			PATIENT ASSISTANCE
EPIC CARE 4721 DALLAS RNCH RD ANTIOCH, CA 94531	94-3306655		73,399.	0.			PATIENT ASSISTANCE
MATTHEWS HEMATOLOGY ONCOLOGY ASSOCIATES - 3036 SENNA DR - MATTHEWS, NC 28105	94-3416694		5,943.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY MEDICAL GROUP 1010 W LA VETA AVE STE 200 ORANGE, CA 92868	95-2665069		74,787.	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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WILSHIRE ONCOLOGY MEDICAL GRP 1502 ARROW HWY LA VERNE, CA 91750	95-2754041		38,600.	0.			PATIENT ASSISTANCE
SHAPIRO STAFFORD AND YEE MD 622 W DUARTE RD #202 ARCADIA, CA 91007	95-3036706		33,800.	0.			PATIENT ASSISTANCE
NORTH COUNTY ONCOLOGY MED CLINIC 3617 VISTA WAY OCEANSIDE, CA 92056	95-3083886		42,805.	0.			PATIENT ASSISTANCE
LOS ALAMITOS HEMATOLOGY ONCOLOGY 3801 KATELLA AVE #207 LOS ALAMITOS, CA 90720	95-3184731		15,462.	0.			PATIENT ASSISTANCE
VALLEY TUMOR MED GRP 44105 15TH ST W #207 LANCASTER, CA 93534	95-3275524		14,980.	0.			PATIENT ASSISTANCE
INLAND HEMATOLOGY ONCOLOGY MED GRP INC - 401 C E HIGHLAND AVE - SAN BERNARDINO, CA 92404	95-3285720		22,294.	0.			PATIENT ASSISTANCE
XAVIER J CARO MD 18350 ROSCOE BLVD #418 NORTHRIDGE, CA 91325	95-3563324		17,844.	0.			PATIENT ASSISTANCE
UROLOGY ASSOC OF SAN LUIS OBISPO 3599 SUELDO ST STE 110 SN LUIS OBISP, CA 93401	95-3652616		20,562.	0.			PATIENT ASSISTANCE
RETINA VITREOUS MEDICAL GROUP FILE 51006 LOS ANGELES, CA 90074	95-3699305		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
ONCOLOGY INSTITUTE OF HOPE & INNOVATION - 101 E BEVERLY BLVD #200 - MONTEBELLO, CA 90640	95-3929841		21,049.	0.			PATIENT ASSISTANCE
FACEY MEDICAL GROUP FILE 50670 LOS ANGELES, CA 90074	95-4322584		34,655.	0.			PATIENT ASSISTANCE
LOS ANGELES HEMATOLOGY & ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD #303 - LOS ANGELES, CA 90017	95-4332724		23,653.	0.			PATIENT ASSISTANCE
BREASTLINK MEDICAL GROUP 14650 AVIATION BLVD # 200 HAWTHORNE, CA 90250	95-4436462		5,194.	0.			PATIENT ASSISTANCE
ALAA LATIF MD INC 1910 ROYALTY DR POMONA, CA 91767	95-4691628		5,383.	0.			PATIENT ASSISTANCE
SANSUM CLINIC P O BOX 62106 SANTA BARBARA, CA 93160	95-6419205		26,902.	0.			PATIENT ASSISTANCE
KEN ARAKAWA, MD 1329 LUSITANA ST STE 502 HONOLULU, HI 96813	99-0344479		57,109.	0.			PATIENT ASSISTANCE
ROCKFORD UROLOGICAL ASSOCS 351 EXECUTIVE PKWY STE M4 ROCKFORD, IL 61107	36-2736715		13,162.	0.			PATIENT ASSISTANCE
THE CHRIST HOSPITAL MEDICAL SPECIALIST 2 - PO BOX 637627 - CINCINNATI, OH 45263	45-2681845		15,350.	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	983	7,409,570.	0.	N/A	N/A

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

PART I, LINE 2:

EXPLANATION: 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2013

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)	241,180.	40,000.	0.	10,200.	6,177.	297,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD GOLDSTEIN CFO	(i)	158,247.	20,000.	0.	6,750.	32,789.	217,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KORAB ZUKA VP OF EXTERNAL RELATIONS AND OPERATI	(i)	174,118.	30,000.	0.	9,005.	12,677.	225,800.	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)							
	(i)							
	(ii)							

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
GEORGIA CANCER SPECIALISTS	FREDERICK M. SCHNEL	173,086.	FREDERICK M		X
SOUTH CAROLINA ONCOLOGY AS	ROBERT E. SMITH, MD	305,727.	ROBERT E. S		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: GEORGIA CANCER SPECIALISTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FREDERICK M. SCHNELL, MD FACP, IS THE PRESIDENT AND A BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 173,086.

(D) DESCRIPTION OF TRANSACTION: FREDERICK M. SCHNELL, MD FACP, IS A CURRENT BOARD MEMBER OF PATIENT ACCESS NETWORK FOUNDATION ("PANF") AND PRESIDENT OF GEORGIA CANCER SPECIALISTS. PANF PAID CLAIMS SUBMITTED BY GEORGIA CANCER SPECIALISTS IN THE AMOUNT OF \$173,086. ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SOUTH CAROLINA ONCOLOGY ASSOCIATES ("SCOA")

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROBERT E. SMITH, MD, IS A DOCTOR AT SCOA AND A FORMER BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 305,727.

(D) DESCRIPTION OF TRANSACTION: ROBERT E. SMITH, MD, IS A FORMER BOARD MEMBER OF PATIENT ACCESS NETWORK FOUNDATION ("PANF") AND A MEDICAL ONCOLOGIST AT SCOA. PANF PAID CLAIMS SUBMITTED BY SCOA IN THE AMOUNT OF \$305,727. ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: AT THE REQUEST OF THE BOARD OF DIRECTORS, IN MAY 2013 A STAFF
COMPENSATION STUDY WAS PERFORMED BY JEB ASSOCIATES IN NYC. THIS STUDY
COVERED ALL LEVELS OF EMPLOYEES OF PAN FOUNDATION AND INCLUDED
COMPARABILITY DATA. THE BOARD HAS REVIEWED THE FINDINGS AND TOOK THEM INTO
CONSIDERATION WHEN DETERMINING COMPENSATION LEVELS.

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:

EXPLANATION: THE FINANCIAL STATEMENTS, LIST OF BOARD MEMBERS, AND THE
ANNUAL REPORT ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

EXPLANATION: 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

EXPLANATION: THE ORGANIZATION'S BOOKS ARE LOCATED IN WASHINGTON, DC IN
CARE OF RICHARD GOLDSTEIN AT PATIENT ACCESS NETWORK FOUNDATION, 1331 F
STREET NW, WASHINGTON, DC 20004, 202-347-9271.

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

FORM 990, REASON FOR AMENDED RETURN:

EXPLANATION: THE 990 IS BEING AMENDED TO CORRECT THE PAYMENTS MADE TO
THE LASH GROUP ON PART VII, SECTION B. THE FIRST FOUR MONTHS OF
PAYMENTS WERE INADVERTENTLY OMITTED FROM THE ORIGINAL RETURN.