

Form **990**

# Return of Organization Exempt From Income Tax

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

# 2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

### A For the 2010 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PATIENT ACCESS NETWORK FOUNDATION</b>		<b>D</b> Employer identification number <b>20-1184743</b>
	Doing Business As		<b>E</b> Telephone number <b>202-384-1471</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>75,343,570.</b>
	<b>900 19TH STREET NW</b>	<b>200</b>	
	City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20006</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>PATRICK MCKERCHER</b> <b>900 19TH STREET NW, SUITE 200, WASHINGTON, D</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.PANFOUNDATION.ORG</b>		<b>L</b> Year of formation: <b>2004</b> <b>M</b> State of legal domicile: <b>DC</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HELPING UNDERINSURED PATIENTS ACCESS NEEDED TREATMENTS THROUGH CO-PAYMENT ASSISTANCE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 9	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 9	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> 8	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 0	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 34,511,711.	Current Year: 35,551,233.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,253,183.	2,954,255.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,764,894.	38,505,488.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,323,252.	37,562,665.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	438,845.	616,785.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>399,683.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,117,877.	7,003,349.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,879,974.	45,182,799.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-9,115,080.	-6,677,311.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 86,533,037.	End of Year: 82,276,880.
	<b>21</b> Total liabilities (Part X, line 26)	4,688,064.	5,937,330.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	81,844,973.	76,339,550.

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date
	<b>PATRICK MCKERCHER, INTERIM PRESIDENT</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>JANICE A. RATICA</b>		
<b>Paid Preparer Use Only</b>	Firm's name ▶ <b>CHERRY, BEKAERT &amp; HOLLAND, L.L.P.</b>	Firm's EIN ▶	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶ <b>1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204</b>	Phone no. <b>704-377-1678</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PATIENT ACCESS NETWORK (PAN) FOUNDATION IS AN INDEPENDENT NON-PROFIT CHARITABLE ORGANIZATION THAT PROVIDES FINANCIAL ASSISTANCE TO UNDERINSURED PATIENTS FOR THEIR OUT-OF-POCKET EXPENSES FOR LIFE-SAVING MEDICATIONS. IN JUST SIX YEARS, PAN HAS HELPED OVER 120,000 PATIENTS

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 10,613,929. including grants of \$ ) (Revenue \$ ) APPROVED 2,971 RHEUMATOID ARTHRITIS PATIENTS AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4b (Code: ) (Expenses \$ 6,004,047. including grants of \$ ) (Revenue \$ ) APPROVED 2,687 NON-SMALL CELL LUNG CANCER PATIENTS AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4c (Code: ) (Expenses \$ 16,677,372. including grants of \$ ) (Revenue \$ ) APPROVED 6,810 PATIENTS WITH OTHER DISEASES AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 9,427,474. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 42,722,822.

**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 Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
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? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
27			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
28a			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
28b			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
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			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
32			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
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
34			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
35			X
a	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> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36			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
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes data for 1a (1539), 1b (0), 2a (8), 2b (X), 3a (X), 3b, 4a (X), 5a (X), 5b (X), 5c, 6a (X), 6b, 7a (X), 7b, 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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

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

**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		
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	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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	
15c	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PATRICK MCKERCHER - 202-384-1471**  
**900 19TH STREET NW, SUITE 200, WASHINGTON, DC 20006**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
LYN BOOCOCK-TAYLOR DIRECTOR/PRESIDENT	10.00	X		X			9,000.	0.	0.	
STEPHEN F. LOEBS, PHD DIRECTOR/TREASURER	5.00	X		X			12,000.	0.	0.	
ROBERT E. SMITH, MD DIRECTOR	5.00	X					9,000.	0.	0.	
MICHAEL C GERALD, PHD DIRECTOR	5.00	X					10,500.	0.	0.	
KIM SCHWARTZ DIRECTOR	5.00	X					9,000.	0.	0.	
ALLAN GOLDSTEIN, MD DIRECTOR	5.00	X					9,000.	0.	0.	
ANITA PLOTINSKY, PHD DIRECTOR	5.00	X					9,000.	0.	0.	
MICHAEL O'GRADY DIRECTOR	5.00	X					6,000.	0.	0.	
PATRICK L. MCKERCHER DIRECTOR	5.00	X					6,000.	0.	0.	
JULIE E. REYNES PRESIDENT	40.00			X			256,666.	0.	15,740.	
DONNA ROMAN PRESIDENT	40.00			X			34,716.	0.	513.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35551233.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		35551233.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,862,450.		2862450.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)			91,805.		91,805.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions.		38505488.	0.	0.	2954255.	

**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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	33,260,579.	33,260,579.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,302,086.	4,302,086.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	380,282.		380,282.	
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	162,232.		34,407.	127,825.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,019.		9,400.	619.
9 Other employee benefits	28,594.		18,377.	10,217.
10 Payroll taxes	35,658.		24,268.	11,390.
11 Fees for services (non-employees):				
a Management	93,347.		93,347.	
b Legal	83,745.		83,745.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	242,297.		242,297.	
g Other	908,150.		908,150.	
12 Advertising and promotion	52,019.			52,019.
13 Office expenses	30,311.		30,311.	
14 Information technology	19,056.		19,056.	
15 Royalties				
16 Occupancy				
17 Travel	89,671.		89,671.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	99,533.		99,533.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,928.		3,928.	
23 Insurance	10,822.		10,822.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>FEES FOR PROGRAM OPERAT</b>	5,049,785.	5,049,785.		
b <b>PHARMACY CARDS</b>	96,876.	96,876.		
c <b>OUTREACH</b>	13,496.	13,496.		
d				
e				
f All other expenses	210,313.		12,700.	197,613.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	45,182,799.	42,722,822.	2,060,294.	399,683.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	11,549,959.	<b>2</b>	7,188,283.	
	<b>3</b> Pledges and grants receivable, net .....	5,600,000.	<b>3</b>	373,235.	
	<b>4</b> Accounts receivable, net .....	1,538.	<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	15,712.	<b>9</b>	21,702.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,403.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,346.	8,985.	<b>10c</b> 5,057.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	69,356,843.	<b>12</b>	74,688,603.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	86,533,037.	<b>16</b>	82,276,880.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,688,064.	<b>17</b>	5,937,330.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,688,064.	<b>26</b>	5,937,330.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,206,775.	<b>27</b>	4,208,137.	
	<b>28</b> Temporarily restricted net assets .....	79,638,198.	<b>28</b>	72,131,413.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	81,844,973.	<b>33</b>	76,339,550.	
<b>34</b> Total liabilities and net assets/fund balances .....	86,533,037.	<b>34</b>	82,276,880.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,505,488.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,182,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,677,311.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,844,973.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,171,888.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	76,339,550.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

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 - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53185277.	48197417.	54511561.	34511711.	35551233.	225957199
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 <b>Total.</b> Add lines 1 through 3 .....	53185277.	48197417.	54511561.	34511711.	35551233.	225957199
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) .....						188182266
6 <b>Public support.</b> Subtract line 5 from line 4.						37774933.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	53185277.	48197417.	54511561.	34511711.	35551233.	225957199
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1560465.	3112680.	2653011.	1258146.	2862450.	11446752.
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.) .....		2,852.				2,852.
11 <b>Total support.</b> Add lines 7 through 10						237406803
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	16.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	18.00	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
16b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
17b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

PATIENT ACCESS NETWORK FOUNDATION

20-1184743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate 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 aggregate 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization <b>PATIENT ACCESS NETWORK FOUNDATION</b>	Employer identification number <b>20-1184743</b>
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>9,697,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>9,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>14,735,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>5,162.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  PATIENT ACCESS NETWORK FOUNDATION	<b>Employer identification number</b>  20-1184743
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
PATIENT ACCESS NETWORK FOUNDATION	20-1184743

**Part II Noncash Property** (see instructions)

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

<b>Name of organization</b>	<b>Employer identification number</b>
PATIENT ACCESS NETWORK FOUNDATION	20-1184743

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

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

**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

b If "Yes," explain the arrangement in Part XIV.

**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 year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,403.	10,346.	5,057.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 5,057.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) EXCHANGE TRADED AND		
(B) CLOSED END FUNDS	18,160,655.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	15,935,378.	END-OF-YEAR MARKET VALUE
(D) GOVERNMENT & AGENCY		
(E) SECURITIES	24,431,896.	END-OF-YEAR MARKET VALUE
(F) CORPORATE BONDS	15,792,510.	END-OF-YEAR MARKET VALUE
(G) ACCRUED INTEREST INCOME	368,164.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>74,688,603.</b>	

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,505,488.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	45,182,799.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-6,677,311.
4	Net unrealized gains (losses) on investments	4	1,171,888.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,171,888.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-5,505,423.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	39,435,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,171,888.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,171,888.
3	Subtract line 2e from line 1	3	38,263,191.
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	242,297.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	242,297.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,505,488.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	44,940,502.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	44,940,502.
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	242,297.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	242,297.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	45,182,799.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FOUNDATION FOLLOWS THE FINANCIAL ACCOUNTING**

STANDARDS BOARD ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. 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 THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2010 AND 2009 AND,



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASHEVILLE ARTHRITIS CENTER, PA 445 BILTMORE CENTER # 306 ASHEVILLE, NC 28801	56-1426545		5,004.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
US BIOSERVICES- NASHVILLE 13105 COLLECTIONS CENTRE DR CHICAGO, IL 60693	04-3734758		5,017.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA VITREOUS ASSOC 2213 CHERRY ST # 400 TOLEDO, OH 43608	34-1196311		5,025.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST COAST RETINA MEDICAL GROUP INC. - 185 BERRY ST #130 - SAN FRANCISCO, CA 94107	94-2275625		5,051.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
REGIONAL WEST PHYSICIAN CLINIC PO BOX 1248 SCOTTSBLUFF, NE 69363	36-3314159		5,054.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GENTIVA CARECENTRIX PO BOX 277947 ATLANTA, GA 30384	11-3454103		5,057.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

**2** Enter total number of section 501(c)(3) and government organizations **0.**

**3** Enter total number of other organizations **619.**

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

Schedule I (Form 990) (2010)

**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
NORTHERN MI HEMATOLOGY ONCOLOGY 416 CONNABLE AVE PETOSKEY, MI 49770	32-0020293		5,068.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BARNES RETINA INSTITUTE PO BOX 60394 ST LOUIS, MO 63160	43-1712437		5,069.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL CLINIC OF NORTH TEXAS, PA PO BOX 99356 FORT WORTH, TX 76199	75-2566987		5,069.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE ST MARY MEDICAL CENTER PO BOX 24980 SEATTLE, WA 98124	30-0502262		5,071.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
USC NORRIS COMPREHENSIVE CANCER CTR - 1441 EASTLAKE AVE TOPPER TOWER RM 3440 - LOS ANGELES, CA 90033	75-3085890		5,079.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS 346 MILL ST HAGERSTOWN, MD 21740	52-1850319		5,086.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOPE CANCER CENTER OF NW OHIO 825 W MARKET ST # 260 LIMA, OH 45805	05-0567968		5,087.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHERN NEW ENGLAND RETINA ASSOC 1 RANDALL SQUARE STE 206 PROVIDENCE, RI 02904	20-3935214		5,101.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WILLIAM P MAIER PC 633 E 11TH AVE EUGENE, OR 97401	46-0485850		5,128.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
RETINA ASSOCIATES OF CLEVELAND 3401 ENTERPRISE PKWY #300 BEACHWOOD, OH 44122	34-1411937		5,154.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY & ONCOLOGY CONSULTANTS 2111 W SWANN AVE #102 TAMPA, FL 33606	59-1674575		5,154.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MIDWEST ONCOLOGY GROUP PO BOX 26525 DEPT 1 OKLAHOMA CITY, OK 73126	73-1648179		5,168.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FEBE LINDA ORO-CASTILLO 1105 MEMORIAL DR # 110 DENISON, TX 75020	75-2355001		5,192.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WILLIAM SCHNITZ, MD PC 5701 N PORTLAND #210 OKLAHOMA CITY, OK 73112	73-1621380		5,218.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MIDWEST INTERNAL MEDICINE 1840 MESQUITE AVE #B LAKE HAVASU CITY, AZ 86403	86-0724398		5,218.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JACKSON-MADISON COUNTY GENERAL HOSPITAL - PO BOX 3855 - JACKSON, TN 38303	62-6010402		5,219.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERNAL MEDICINE ASSOCIATES 300 CARSON ST JONESBORO, AR 72401	71-0479294		5,229.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JEFFREY S RINKOFF, MD LLC 748 STATE ST MEDFORD, OR 97504	32-0020235		5,236.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
UPPER CUMBERLAND CANCER CARE PO BOX 847 CROSSVILLE, TN 38557	20-2845809		5,237.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ANDREWS & PATEL ASSOC 3912 TRINDLE RD CAMP HILL, PA 17011	23-2382727		5,263.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RADIOLOGICAL ASSOC. OF SACRAMENTO MEDICAL GROUP - PO BOX 160008 - SACRAMENTO, CA 95816	94-1694584		5,277.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
POTTSVILLE CANCER CLINIC 700 SCHWYLKILL MANOR RD #7 POTTSVILLE, PA 17901	20-0792761		5,300.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JAMES F DAY MD 1805 KIJLING ST DENVER, CO 80215	84-0886657		5,300.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OUR LADY OF LOURDES CENTER PO BOX 4027 LAFAYETTE, LA 70502	72-0423635		5,307.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS SPECIALISTS OF NORTHERN NV - 93 BELL ST - RENO, NV 89503	88-0206666		5,312.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEBRASKA HEMATOLOGY AND ONCOLOGY PC - 4004 PIONEER WOODS DR - LINCOLN, NE 68506	91-1806105		5,322.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW JERSEY ASSOCIATES IN MEDICINE PA - 3100 BROADWAY - FAIR LAWN, NJ 07410	22-3001282		5,330.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SOUTHLAKE ONCOLOGY PO BOX 674004 DALLAS, TX 75267	75-2338371		5,347.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DANIEL R LEWIS MD 1023 PACIFIC ST SAN LUIS OBISPO, CA 93401	77-0112497		5,362.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHAEL P STEVENS MD 101 SAN MATEO DR # 307 SAN MATEO, CA 94401	94-3205437		5,364.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GUNDERSEN CLINIC, LTD 1836 S AVE LA CROSSE, WI 54601	39-1028657		5,366.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LEGACY CLINIC PO BOX 4037 PORTLAND, OR 97208	93-0618975		5,368.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IBERIA MEDICAL CENTER PO BOX 13338 NEW IBERIA, LA 70562	72-6014963		5,370.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAVID H SMITH MD PA 8221 TEAL DR # 301 EASTON, MD 21601	52-1934955		5,382.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
J C WELCH OPHTHALMOLOGY PC 2115 N KANSAS AVE # 104 HASTINGS, NE 68901	47-0717975		5,430.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MARIETTA MEMORIAL HOSPITAL 401 MATTHEW ST MARIETTA, OH 45750	31-4379509		5,438.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
DANA FARBER CANCER INSTITUTE INC PO BOX 414744 BOSTON, MA 02241	04-2263040		5,440.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST ANTHONY MED CNTR PO BOX 18715 SAINT LOUIS, MO 63150	43-0980256		5,442.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FL PHYSICIANS MEDICAL PO BOX 538600 ORLANDO, FL 32853	59-3214635		5,460.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DR MICHAEL O NEIL PO BOX 1700 ROSEBURG, OR 97470	90-0433062		5,465.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CONSULTANTS PA 3 RICHLAND MED PARK # 240 COLUMBIA, SC 29203	57-0876410		5,490.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATISM ASSOC PC 2730 UNIVERSITY BLVD WEST #310 SILVER SPRING, MD 20902	52-1072944		5,498.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EYESIGHT OPHTHALMIC SERVICES PA 155 BORTHWICK AV #200 E PORTSMOUGH, NH 03801	02-0395562		5,503.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERMOUNTAIN ORTHOPEDIC 600 N ROBBINS RD # 401 BOISE, ID 83702	82-0476391		5,503.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES 2145 HIGHLAND AVE #200 BIRMINGHAM, AL 35205	63-0716499		5,516.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
MOUNTAIN RHEUMATOLOGY 4500 E 9TH AVE # 5005 DENVER, CO 80220	84-1596684		5,519.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST LOUIS CANCER CARE PO BOX 60450 SAINT LOUIS, MO 63160	43-1369550		5,536.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JOHNS MEDICAL CTR PO BOX 18057-B SAINT LOUIS, MO 63150	43-0653493		5,537.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH TEXAS ARTHRITIS CARE CENTER PO BOX 34 SAN ANTONIO, TX 78291	20-4935811		5,561.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CHARLESTON CANCER CTR 2910 TRICOM ST CHARLESTON, SC 29406	57-1071425		5,571.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JOHN LUETKEMEYER, MD 9400 UNIVERSITY PKWY #401 PENSACOLA, FL 32514	37-1180259		5,574.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RUTHERFORD HOSPITAL INC 288 S RIDGECREST AVE RUTHERFORDTON, NC 28139	56-0619367		5,584.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ELIZABETHTOWN HEMO/ONCO 1107 WOODLAND DR # 105 ELIZABETHTOWN, KY 42701	61-1273759		5,598.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KENNETH RICE MD 5219 CITYBANK PKWY STE 35 LUBBOCK, TX 79407	75-2646477		5,620.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
MARIETTA RHEUMATOLOGY 670 N AVE NW #A MARIETTA, GA 30060	76-0702637		5,624.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JOLIET ONCOLOGY HEMATOLOGY ASSOCIATES LTD - 2614 W JEFFERSON - JOLIET, IL 60435	36-3915732		5,651.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATES IN ONCOLOGY & HEMATOLOGY - 2205 MCCALLIE AVE #502 - CHATTANOOGA, TN 37404	62-1162046		5,670.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZONA DIGESTIVE HEALTH PC DEPT 971 PO BOX 52001 PHOENIX, AZ 85072	26-0446753		5,671.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROENTEROLOGY ASSOCIATES NA PC 2018 BROOKWOOD MEDICAL CTR DR #206 BIRMINGHAM, AL 35209	63-0958273		5,679.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOUSTON CANCER INSTITUTE 1220 BLALOCK # 205 HOUSTON, TX 77055	76-0326673		5,702.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OHIO GI & LIVER INSTITUTE GCGA PHYSICIANS - PO BOX 631217 - CINCINNATI, OH 45263	31-1559935		5,724.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RICHARD FURIE MD PO BOX 5200 MANHASSET, NY 11030	151-36-6486		5,729.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PENNSYLVANIA ONCOLOGY HEMATOLOGY ASSOCIATES - PO BOX 828078 - PHILADELPHIA, PA 19162	23-2972833		5,812.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
BIG SKY ONCOLOGY 1117 29TH ST S # 500 GREAT FALLS, MT 59405	81-0439593		5,813.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SALIENT MEDICAL CENTER, LLC 4501 PAYSPIRE CIRCLE CHICAGO, IL 60674	20-2905689		5,817.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ADULT MEDICAL ONCOLOGY HEMATOLOGY GRP - 39 SYCAMORE AVE - LITTLE SILVER, NJ 07739	22-3763567		5,830.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BAKERSFIELDS HEMATOLOGY ONCOLOGY 9800 BRIMHALL RD BAKERSFIELD, CA 93312	42-1727030		5,830.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUM & INT MED BLDG D 3023 N BALLAS RD # 500D SAINT LOUIS, MO 63131	43-1906134		5,835.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KRISHNAN HEMATOLOGY ONCOLOGY ASSOC PO BOX 2595 ELLCOTT CITY, MD 21041	27-0597913		5,840.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ILLINOIS RETINA ASSOC 71 WEST 156TH #400 DIXMOOR, IL 60426	36-2970624		5,842.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT GASTROENTROLOGY ASSO SPECIALISTS - 1905 S HAWTHORNE RD, STE 310 - WINSTON SALEM, NC 27103	56-0992192		5,867.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MANDELL RETINA CENTER PC 397 LITTLE NECK RD VIRGINIA BCH, VA 23452	20-8242063		5,884.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
DALLAS ONCOLOGY CONSULTANTS, PA 310 E HIGHWAY 67 DUNCANVILLE, TX 75137	75-2653455		5,887.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MASOUD KHORSAND- SAHBAIE MD PO BOX 1574 ROSWELL, NM 88202	74-2823514		5,894.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LATITUDE ASSOC., LLC 5741 BEE RIDGE RD #550 SARASOTA, FL 34233	26-1917477		5,912.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HACKENSACK RHEUMATOLOGY 385 PROSPECT AVE HACKENSACK, NJ 07601	22-3679873		5,936.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HARRISON BREMERTON HEMATOLOGY ONCOLOGY - 2520 CHERRY AVE - BREMERTON, WA 98310	91-0565546		5,938.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CARL BRODIE 14100 SE 36TH ST #105 BELLEVUE, WA 98006	91-2181981		5,942.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BLACK HILLS ORTHOPEDIC & SPINE CENTER - PO BOX 6850 - RAPID CITY, SD 57709	46-0335970		5,959.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLINIC FOR PULMONARY AND INFECTIOUS DISEASES PA - 6800 SOUTHPOINT PARKWAY # 200 - JACKSONVILLE, FL 32216	59-1655904		5,961.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LISA AHRENDT MD 799 E HAMPDEN AVE #500 ENGLEWOOD, CO 80113	26-2447057		5,964.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
PALO ALTO MEDICAL FOUNDATION 900 19TH STREET NW WASHINGTON, DC 20006	94-1156581		6,002.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST DIAGNOSTIC CLINIC 1140 CYPRESS STATION DR HOUSTON, TX 77090	76-0530863		6,039.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FIRST HEALTH-UNCHCS LLC PO BOX 24427 WINSTON SALEM, NC 27114	26-2568199		6,068.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DRS MUBASHIR, MARQUINEZ & REHMAN, INC - 224 W EXCHANGE ST - AKRON, OH 44302	34-1733317		6,069.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES, P.C. 8902 N MERIDIAN ST # 108 INDIANAPOLIS, IN 46260	35-1373436		6,073.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GALLOWAY REGIONAL EYE CENTER PO BOX 49847 GREENWOOD, SC 29649	65-1176165		6,081.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ACADIANA ONCOLOGY 602 N LEWIS # 600 NEW IBERIA, LA 70563	72-1512320		6,086.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
S CO HEMATOLOGY & ONCOLOGY PO BOX 85466 SAN DIEGO, CA 92186	43-1986447		6,097.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARKANSAS CANCER CLINIC PO BOX 8906 PINE BLUFF, AR 71611	71-0705436		6,108.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
HEMATOLOGY ONCOLOGY CONSULTANTS INC - 815 E 5TH ST # 303 - ALTON, IL 62002	37-1283036		6,112.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LAILA HASSAN 11914 ASTORIA # 330 HOUSTON, TX 77089	76-0438451		6,121.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FOX VALLEY HEMATOLOGY & ONCOLOGY 900 E GRANT ST APPLETON, WI 54911	39-1682233		6,132.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCO HEMA CONSULTANTS PO BOX 2870 LONG BEACH, CA 90801	95-2933071		6,147.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOUSTON ARTHRITIS ASSOC 7515 MAIN ST # 670 HOUSTON, TX 77030	76-0353143		6,257.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
H. LEE MOFFITT CANCER CENTER PO BOX 20667 TAMPA, FL 33622	59-3238634		6,278.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL ONCOLOGY CARE ASSOCIATES 1010 W LA VETA AVE #250 ORANGE, CA 92868	33-0534277		6,285.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOPE, LLC DEPT 6021 CAROL STREAM, IL 60122	32-0081761		6,285.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HAVASU REGIONAL MEDICAL CENTER PO BOX 3030 LAKE HAVASU CITY, AZ 86405	20-5220956		6,314.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
EASTERN NEPHROLOGY ASSOC 511 PALADIN DR GREENVILLE, NC 27834	56-1634662		6,328.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE CENTRALIA HOSPITAL P O BOX 84646 SEATTLE, WA 98124	91-0573108		6,328.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SHANKAR GARG, MD 10 WINTHROP ST # 15 WORCESTER, MA 01604	04-2547376		6,366.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC ARTHRITIS CARE CENTER 5230 PACIFIC CONCOURSE DR #100 LOS ANGELES, CA 90045	74-3040915		6,387.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIV OF TN MEDICAL CTR PO BOX 440164 NASHVILLE, TN 37244	31-1626179		6,401.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SANTA BARBARA HEM ONCOLOGY MEDICAL GROUP - 2040 VIBORG RD #235 - SOLVANG, CA 93463	77-0361234		6,401.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL OFFICE OF FREDERICK AST PO BOX 1750 NEW YORK, NY 10156	20-5044321		6,408.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC RETINAL SPECILISTS PO BOX 34935 SEATTLE, WA 98124	91-1879492		6,410.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KARAMALI A BANDEALY MD 814 N JOHN YOUNG PKWY KISSIMEE, FL 34741	59-3370576		6,414.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SADLER CLINIC P O BOX 3219 CONROE, TX 77305	74-1763675		6,420.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GLACIER ONCOLOGY PLLC 75 CLAREMONT ST #E KALISPELL, MT 59901	81-0514830		6,446.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BAY AREA RETINA ASSOCIATES 122 LA CASA VIA #223 WALNUT CREEK, CA 94598	94-3064464		6,450.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED SPECIALISTS OF INTERNAL MEDICINE - 40 WEST FOURTH ST STE 1700 - DAYTON, OH 45402	31-1185270		6,466.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WICHITA CLINIC, PA PO BOX 2969 WICHITA, KS 67201	48-0993446		6,480.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CACHE VALLEY CANCER TREATMENT & RESEARCH CLINIC - 1281 N 600 E - LOGAN, UT 84341	45-0486684		6,481.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AHMAD QADRI MD 601 E SAM ANTONIO ST # 402W VICTORIA, TX 77901	41-2029727		6,486.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE DISEASE SPECIALISTS 100 VILLAGE SQUARE HAZELWOOD, MO 63042	43-1122905		6,505.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHAEL W GOODMAN MD PC 979 E THIRD ST # C0630 CHATANOOGA, TN 37403	62-1553135		6,513.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SOUTH FL ONCOLOGY HEMATOLOGY 20950 NE 27TH CT #203 MIAMI, FL 33180	65-0918703		6,541.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMPREHENSIVE CANCER & HEMATOLOGY SPECIALISTS - 705 WHITE HORSE RD # D-105 - VOORHEES, NJ 08043	52-1676914		6,543.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PAUL GERTLER MD 4801 DORSEY HALL DR #226 ELLICOTT CITY, MD 21042	52-1784046		6,570.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC LLC DEPARTMENT 3162 PO BOX 2153 BIRMINGHAM, AL 35287	63-1137578		6,580.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROBERT LEVIN MD 646 VIRGINIA ST 4TH FLR DUNEDIN, FL 34698	01-0694322		6,589.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MATHEWS HEMATOLOGY ONCOLOGY ASSOCIATES - 3036 SENNA DR - MATHEWS, NC 28105	94-3416694		6,599.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE BLOOD & CANCER CLINIC 1565 PURDUE DR STE 301 FAYETTEVILLE, NC 28303	56-1951959		6,599.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL ONCOLOGY ASSOC 382 PIERCE ST KINGSTON, PA 18704	23-2170323		6,607.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE & HEMATOLOGY SPECIALISTS - 3610 PAYSPPHERE CIRCLE - CHICAGO, IL 60674	36-3980044		6,641.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
DOTHAN HEMATOLOGY & ONCOLOGY 4300 WEST MAIN ST # 405 DOTHAN, AL 36305	63-1012171		6,659.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JEFFREY MATTHEWS MD 3650 N UNIVERSITY AVE #150 PROVO, UT 84604	87-0398215		6,663.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TEXAS MED AND SLEEP SPEC 525 OAK CENTRE DR #440 SAN ANTONIO, TX 78258	26-3749619		6,727.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AT HOME SOLUTIONS 3626 PAYSPIRE CIRCLE CHICAGO, IL 60674	81-0482444		6,764.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH FL ONCOLOGY HEMATOLOGY CONSULTANTS - 260 SW 84TH AVE # C - PLANTATION, FL 33324	65-0577436		6,786.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JAVED K SHINWARI MD PA 3025 FOUNTAIN DR # 100 CONWAY, AR 72034	71-0859877		6,791.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WASHINGTON ONCOLOGY/HEMATOLOGY 2141 K ST NW # 707 WASHINGTON, DC 20037	52-1229598		6,791.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CRAVEN REGIONAL MED CTR PO BOX 12157 NEW BERN, NC 28561	56-0755775		6,797.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLORADO SPRINGS HEALTH PARTNERS PO BOX 973335 DALLAS, TX 75397	84-1129000		6,819.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
OPHTHALMIC CONSULTANTS 1700 S TUTTLE AVE SARASOTA, FL 34239	59-2726035		6,845.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE RETINA CARE CENTER 6115 FALLS RD BALTIMORE, MD 21209	52-2117156		6,864.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MERCY CANCER CARE - DAVID C PRATT CTR - 607 S NEW BALLAS RD # 3300 - SAINT LOUIS, MO 63141	43-1927040		6,882.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEAST INTEGRATED MEDICAL PA 4881 NW 8TH AVE #2 GAINESVILLE, FL 32605	59-2819741		6,885.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JOSEPH BOWEN MD LLC 1075 CHASE PKWY SUITE A WATERBURY, CT 06708	35-2191169		6,894.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HUNTINGTON INTERNAL MEDICINE GROUP 5170 US RT 60 E HUNTINGTON, WV 25705	55-0578595		6,906.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ALLEGHENY CTR FOR DIGESTIVE HEALTH PO BOX 951845 CLEVELAND, OH 44193	25-1838458		6,922.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEMORIAL HEALTH SYSTEMS 100 E WAYNE STREET #500 SOUTH BEND, IN 46601	35-1536132		6,942.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CHRISTUS SPOHN CANCER CTR PO BOX 730244 DALLAS, TX 75373	74-1109836		6,953.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SETON MEDICAL CTR PO BOX 34868 SAN ANTONIO, TX 78265	74-1109643		7,009.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CHRISTIE CLINIC 101 W UNIVERSITY AVE CHAMPAIGN, IL 61820	37-0802668		7,021.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FRYE REGIONAL MEDICAL CTR PO BOX 740784 ATLANTA, GA 30374	56-0852342		7,025.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AHSAN M BASHA MD PO BOX 52840 PHOENIX, AZ 85072	73-1647100		7,053.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RENAL CENTER OF LEWISVILLE 1626 COLE BLVD, SUITE 100 LAKEWOOD, CO 80401	20-8570807		7,067.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST CANCER CARE MEDICAL GROUP - 701 E GRAND AVE #100 - ESCONDIDO, CA 92025	33-0340291		7,070.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE CENTERS OF BREVARD - MERRITT ISLAND - PO BOX 534595 - ATLANTA, GA 30353	59-3169766		7,076.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMPASSIONATE CANCER CARE 18111 BROOKHURST ST #6100 FOUNTAIN VALLEY, CA 92708	38-3650060		7,106.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SANFORD WOLFE DO 1 ELIZABETH PL # 230 DAYTON, OH 45408	31-1169778		7,114.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
CINCINNATI CHILDREN'S HOSP MED CTR 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936		7,125.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INFUSION SOLUTIONS OF DE 200 BANNING ST STE 260 DOVER, DE 19904	01-0863383		7,157.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MECKLENBURG MEDICAL GROUP PO BOX 60063 CHARLOTTE, NC 28260	56-2274416		7,161.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HALIFAX MEDICAL CENTER 1688 WEST GRANADA BLVD. ORMOND BEACH, FL 32174	59-6001217		7,163.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GUARDIAN ONCOLOGY & CTR FOR WELLNESS - PO BOX 952274 - DALLAS, TX 75395	81-0503508		7,179.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASHEVILLE HEMATOLOGY & ONCOLOGY PO BOX 60060 CHARLOTTE, NC 28260	56-1963333		7,207.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SABATES EYE CENTER 11261 NALL AVE LEAWOOD, KS 66211	43-0955525		7,212.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOME PARENTERAL SERV 2220 W SUNSET SPRINGFIELD, MO 65807	43-1641927		7,235.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZONA RAD THER MGMT SERVICES PO BOX 863571 REDDICK, FL 32686	20-2743876		7,250.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
HOSPITALISTS OF CA PO BOX 843225 KANSAS CITY, MO 64184	43-1869973		7,280.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ORLICK BERGER KASPER MD PA 5800 49TH ST. N., NO. S-109 SAINT PETERSBURG, FL 33709	59-3219393		7,297.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LEXINGTON MEDICAL SPECIALIST 110 E MEDICAL LANE # 140 WEST COLUMBIA, SC 29169	57-0874077		7,311.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SYED MAHMOOD, MD 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		7,375.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOCIATES 4923 OGLETOWN STANTON RD #200 NEWARK, DE 19713	51-0123099		7,384.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW HAMPSHIRE ONC HEMA 200 TECHNOLOGY DR HOOKSETT, NH 03106	02-0335060		7,407.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOC 14 E FARMFIELD AVE CHARLESTON, SC 29407	57-0903726		7,413.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-FL HEMATOLOY ONCOLOGY PA 1061 MEDICAL CENTER DR # 110 ORANGE CITY, FL 32763	59-2021436		7,447.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SMDC MEDICAL CENTER PO BOX 1450 NW 6026 MINNEAPOLIS, MN 55485	41-1878730		7,450.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
THOMAS SPANN CLINIC PA PO BOX 6409 CORPUS CHRISTI, TX 78466	74-2868847		7,456.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
E TN HEMATOLOGY ONCOLOGY 1406 TUSCULUM BLVD STE 2000 GREENEVILLE, TN 37745	62-1663564		7,459.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS ASSOCIATES 3 SHERIDAN SQUARE KINGSPORT, TN 37660	62-1523356		7,463.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BAPTIST HOSPITAL EAST PO BOX 32860 LOUISVILLE, KY 40232	61-0444707		7,484.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA ASSOCIATES, PA PO BOX 802720 KANSAS CITY, MO 64180	48-1211774		7,494.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SAN FRANCISCO ONCOLOGY ASSOC 2100 WEBSTER ST # 326 SAN FRANCISCO, CA 94115	94-3255519		7,500.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HATTIESBURG CLINIC, P.A. PO BOX 2467 JACKSON, MS 39225	64-0507572		7,515.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OPTION CARE ENTERPRISES 2021 PAYSPPHERE CIRCLE CHICAGO, IL 60674	68-0208702		7,529.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JEWISH HOSPITAL PO BOX 950207 LOUISVILLE, KY 40295	61-1029768		7,530.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
EDWARD WAGNER MD 31852 COAST HWY # 303 LAGUNA BEACH, CA 92651	557-29-7661		7,549.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIVERSITY OF KY HOSPITAL LOCK BOX 951326 CLEVELAND, OH 44193	61-6001218		7,566.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BATTLE CREEK HEALTH SYSTEM CANCER CARE CTR - DEPT CH 14177 - PALATINE, IL 60055	38-2776791		7,602.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ANTHONY SEBBA MD 36338 US HWY 19 N PALM HARBOR, FL 34684	59-3548577		7,667.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HARSHI BAINS MD PA 1519 E FRONT ST TYLER, TX 75702	20-0937057		7,783.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHAEL D PERILSTEIN MD 13 ARMAND HAMMER BLVD # 210 POTTSWOWN, PA 19464	23-2383658		7,823.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KANSAS CITY INTERNAL MEDICINE 6420 PROSPECT AVE. STE T-101 KANSAS CITY, MO 64132	43-1201337		7,826.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE SPECIALIST OF CENTRAL 2880 NORTH MONROE ST DECATUR, IL 62526	37-1160364		7,826.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EL PASO INTEGRATED PHYSICIANS GROUPS - 1810 MURCHISON DR #300 - EL PASO, TX 79902	74-2838972		7,865.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
HIGHLAND CLINIC 1455 E BERT KOUNS IND LOOP SHREVEPORT, LA 71105	72-0703150		7,916.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ADRIANA POP-MOODY MD PA PO BOX 3806 CORPUS CHRISTI, TX 78463	05-0592086		7,994.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HUNTINGTON MEDICAL GROUP PO BOX 10022 UNIONDALE, NY 11555	11-2236309		8,022.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TX DIGESTIVE DISEASE CONSULTANTS PO BOX 35629 DALLAS, TX 75235	75-2005254		8,073.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST RHEUMATOLOGY PA PO BOX 797071 DALLAS, TX 75379	75-2747951		8,090.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW LEXINGTON CLINIC PO BOX 11790 LEXINGTON, KY 40578	61-1262927		8,121.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE OF CENTRAL PA 2 E 18TH ST SELINGROVE, PA 17870	23-2684021		8,124.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOHAVE ARTHRITIS 3003 HWY 95 #J-100 BULLHEAD CITY, AZ 86442	30-0344344		8,131.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FAYLONA GOLLARD KAUSHAL NYAMUSWA AND PARK LTD - 58 N PECOS RD - HENDERSON, NV 89074	88-0370553		8,157.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
RETINA CONSULTANTS P.C. 85 SEYMOUR ST HARTFORD, CT 06106	06-0968937		8,181.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RON D SCHIFF MD 3238 COVE BEND DR TAMPA, FL 33613	59-3252662		8,196.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY OF CENTRAL NY PO BOX 2010 EAST SYRACUSE, NY 13057	16-1184100		8,247.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WOODWARD MEDICAL CENTER PA PO BOX 9078 GREENVILLE, SC 29608	57-1109404		8,262.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY AND ONCOLOGY 495 COOPER RD STE. 225 WESTERVILLE, OH 43081	31-0957876		8,263.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MERLA PURAY MD 424 E YOSEMITE AVE #A MERCED, CA 95340	26-0630959		8,306.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HING S EUGENE FUNG MD 2911 HERRING AVE STE 306 WACO, TX 76708	74-2648710		8,306.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA OPHTHALMOLOGY PA PO BOX 2300 HENDERSONVILLE, NC 28793	56-1310375		8,317.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT EYE CENTER, INC 2402 ATHERHOLT RD LYNCHBURG, VA 24501	54-1120525		8,341.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
ONCOLOGY PARTNERS NETWORK PO BOX 635844 CINCINNATI, OH 45264	31-1525164		8,344.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COOPER CLINIC 6801 ROGERS AVE FORT SMITH, AR 72903	71-0445686		8,394.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ELLEN M FIELD MD 1665 VALLEY CENTER PKWY #150 BETHLEHEM, PA 18017	23-2939316		8,410.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AURORA MEDICAL GROUP PO BOX 979 SHEBOYGAN, WI 53082	39-1678306		8,417.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WAVERLY HEMATOLOGY ONCOLOGY PO BOX 601043 CHARLOTTE, NC 28260	20-5815295		8,445.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND RHEUMATIC CARE CENTER - 6141 SUNSET DR #501 - SOUTH MIAMI, FL 33143	65-0757755		8,447.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE OF SOUTHERN IN 514 WEST SECOND ST BLOOMINGTON, IN 47403	20-1464172		8,467.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BLOOD & CANCER CTR 202 E DR HICKS BLVD FLORENCE, AL 35630	63-1277866		8,487.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PHILLIP NDUM, MD PO BOX 730729 ORMOND BEACH, FL 32173	59-0973502		8,503.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
WEST MICHIGAN REGIONAL CANCER & BLOOD CENTER - 6050 N US-31 - FREE SOIL, MI 49411	38-3322171		8,505.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOC OF TIDEWATER LTD 6160 KEMPSVILLE CIR #302A NORFOLK, VA 23502	54-1086823		8,522.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SEATTLE ARTHRITIS CLINIC PO BOX 77033 SEATTLE, WA 98177	20-3890258		8,579.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CHARLES THOMAS MD RADIATION ONCO PO BOX 225529 DALLAS, TX 75222	74-1586031		8,617.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-AMERICA RHEUMATOLOGY CONSULTANTS - 5701 W 119TH ST # 209 - OVERLAND PARK, KS 66209	48-0929053		8,640.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UPSTATE OSTEOPOROSIS AND ARTHRITIS, PA - 200 PATEWOOD DR # A 160 - GREENVILLE, SC 29615	58-2329400		8,660.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY LIFE CTR 605 B MEDICAL CENTER DR ALEXANDRIA, LA 71301	72-1506854		8,662.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE VANCOUVER CLINIC PO BOX 873010 VANCOUVER, WA 98687	91-0851599		8,670.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DREYER MEDICAL CLINIC PO BOX 2091 AURORA, IL 60507	36-4088232		8,672.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
WATSON CLINIC 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	59-0704934		8,697.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UMPQUA MEDICAL, P.C. 2880 NW STEWART PKWY STE 200 ROSEBURG, OR 97471	91-1802758		8,701.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS CHARTERED P.O. BOX 412194 KANSAS CITY, MO 64141	61-1452962		8,724.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED EYE CARE 1719 TOWER DR # 100 STILLWATER, MN 55082	41-1000647		8,752.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NADIM F NIMEH 5002 W LEE BLVD LAWTON, OK 73505	73-1258311		8,783.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE ASSOCIATES PO BOX 25100 FRESNO, CA 93729	77-0324589		8,832.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLOWERS HOSP PO BOX 404782 ATLANTA, GA 30384	62-1762412		8,877.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WOODLANDS MEDICAL SPECIALISTS, PA 1717 NORTH E STREET #231 PENSACOLA, FL 32501	26-1802830		8,887.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERNAL MEDICINE OF GREENVILLE 105 DOCTORS DRIVE GREENVILLE, SC 29605	57-1004971		8,891.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
FORT SMITH REGIONAL DIALYSIS 1506 DODSON AVE FORT SMITH, AR 72901	71-0804127		8,904.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST TX HEMATOLOGY & ONCOLOGY CLINIC, PA - 1202 W FRANK AVE - LUFKIN, TX 75904	75-2604409		8,913.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PRESBYTERIAN HOSPITAL DEPT 1570 DENVER, CO 80291	85-0105601		8,927.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HILLCROFT MEDICAL CLINIC ASSN 2500 FONDREN RD HOUSTON, TX 77063	74-1700061		8,941.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VALLEY MEDICAL ONCOLOGY CONSUL. 5725 W LAS POSITAS BLVD #100 PLEASANTON, CA 94588	94-2950378		8,987.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CORAM ALTERNATIVE SITE SERVICE 11660 W EXECUTIVE DR BOISE, ID 83713	76-0215922		9,005.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RICHARD W EVANS, MD 840 FLEMING ST # 3 HENDERSONVILLE, NC 28791	56-1784252		9,006.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY & ONCOLOGY CONSULTANTS 2501 N ORANGE AVE #381 ORLANDO, FL 32804	59-2109057		9,017.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OCALA ONCOLOGY CENTER, PL PO BOX 863205 ORLANDO, FL 32886	90-0336929		9,040.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		9,067.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BRYSON CANCER CARE 5345 W HILLSDALE DR VISALIA, CA 93291	20-1673427		9,078.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GALEN MEDICAL PO BOX 1030 CHATTANOOGA, TN 37401	62-1508884		9,096.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY ALLIANCE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1225006		9,113.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEVADA CANCER CTR PO BOX 26237 LAS VEGAS, NV 89126	88-0133767		9,171.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KENNETH E. STARK, MD 1613 BANNING BEACH RD TAVARES, FL 32778	20-1723835		9,214.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-ATLANTIC RETINA CONSULTANTS 3120 COLLINS FERRY RD MORGANTOWN, WV 26505	55-0739273		9,218.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SACRED HEART HOSPITAL PO BOX 2728 PENSACOLA, FL 32513	59-0634434		9,261.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS MEDICAL CLINIC 5980 S RAINBOW # 100 LAS VEGAS, NV 89118	88-0392853		9,291.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
VENANGO ONCOLOGY HEMATOLOGY ASSOC PO BOX 18837 NEWARK, NJ 07191	25-1896639		9,310.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		9,378.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WALTER F CHASE MD PA RHEUMATOLOGY 1301 W 38TH ST #605 AUSTIN, TX 78705	26-1413516		9,380.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMMONWEALTH HEMATOLOGY ONCOLOGY 10 WILLARD ST QUINCY, MA 02169	04-3296910		9,425.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OLYMPIA ARTHRITIS CLINIC 1212 HARRISON AVE NW OLYMPIA, WA 98502	91-1160442		9,455.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREAT FALLS CLINIC 1400 29TH ST S GREAT FALLS, MT 59405	81-0141660		9,474.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KERNODLE CLINIC PO BOX 1717 BURLINGTON, NC 27216	56-0520990		9,532.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLORADO CENTER FOR ARTHRITIS AND OSTEOPOROSIS - 1551 PROFESSIONAL LANE # 235 - LONGMONT, CO 80501	84-1542045		9,564.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & DIABETES CLINIC 3402 MAGNOLIA COVE MONROE, LA 71203	72-1151060		9,579.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SATELLITE HEALTHCARE 3607 MANOR RD AUSTIN, TX 78723	20-5475344		9,605.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CARE CENTER PO BOX 1441 SAN MATEO, CA 94401	94-2444002		9,636.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE DISEASE GROUP 103 LINEAR DR GREENWOOD, SC 29646	57-0890141		9,744.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AMARILLO KIDNEY SPECIALISTS 8604 S COULTER RD AMARILLO, TX 79121	04-3632606		9,836.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST MEDICAL SPECIALTIES 1624 S I ST #305 TACOMA, WA 98405	91-1867315		9,930.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PREMIER HEALTHCARE ASSOCIATES 7702 E PARHAM RD # 101 RICHMOND, VA 23294	31-1769212		9,937.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS, AUTOINMUNE & ALLERGY 709 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	33-1155955		9,979.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
N PAUL HUDSON MD PA 2479 OAKMONT WAY EUGENE, OR 97401	71-0892985		9,998.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UTAH VALLEY PEDIATRICS 1355 N UNIVERSITY AVE #210 PROVO, UT 84604	87-0549057		10,125.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
TETON ONCOLOGY LLC 380 WALKER DR REXBURG, ID 83440	82-0532920		10,132.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GAJERA AND PATEL 1717 HIGH ST STE 1A HOPKINSVILLE, KY 42240	61-1459460		10,132.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERLAKES ONCOLOGY AND HEMATOLOGY 211 WHITE SPRUCE BLVD ROCHESTER, NY 14623	16-1495236		10,150.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THOMAS RAMAGE MD 313 W COUNTRY CLUB RD # 3 ROSWELL, NM 88201	85-0263301		10,163.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOCIATES 1100 MEADE ST SCRANTON, PA 18512	23-2137083		10,168.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HANOVER MEDICAL SPECIALISTS 1515 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1264303		10,298.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CADILLAC CANCER CARE CENTER 520 COBBS ST CADILLAC, MI 49601	38-3450619		10,327.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MURRAY ONCOLOGY ASSOCIATES PO BOX 630 MURRAY, KY 42071	61-1238339		10,347.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHIGAN MEDICAL P.C. 4085 BURTON SE STE 200 GRAND RAPIDS, MI 49546	38-2851295		10,407.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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 AND OSTEOPOROSIS CENTER PO BOX 807 TIFTON, GA 31793	58-6001719		10,420.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLARK & DAUGHTREY MEDICAL GROUP PA PO BOX 917394 ORLANDO, FL 32891	59-1273583		10,503.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DOTHAN MEDICAL ASSOCIATES, PA 1118 ROSS CLARK CIR #100B DOTHAN, AL 36301	63-0991466		10,513.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TIMOTHY ROGERS MD PO BOX 3065 OCALA, FL 34478	02-0575879		10,519.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GROUP HEALTH ASSOC PO BOX 633448 CINCINNATI, OH 45263	20-2305158		10,589.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMPREHENSIVE BLOOD & CANCER CENTER - 6501 TRUXTUN AVE - BAKERSFIELD, CA 93309	77-0356364		10,626.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DESERT MEDICAL GRP 275 N EL CIELO RD PALM SPRINGS, CA 92262	95-3898275		10,730.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE HEALTH ASSOC OF TX 7929 BROOKRIVER DR #300 DALLAS, TX 75247	75-2625765		10,736.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA VITREOUS ASSOC OF FL 2705 W SAINT ISABEL ST TAMPA, FL 33607	59-1501675		10,766.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
HORIZON HEMATOLOGY ONCOLOGY 1455 E MAIN ST # 103 SPARTANBURG, SC 29307	58-2423840		10,881.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		10,893.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NACOGDOCHES HEMATOLOGY/ONCOLOGY CLINIC - 1225 N MOUND ST - NACOGDOCHES, TX 75961	03-0439468		10,942.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MINNESOTA GASTROENTEROLOGY PO BOX 86 MINNEAPOLIS, MN 55486	41-1251064		11,023.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER SPECIALISTS OF SOUTH TEXAS 1625 RODD FIELD RD CORPUS CHRISTI, TX 78412	74-2722597		11,097.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AVERA MCKENNAN HOME INFUSION 1020 SOUTH CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		11,196.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		11,200.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHERN VITREORETINAL ASSOC 2439 CARE DR TALLAHASSEE, FL 32308	20-8515285		11,243.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE ARTHRITIS CENTER 5050 NE HOYT ST # 155 PORTLAND, OR 97213	93-1097258		11,250.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
GEORGIA RETINA PC 155 MEDICAL WAY #E RIVERDALE, GA 30274	58-1519372		11,392.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BAKERSFIELD FAMILY MED PO BOX 7002 LANCASTER, CA 93539	77-0051579		11,399.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC CANCER MEDICAL CTR INC 1801 W ROMNEYA DR #203 ANAHEIM, CA 92801	33-0588910		11,399.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COAST HEMATOLOGY ONCOLOGY ASSOC 701 E 28TH ST #418 LONG BEACH, CA 90806	95-2664481		11,419.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JOHN'S HOSPITAL PO BOX 504274 SAINT LOUIS, MO 63150	44-0552485		11,420.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CARDIOLOGY CLINIC OF MUSKOGEE INC 350 SOUTH 40TH ST MUSKOGEE, OK 74401	73-1101104		11,427.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VIRGINIA ONCOLOGY AND HEMATOLOGY PO BOX 11768 RICHMOND, VA 23230	76-0716515		11,443.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MORNINGSTAR HEM/ONC INC 2600 6TH ST SW CANTON, OH 44710	34-1920787		11,525.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BOICE WILLIS CLINIC P O BOX 7200 ROCKY MOUNT, NC 27804	56-1025986		11,527.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
MACOMB HEMO/ONCO PC 11900 E 12 MILE RD # 210 WARREN, MI 48093	38-3076057		11,630.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BARRY EIBSCHUTZ MD 1551 BISHOP ST # 230 SAN LUIS OBISPO, CA 93401	77-0485060		11,705.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA BONE & JOINT PO BOX 5001 MONROE, NC 28111	56-1216335		11,823.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CENTER OF LEXINGTON 330 WALLER AVE #100 LEXINGTON, KY 40504	31-1516285		11,878.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PHYSICIANS EAST PO BOX 30620 GREENVILLE, NC 27833	56-1968491		12,030.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CONEMAUGH CANCER CARE ASSOC 1020 FRANKLIN ST JOHNSTOWN, PA 15905	25-1658283		12,068.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GLOBAL ONCOLOGY 600 N GARFIELD AVE #210 MONTEREY PARK, CA 91754	27-1426142		12,078.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
STEVE PERKINS MD SRIDEVI JUVVADI MD NAROTHAM - 5939 HARRY HINES BLVD # 800 - DALLAS, TX 75235	20-3687364		12,099.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOS ALAMITOS HEMATOLOGY ONCOLOGY 3801 KATELLA AVE #207 LOS ALAMITOS, CA 90720	95-3184731		12,166.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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		12,193.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ALBEMARLE ARTHRITIS ASSOCIATES 1410 INCARNATION DR CHARLOTTESVILLE, VA 22901	54-1558069		12,194.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LEWIS-GALE MEDICAL CENTER PO BOX 402830 ATLANTA, GA 30384	62-1760148		12,246.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WELLMONT HEALTH SYSTEM PO BOX 1089 BRISTOL, TN 37621	62-1636465		12,292.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA MEDICAL CLINIC 38135 MARKET SQ ZEPHYRHILLS, FL 33542	59-3156212		12,326.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OSLER MEDICAL 930 S HARBOR CITY BLVD MELBOURNE, FL 32901	59-3297304		12,377.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATIC DISEASE CLINIC OF HOUSTON - PO BOX 2149 - HOUSTON, TX 77252	76-0443393		12,409.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHEAST ARKANSAS CLINIC PO BOX 7504 JONESBORO, AR 72403	71-0833213		12,431.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CASCADE MEDICAL GROUP PO BOX 1420 REDMOND, OR 97756	20-5310273		12,432.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
CANCER CTR OF HUNTVILLE 201 GOVERNORS DR # 320 HUNTSVILLE, AL 35801	20-0546686		12,464.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUSTIN REGIONAL CLINIC PO BOX 260179 DALLAS, TX 75326	74-2109824		12,524.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL ARKANSAS HEMATOLOGY ONCOLOGY CLINIC PA - 133 HARMONY PARK CIR - HOT SPRINGS NATIONAL PARK, AR 71913	71-0627544		12,573.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROENTEROLOGY & ONCOLOGY ASSOC PA - 5767 49TH N - SAINT PETERSBURG, FL 33709	59-2114530		12,597.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE LONG STREET CLINIC PO DRAWER 658 GAINESVILLE, GA 30503	58-2117020		12,609.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED RETINAL CONSULTANTS 1700 GALLOPING HILL RD KENILWORTH, NJ 07033	20-8346981		12,628.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PRESBYTERIAN HOSPITAL HUNTERSVILLE PO BOX 71053 CHARLOTTE, NC 28272	56-0554230		12,737.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD #100 CHARLOTTE, NC 28207	56-2179043		12,808.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PASCO HERNANDO ONCOLOGY ASSOCIATES, PA - PO BOX 919022 - ORLANDO, FL 32891	59-2155792		12,831.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
LOS ANGELES HEMATOLOGY & ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD #303 - LOS ANGELES, CA 90017	95-4332724		12,865.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SHARON REGIONAL HEALTH SYSTEM 2320 HIGHLAND RD HERMITAGE, PA 16148	25-0979377		12,900.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FREEDMAN CLINIC OF INTERNAL MEDICINE - PO BOX 13030 - ALEXANDRIA, LA 71315	72-0399647		12,995.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAVID DRESNER, MD PA 1099 5TH AVE N #120 SAINT PETERSBURG, FL 33705	59-3695009		13,110.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OCHSNER CLINIC 9001 SUMMA AVE BATON ROUGE, LA 70809	72-0276883		13,134.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOUNTAIN VIEW CANCER ASSOC PO BOX 643388 PITTSBURGH, PA 15264	03-0480551		13,165.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FREDERICK ONCOLOGY 46 B THOMAS JOHNSON DR FREDERICK, MD 21702	52-2074387		13,226.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TRI-COUNTY HEMATOLOGY& ONCOLOGY 3688 DRESSLER RD NW CANTON, OH 44718	34-1294692		13,324.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SPACE COAST CANCER CENTERS 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		13,376.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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 & OSTEOPOROSIS CTR 2760 CENTURY BLVD. WYOMISSING, PA 19610	23-1949591		13,499.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RICHMOND CANCER AND BLOOD DISEASE CTR INC. - PO BOX 517 - RICHMOND, IN 47374	26-3064027		13,711.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		13,757.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KOOTENAI MEDICAL CENTER 2003 LINCOLN WAY COEUR D ALENE, ID 83814	82-0231746		13,881.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DEFIANCE CLINIC PO BOX 218 DEFIANCE, OH 43512	34-0903600		13,972.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAVID S CHENG, MD 39275 MISSION BLVD # 203 FREMONT, CA 94539	94-2614791		14,014.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TSUYOSHI INOSHITA MD 916 11 TH ST NEW BOSTON, OH 45662	06-1664385		14,047.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA VITREOUS ASSOCIATES 345 23RD AVE N #350 NASHVILLE, TN 37203	62-1042760		14,068.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH CANTON MEDICAL FNDTN PO BOX 74793 CLEVELAND, OH 44194	34-1088530		14,076.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
FLORIDA INFUSION SVCS 4190 CORPORATE CT PALM HARBOR, FL 34683	59-2822698		14,120.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC OF IL 1365 PAYSHERE CIRCLE CHICAGO, IL 60674	36-4117454		14,147.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOW COUNTRY RHEUMATOLOGY 2860 TRICOM ST CHARLESTON, SC 29406	57-1099718		14,191.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DENTON ONCOLOGY CENTER 2900 N I-35 # 111 DENTON, TX 76201	20-5036142		14,235.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SATISH A SHAH MD,PC 20 EXPEDITION TRL, #101 GETTYSBURG, PA 17325	23-2586060		14,246.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUM ASSOC OF BALTIMORE 1220 B EAST JOPPA RD #310 TOWSON, MD 21286	01-0606079		14,247.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAREPOINT PARTNERS 4137 BOARDMAN-CANFIELD RD STE LL04 CANFIELD, OH 44406	34-1516461		14,282.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH SHORE HEMA/ONCOLOGY ASSOC 242 MERRICK RD # 301 ROCKVILLE CENTRE, NY 11570	11-2657566		14,362.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE #15 FAIRMONT, WV 26554	55-0763359		14,412.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SANFORD SPECIALITY CLINIC PO BOX 24427 WINSTON SALEM, NC 27114	56-2164416		14,415.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND OSTEO ASSOCIATES 5220 80TH LUBBOCK, TX 79424	75-2948739		14,449.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHERN HEMATOLOGY ONCOLOGY DEPT 1483 DENVER, CO 80291	83-0346340		14,505.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MO HEMATOLOGY ONCOLOGY CARE PO BOX 603200 SAINT LOUIS, MO 63160	43-1694797		14,581.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATOLOGY CLINICS OF KS - 2450 N WOODLAWN ST - WICHITA, KS 67220	43-1899877		14,598.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CTR OF NE 3901 PINE LAKE RD STE 120 LINCOLN, NE 68516	47-0527967		14,802.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COASTAL ONCOLOGY 325 CLYDE MORRIS BLVD #450 ORMOND BEACH, FL 32174	56-2347830		14,818.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUSTIN CORBETT 1715 N WEBER ST #208 COLORADO SPRINGS, CO 80907	20-1004454		14,899.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LITTLE ROCK HEMATOLOGY ONCOLOGY 9500 LILE DR LITTLE ROCK, AR 72205	71-0583396		14,941.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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 CENTER OF IDAHO PA 660 SHOSHONE ST E #210 TWIN FALLS, ID 83301	20-4808949		14,991.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SSM DEPAUL MEDICAL GROUP 1551 WALL ST #310 ST CHARLES, MO 63303	43-1715106		15,184.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CORNERSTONE HEALTH CARE 607 IDOL ST HIGH POINT, NC 27262	56-1935767		15,188.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL AND SURGICAL SPECIALISTS 834 N SEMINARY ST # GALESBURG, IL 61401	37-1393654		15,375.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOUNTAIN MEDICAL ASSOC 600 HOSPITAL DR #9 CLYDE, NC 28721	56-1340324		15,393.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOHAMED FAROUK KANAA MD INC 13301 N MERIDIAN #501 OKLAHOMA CITY, OK 73120	73-1133315		15,426.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CORVALLIS CLINIC 3680 NW SAMARITAN DR CORVALLIS, OR 97330	93-1221257		15,442.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ATLANTA CANCER CARE PO BOX 934119 ATLANTA, GA 31193	62-1611429		15,529.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CONSULTANTS IN BLOOD DISORDERS AND CANCER - 4003 KRESGE WAY # 500 - LOUISVILLE, KY 40207	61-0934261		15,580.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
LAS VEGAS CANCER CTR 2904 W HORIZON RIDGE PKWY #200 LAS VEGAS, NV 89052	88-0326483		15,636.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATOLOGY CONSULTANTS - 7250 FRANCE AVE S # 215 - EDINA, MN 55435	41-1774839		15,726.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY ASSOC OF NORTHERN PA, PC - PO BOX 447 - DU BOIS, PA 15801	25-1886123		15,775.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST VALLEY ONCOLOGISTS & HEMATOLOGY - 600 S DOBSON RD BLDG B, #10 - CHANDLER, AZ 85224	04-3719964		15,861.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE OF N FL PO BOX 1642 LAKE CITY, FL 32056	06-1641228		16,132.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GAINESVILLE HEMATOLOGY ONCOLOGY ASSOCIATES PA - 1147 NW 64TH TERR - GAINESVILLE, FL 32605	59-2128346		16,260.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TREASURE COAST CANCER CARE 1700 SE HILLMOOR DR # 306 PORT SAINT LUCIE, FL 34952	65-0891840		16,287.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST TN HEMATOLOGY/ONCOLOGY ASSOC PC - PO BOX 3770 - JOHNSON CITY, TN 37602	62-1326721		16,404.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FRONT RANGE CANCER SPECIALISTS 2315 E HARMONY # 110 FORT COLLINS, CO 80528	20-1989197		16,450.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
J. SCOTT TODER 1524 ATWOOD AVE # 333 JOHNSTON, RI 02919	05-0414921		16,516.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROBERT SHAW, MD 412 MALCOLM DR #206 WESTMINSTER, MD 21157	52-1914881		16,607.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MISSOURI CANCER ASSOC 1705 E BROADWAY STE 100 COLUMBIA, MO 65201	43-1763016		16,738.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		16,869.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KALISPELL MEDICAL ONCOLOGY PLLP 350 HERITAGE WAY # 1100 KALISPELL, MT 59901	81-0525628		16,881.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MELBOURNE INTERNAL MED ASSOC 200 E SHERIDAN RD # D MELBOURNE, FL 32901	59-1224281		16,884.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BORLAND GROOVER CLINIC 4800 BELFORT RD JACKSONVILLE, FL 32256	59-1784470		16,904.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VALLEY TUMOR MED GRP 44105 15TH ST W #207 LANCASTER, CA 93534	95-3275524		17,009.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NOOR MERCHANT, MD 13060 US HIGHWAY # 1 SUITE A SEBASTIAN, FL 32958	74-3026893		17,086.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
DELTA ONCOLOGY 333 HWY 82 WEST GREENWOOD, MS 38930	64-0932526		17,189.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROCKWOOD CANCER TREATMENT 910 W 5TH AVE #700 SPOKANE, WA 99204	91-1352993		17,195.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SPALDING ONCOLOGY 230 D WEST COLLEGE ST GRIFFIN, GA 30224	58-2295975		17,371.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ORTHOPEDIC SPORTS MEDICINE SPE 720 S VAN BUREN ST #101 GREEN BAY, WI 54301	26-1132759		17,461.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
S GA ONCOLOGY HEMATOLOGY CTR 1100 OCILLA HWY DOUGLAS, GA 31533	58-2328459		17,466.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TULSA BONE AND JOINT ASSOC DEPT 172 PO BOX 2360 TULSA, OK 74101	73-1551429		17,475.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWESTERN VERMONT MEDICAL CENTER - PO BOX 1361 - SAINT GEORGE, VT 05495	22-2563241		17,501.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LA ONCOLOGY 501 W ST MARY BLVD #200 LAFAYETTE, LA 70506	72-1188733		17,530.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		17,536.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
DIGESTIVE HEALTH SPECIALIST PO BOX 1241 TACOMA, WA 98401	91-0880426		17,641.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT AT 40379 - ATLANTA, GA 31192	62-0476822		17,658.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SAN DIEGO PACIFIC ONCOLOGY & HEMATOLOGY ASSOC - 9850 GENESEE AVE # 830 - LA JOLLA, CA 92037	33-0373680		17,676.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE OF WNC, PA PO BOX 536860 ATLANTA, GA 30353	56-1693667		17,721.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JAMES SINGLETON MD 601 E HAMPTON AVE # 430 ENGLEWOOD, CO 80113	84-1438179		17,818.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARVIND B SHAH MD, INC 401 DIVISION ST # 100 CHARLESTON, WV 25309	31-1547442		17,845.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SUBURBAN HEMATOLOGY ONCOLOGY 1700 TREE LANE RD # 490 SNELLVILLE, GA 30078	58-2590501		17,933.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LUTHERAN MEDICAL GROUP 16713 COLLECTION CENTER DR CHICAGO, IL 60693	26-4213839		18,019.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JOSHUA STOLOW, MD 8527 VILLAGE DR # 103 SAN ANTONIO, TX 78217	36-3632588		18,029.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
ASSOCIATED RETINAL 1150 E SHERMAN BLVD MUSKEGON, MI 49444	38-1946761		18,074.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EDWARD P ROSE MD 4600 MEMORIAL DR # 480 BELLEVILLE, IL 62226	37-1393701		18,121.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC RHEUMATOLOGY ASSOC 2100 WEBSTER ST #112 SAN FRANCISCO, CA 94115	94-3166656		18,296.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY SERVICES 3737 SAN DIMAS ST # 101 BAKERSFIELD, CA 93301	95-3159908		18,391.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZON ARTHRITIS-RHEUMATOLOGY 10599 N TATUM BLVD #F150 PARADISE VALLEY, AZ 85253	86-0765242		18,454.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL COAST MEDICAL ONCOLOGY 220 S PALISADE DR #204 SANTA MARIA, CA 93454	20-1223204		18,668.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR # 200 KNOXVILLE, TN 37909	62-1064119		18,669.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OLATHE CANCER CENTER 20375 W 151ST ST OLATHE, KS 66061	20-5243667		18,686.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OHIO CANCER SPECIALISTS 1125 ASPIRA CT MANSFIELD, OH 44906	31-1652645		18,690.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATES - 148 WEST NORTH ST - SPRINGFIELD, OH 45504	20-0240117		18,697.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		18,746.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CHESAPEAKE ONCOLOGY & HEMATOLOGY ASSOCIATES - 3001 S HANOVER ST - BALTIMORE, MD 21225	52-1480363		18,756.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AURORA ADVANCED HEALTHCARE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1595302		18,803.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY & ONCOLOGY ASSOC OF RI, INC. - 1220 PONTIAC AVE #101 - CRANSTON, RI 02920	05-0475195		18,852.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AMERICAN HEALTH NETWORK OF INDIANA 6820 PARKDALE #200 INDIANAPOLIS, IN 46254	35-2108729		18,867.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA INSTITUTE OF RESEARCH PO BOX 863265 ORLANDO, FL 32886	59-3649134		19,196.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LYNCHBURG HEMATOLOGY ONCOLOGY CLINIC - 1937 THOMSON DR - LYNCHBURG, VA 24501	54-1111445		19,204.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAYTON ONCOLOGY HEMATOLOGY 3120 GOVERNERS PLACE BLVD DAYTON, OH 45409	31-1592174		19,280.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
MARYLAND ONCOLOGY AND HEMATOLOGY 11065 LITTLE PATUXENT PKWY COLUMBIA, MD 21044	11-3652573		19,289.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		19,472.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY CARE PO BOX 641174 CINCINNATI, OH 45264	31-1106418		19,511.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE EVERETT CLINIC PO BOX 5127 EVERETT, WA 98206	91-0214500		19,525.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND OSTEOPOROSIS CTR 1768 VILLAGE PARK DR ORANGEBURG, SC 29118	57-1044974		19,630.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MILWAUKEE RHEUMATOLOGY 2901 W KK RIVER PKWY # 301 MILWAUKEE, WI 53215	39-2008962		19,719.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY ASSOC OF OR P.O.BOX 79045 CITY OF INDUSTRY, CA 91716	93-0746296		19,907.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FAIRFAX NORTHERN VIRGINIA HEMATOLOGY - 8503 ARLINGTON BLVD # 400 - FAIRFAX, VA 22031	54-1795091		19,961.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA ARTHRITIS ASSOC 1710 S 17TH ST WILMINGTON, NC 28401	56-1745946		19,963.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
CANCER CENTER NW PO BOX 3868 SPOKANE, WA 99220	91-1007627		19,963.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TYLER HEMATOLOGY ONCOLOGY PA 721-A CLINIC DR TYLER, TX 75701	75-2288596		20,029.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY CARE 101 E BEVERLY BLVD # 200 MONTEBELLO, CA 90640	95-3929841		20,097.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH COAST CANCER CARE 417 QUARRY LAKES DR SANDUSKY, OH 44870	34-1224416		20,277.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS OF DELAWARE - 1305 SAVANNAH RD - LEWES, DE 19958	51-0409459		20,279.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUSTIN DIAGNOSTIC CLINIC PO BOX 843768 DALLAS, TX 75284	74-1625143		20,553.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AMIT I SHAH PA 4420 SUN LAKE BLVD SEBRING, FL 33872	65-0826332		20,573.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WACCAMAW ONCOLOGY 2405 N FRASER ST GEORGETOWN, SC 29440	01-0638011		20,750.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BROOME ONCOLOGY 30 HARRISON ST # 100 JOHNSON CITY, NY 13790	16-1611703		20,859.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD STE 600 HOUSTON, TX 77024	76-0605200		20,958.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD # 200 RIVERDALE, GA 30274	58-1715376		20,980.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VISTA ONCOLOGY INC PS 410 BLACK HILLS LN SW # C OLYMPIA, WA 98502	26-2768163		21,106.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE JONES CLINIC PO BOX 1000 DEPT 552 MEMPHIS, TN 38148	62-1717770		21,114.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREELEY MEDICAL CLINIC 1900 16TH ST GREELEY, CO 80631	84-0979593		21,208.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OSTEOPOROSIS & ARTHRITIS CENTER 10001 S EASTERN AVE #306 HENDERSON, NV 89052	88-0418235		21,224.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AGAJANIAN INSTITUTE OF ONCOLOGY HEMATOLOGY - 11480 BROOKSHIRE AVE #309 - DOWNEY, CA 90241	20-8366709		21,266.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KENTUCKY CTR FOR BETTER BONES & JOINTS - 100 E LIBERTY ST # 202 - LOUISVILLE, KY 40202	61-1357515		21,546.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES OF N AL 201 SIVLEY RD SE #600 HUNTSVILLE, AL 35801	63-0907980		21,576.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT # 2 OCALA, FL 34471	06-1720582		22,340.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL UT CLINIC 1055 N 500 W # 202 PROVO, UT 84604	87-0281028		22,557.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MISSOURI CANCER CARE 1475 KISKER # 180 SAINT CHARLES, MO 63304	43-1581077		22,755.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DALLAS DIAGNOSTIC ASSN OF GARLAND PO BOX 844128 DALLAS, TX 75284	75-2536818		22,846.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA ARTHRITIS CTR 2355 HEMBY LANE GREENVILLE, NC 27834	56-2257862		22,886.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY # 500 GAINESVILLE, GA 30501	58-0656907		22,967.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		23,190.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ALLEGIANCE HEALTH DEPT 64787 DRAWER 64000 DETROIT, MI 48264	38-2027689		23,273.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DESERT SPRINGS CANCER CARE 21803 N SCOTTSDALE RD #110 SCOTTSDALE, AZ 85255	26-3311113		23,303.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
HUBERT HUMPHREY CANCER CENTER 3300 OAKDALE AVE N PLAZA 100 MINNEAPOLIS, MN 55422	41-0729979		23,365.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BLOCK AND GRATWICK PA 275 UNION ST BANGOR, ME 04401	01-0347787		23,438.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BOCA RATON COMMUNITY HOSP 1001 NW 13TH ST #201 BOCA RATON, FL 33486	65-0600383		24,031.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH BEND MEDICAL CTR 1900 WOODLAND DR COOS BAY, OR 97420	93-0635514		24,038.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BEND MEMORIAL CLINIC PO BOX 6048 BEND, OR 97708	68-0637976		24,058.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL IN CANCER CENTER PO BOX 60603 CHARLOTTE, NC 28260	35-1348013		24,253.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DULUTH CLINIC LTD 400 EAST THIRD STREET DULUTH, MN 55805	41-0883623		24,347.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LITTLE ROCK DIAGNOSTIC CLINIC 10001 LILE DR LITTLE ROCK, AR 72205	71-0412630		24,377.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST FLMEDICAL CENTER CLINIC PO BOX 11407 LOCK BOX 1328 BIRMINGHAM, AL 35246	59-2193856		24,738.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
CHARLES KHAN & WAYNE RISKIN MD PA 4700 SHERIDAN ST # C HOLLYWOOD, FL 33021	65-0900699		24,770.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ALLERGY, ASTHMA, IMMUNOLOGY & RHEUMATOLOGY - 1727 W 26TH ST - JOPLIN, MO 64804	43-1659121		24,773.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MAIN CENTER FOR CANCER AND BLOOD DISORDERS - 100 CAMPUS DRVIE UNIT 108 - SCARBOROUGH, ME 04074	01-0357684		24,819.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BOND CLINIC PA 500 E CENTRAL AVE WINTER HAVEN, FL 33880	59-1867898		24,841.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VIDALIA REGIONAL CANCER CENTER 1707 MEADOWS LN # C VIDALIA, GA 30474	20-3954745		24,917.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY PATIENT ENTERPRISES - 459 LOCUST AVE - CHARLOTTESVILLE, VA 22902	54-1302037		24,997.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTRAVENE 2215 LANDOVER PL LYNCHBURG, VA 24501	54-1131672		25,138.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE #4030 SALEM, OR 97301	93-1273254		25,200.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH WEST FLA HEM / ONC P A 301 W 26TH ST LYNN HAVEN, FL 32444	20-1606423		25,672.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
INTEGRITY ONCOLOGY PO BOX 5116 MEMPHIS, TN 38101	27-0730591		25,905.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW YORK ONCOLOGY & HEMATOLOGY PO BOX 18259 NEWARK, NJ 07191	14-1799724		25,990.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MAHONING VALLEY HEMATOLOGY ONCOLOGY - LOCKBOX 6536 PO BOX 8500 - PHILADELPHIA, PA 19178	34-1105439		26,000.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		26,292.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CITRUS HEMATOLOGY & ONCOLOGY 770 SE 5TH TER CRYSTAL RIVER, FL 34429	59-3208438		26,315.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA BLOOD & CANCER CARE 1583 HEALTHCARE DR ROCK HILL, SC 29732	35-2221941		26,460.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCO/HEMO ASSOC OF CENTRAL IL 8940 N WOOD SAGE RD PEORIA, IL 61615	37-1331017		26,475.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT HEMATOLOGY/ONCOLOGY PO BOX 1243 CHARLOTTE, NC 28201	52-2381026		26,580.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JOHNS PHYSICIANS & CLINICS 3231 S NATIONAL AVE SPRINGFIELD, MO 65807	43-1560263		27,008.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
COLUMBIA RHEUMATOLOGY 512 N YOUNG ST #C KENNEWICK, WA 99336	91-2066291		27,244.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARKANSAS ONCOLOGY ASSOC PO BOX 910860 DALLAS, TX 75391	71-0492053		27,314.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY ASSOC PO BOX 643042 PITTSBURGH, PA 15264	25-1762980		27,732.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER OUTREACH ASSOC 104 ABINGDON PL ABINGDON, VA 24211	54-1888668		28,435.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COASTAL CAROLINA HEALTHCARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		28,708.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
XAVIER J CARO MD 18350 ROSCOE BLVD #418 NORTHRIDGE, CA 91325	95-3563324		28,809.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PARAGON HLTH KALAMAZOO 1535 GULL RD # 105 KALAMAZOO, MI 49048	38-3309299		28,818.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VITREORETINAL CONSULTANTS 6560 FANNIN #750 HOUSTON, TX 77030	74-2109903		29,001.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		29,113.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
QUEENS MEDICAL ASSOCIATES 176-60 UNION TPKE #360 FRESH MEADOWS, NY 11365	13-4145867		29,644.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERNISTS ONCOLOGISTS LTD 1300 N 12TH ST # 612 PHOENIX, AZ 85006	86-0216599		29,718.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BERKS HEMATOLOGY ONCOLOGY ASSOC PO BOX 16052 READING, PA 19612	23-1886915		29,886.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NASHVILLE ONCOLOGY ASSOC. 2011 CHURCH ST #701 PLAZA 1 NASHVILLE, TN 37203	62-1762036		30,097.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KANSAS CITY CANCER CTR 88001 EXPEDIATE WAY CHICAGO, IL 60695	43-1766738		30,316.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		30,354.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOCIATES PO BOX 60626 CHARLOTTE, NC 28260	57-1018487		30,644.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CRAIG M MORGAN MD 1611 13TH AVE HUNTINGTON, WV 25701	55-0726025		30,716.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
METROPOLITAN HEALTH NETWORK DBA METCARE ONCOLOGY - 250 S AUSTRALIAN AVE # 400 - WEST PALM BEACH, FL 33401	65-0710916		30,732.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
ARIZONA CTR FOR HEMATOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD #C300 - GLENDALE, AZ 85306	86-0930581		30,827.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		31,483.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS SPECIALTY CTR 1448 E CENTER ST #E POCATELLO, ID 83201	87-0705248		31,748.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THC OF NEVADA 5321 S CAMERON LAS VEGAS, NV 89118	88-0385705		31,783.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VIRGINIA ONCOLOGY ASSOC - NORFOLK 5900 LAKE WRIGHT DR. SUITE 300 NORFOLK, VA 23502	54-1768662		31,992.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC. 4685 S CONGRESS AVE #200 LAKE WORTH, FL 33461	65-0539792		32,044.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PINEHURST RHEUMATOLOGY 681 S BENNETT ST SOUTHERN PINES, NC 28387	56-1912684		32,258.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IV THERAPY IHC PO BOX 30180 SALT LAKE CITY, UT 84130	94-2854057		32,506.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
REX HEMATOLOGY & ONCOLOGY ASSOC. 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	56-1509260		32,552.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
FLORIDA HEMATOLOGY AND ONCOLOGY PO BOX 863373 ORLANDO, FL 32886	59-2956642		33,654.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES 3430 NEWBURG RD #250 LOUISVILLE, KY 40218	61-1183441		34,007.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BIRMINGHAM HEMATOLOGY & ONCOLOGY PO BOX 2445 COLUMBUS, GA 31902	52-2170293		34,168.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CARE OF MICHIANA 100 NAVARRE PL # 5570 SOUTH BEND, IN 46601	38-3650151		34,286.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA CANCER INSTITUTE PO BOX 863245 ORLANDO, FL 32886	01-0749843		35,217.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE #102 DALTON, GA 30720	58-1793611		35,244.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC SHORES MED GROUP 1043 ELM AVE. STE 104 LONG BEACH, CA 90813	33-0553940		35,633.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		35,865.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY ASSOC INC 8926 WOODYARD RD # 201 CLINTON, MD 20735	52-1106217		35,967.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
GASTROENTEROLOGY SPECIALTIES PC 4545 R ST # 100 LINCOLN, NE 68503	47-0717686		36,033.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OKLAHOMA ARTHRITIS CTR 1701 S RENAISSANCE BLVD #110 EDMOND, OK 73013	73-1578116		36,079.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY RADIATION, LLC PO BOX 864381 ORLANDO, FL 32886	20-2627516		36,400.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
REGIONAL CONSULTANTS IN HEMATOLOGY ONCOLOGY, INC - PO BOX 116954 - ATLANTA, GA 30368	20-8754308		37,122.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATIC DISEASE CENTER 7080 N PORT WASHINGTON RD MILWAUKEE, WI 53217	39-1713075		37,173.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CENTER ASSOCIATES PO BOX 730023 DALLAS, TX 75373	75-1312419		37,575.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY MEDICAL GROUP 1010 W LA VETA AVE STE 200 ORANGE, CA 92868	95-2665069		37,667.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DENVER ARTHRITIS CLINIC PO BOX 201150 DENVER, CO 80220	84-0717541		38,217.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGLER DR #620 - WEST PALM BEACH, FL 33401	20-0468264		38,241.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
MINNESOTA ONCOLOGY HEMATOLOGY 1175 PAYSHERE CIRCLE CHICAGO, IL 60674	41-1793418		38,330.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GOOD SAMARITAN HOSPITAL PO BOX 2537 DAYTON, OH 45401	31-0536981		39,238.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		39,476.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FACEY MEDICAL GROUP FILE 50670 LOS ANGELES, CA 90074	95-4322584		39,640.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VICTOR MELGEN, MD 938 SAXON BLVD ORANGE CITY, FL 32763	20-1908250		39,910.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOW COUNTRY HEMATOLOGY ONCOLOGY 900 BOWMAN RD # 103 MOUNT PLEASANT, SC 29464	57-1120005		40,474.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREEN BAY ONCOLOGY PO BOX 13453 GREEN BAY, WI 54307	39-1314853		40,514.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ORLANDO ARTHRITIS INSTITUTE 1111 S ORANGE AVE 3RD FL ORLANDO, FL 32806	59-3470767		40,891.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & OSTEOPOROSIS CENTER 1918 RANDOLPH RD #600 CHARLOTTE, NC 28207	56-2202409		42,218.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
HEMATOLOGY ONCOLOGY ASSOCIATES 1871 SE TIFFANY AVE # 100 FORT PIERCE, FL 34952	65-0696665		42,529.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEASTERN RETINA ASSOCIATES 979 E 3RD ST # C235 CHATTANOOGA, TN 37421	62-1094813		43,833.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72704	71-0788742		44,166.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE #301 CARMICHAEL, CA 95608	68-0305843		44,401.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MAYMAN GHRAOWI MD, PA 1205 S 19TH ST CORPUS CHRISTI, TX 78405	74-2815622		45,676.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KELSEY SEYBOLD CLINIC PO BOX 847929 DALLAS, TX 75284	76-0386391		46,626.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THERACOM PO BOX 640105 CINCINNATI, OH 45264	52-2005869		46,726.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE ASSOC 6151 SOUTH YALE AVE #100 TULSA, OK 74136	73-1469927		46,785.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROMONT MEDICAL GRP/ARTHRITIS & OSTEOPOROSIS CTR - PO BOX 550970 - GASTONIA, NC 28055	56-1479712		46,904.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
RANDY D ROBERTS MD 1000 E MATTHEWS AVE # C JONESBORO, AR 72401	71-0822361		47,179.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		47,778.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RALEIGH HEMATOLOGY ONCOLOGY PO BOX 60630 CHARLOTTE, NC 28260	56-1938316		48,352.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH COUNTY ONCOLOGY MED CLINIC 3617 VISTA WAY OCEANSIDE, CA 92056	95-3083886		49,992.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALM BEACH CANCER INST PO BOX 863310 ORLANDO, FL 32886	57-1139372		51,332.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FAMILY CANCER CENTER 6005 PARK AVE # 1000 B MEMPHIS, TN 38101	62-1714907		54,093.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUGUSTA ONCOLOGY 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		55,698.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE MEDICAL GROUP 2723 S 7TH ST # G TERRE HAUTE, IN 47802	35-2095108		56,025.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE CENTER CANCER AND BLOOD DISORDER - 800 W MAGNOLIA AVE - FORT WORTH, TX 76104	75-2512142		56,275.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
EAST BAY MEDICAL ONC-HEMA 4721 DALLAS RANCH RD ANTIOCH, CA 94531	94-3306655		56,785.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIALYSIS CLINIC INC 8713 PARKWAY EAST BIRMINGHAM, AL 35206	62-0850498		57,125.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		59,397.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DANVILLE HEMATOLOGY & ONCOLOGY 125 EXECUTIVE DR #J DANVILLE, VA 24541	54-1397275		59,891.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY AND ONCOLOGY CENTER PLLC - 401 BOYLE ST # 101 - SOMERSET, KY 42503	20-4095847		60,124.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMMONWEALTH CANCER CENTER 110 DIAGNOSTIC DR SUITE B FRANKFORT, KY 40601	61-1277847		60,562.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CTR ONCOLOGY MED 5555 GROSSMONT CTR DR LA MESA, CA 91942	33-0565963		63,314.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDFUSIONRX 5511 HWY 280 SUITE 301-302 BIRMINGHAM, AL 35242	55-0824381		64,007.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		65,327.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
SUNCOAST INTERNAL MEDICINE 13644 WALSINGHAM RD LARGO, FL 33774	59-1273247		65,848.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KINGSPORT HEMATOLOGY ONCOLOGY 111 W STONE DR # 300 KINGSPORT, TN 37660	62-1567353		66,073.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATISM ASSOC 612 DRUID RD E CLEARWATER, FL 33756	59-3337044		66,203.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOC 5939 HARRY HINES BLVD #400 DALLAS, TX 75235	74-1958530		66,685.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR # 400 GREENVILLE, SC 29601	57-0702625		72,770.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER & HEMATOLOGY CTR OF WESTERN MICHIGAN - PO BOX 30516 - LANSING, MI 48909	38-2777354		73,835.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MCBRIDE CLINIC 1110 N LEE OKLAHOMA CITY, OK 73103	73-0714291		75,093.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY & HEMATOLOGY ASSOC PO BOX 601507 CHARLOTTE, NC 28260	54-1922084		75,548.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAYTON PHYSICIANS LLC PO BOX 635098 CINCINNATI, OH 45263	20-3130844		75,764.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
FORT WAYNE MEDICAL ONCOLOGY AND HEMATOLOGY - 11143 PARKVIEW PLAZA DR STE 100 - FORT WAYNE, IN 46845	35-1400631		77,529.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WILSHIRE ONCOLOGY MEDICAL GRP 1502 ARROW HWY LA VERNE, CA 91750	95-2754041		79,541.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALMETTO INFUSION SERVICES 39509 TREASURY CENTER CHICAGO, IL 60694	57-1085343		84,872.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLEARVIEW CANCER INSTITUTE 3601 CCI DR HUNTSVILLE, AL 35805	63-0897317		87,645.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH TX ONCOLOGY & HEMATOLOGY PO BOX 268 SAN ANTONIO, TX 78291	74-2915297		87,691.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		89,006.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43222	31-1141868		90,154.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST #1B MACON, GA 31201	58-2537874		90,914.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL EDGE HEALTHCARE GROUP PO BOX 650268 DALLAS, TX 75265	75-2648615		92,402.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
KAISER FOUNDATION HEALTH PLAN OF CO. - DEPT 1603 - DENVER, CO 80271	84-0591617		104,340.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH CAROLINA ONCOLOGY ASSOCIATES 166 STONERIDGE DR COLUMBIA, SC 29210	57-0787600		107,619.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IRONWOOD CANCER & RESEARCH CENTERS PO BOX 6423 CHANDLER, AZ 85246	73-1636831		111,119.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RADIATION ONCOLOGY SAN ANTONIO PO BOX 1979 SAN ANTONIO, TX 78297	74-2332650		119,087.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEARCH - 1430 TERRACE DR - TULSA, OK 74104	73-1522819		121,368.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST HEMATOLOGY ONCOLOGY 1 EAST CAMELBACK RD SUITE 700 PHOENIX, AZ 85012	73-1683689		121,773.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		128,087.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEASTERN MEDICAL ONCOLOGY CTR 203 COX BLVD GOLDSBORO, NC 27534	56-1711669		128,979.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CENTER OF KS PA 818 N EMPORIA # 403 WICHITA, KS 67214	48-1181579		133,458.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR # 300 AUSTELL, GA 30106	58-1923818		138,904.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA ONCOLOGY ASSOC PO BOX 85001 ORLANDO, FL 32885	41-2152274		146,948.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SYED N. RAZA, M.D. PO BOX 2219 UNIVERSAL CITY, TX 78148	26-1211885		149,363.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		187,426.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE NETWORK OF S TX PO BOX 911234 DALLAS, TX 75391	74-2782325		195,298.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TENNESSEE ONCOLOGY 4230 HARDING RD # 707 E PLAZA NASHVILLE, TN 37205	62-1647259		206,542.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALO VERDE HEMATOLOGY AND ONCOLOGY 5601 W EUGIE AVE # 106 GLENDALE, AZ 85304	86-0416050		225,473.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA CANCER SPECIALIST PL 4371 VERONICA S SHOEMAKER BLVD FORT MYERS, FL 33916	65-0825133		254,099.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GEORGIA CANCER SPECIALISTS 1100 JOHNSON FERRY RD #600 ATLANTA, GA 30342	58-2181189		382,531.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

LHA

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
TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		476,847.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

**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	639	4,302,086.	0.	N/A	N/A

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

SCHEDULE I, PART I, LINE 2: THROUGH AN APPLICATION PROCESS WHICH INCLUDES AN INCOME CHECK AGAINST THE CRITERIA SET BY THE BOARD (USUALLY THROUGH THE PATIENT'S IRS 1040 FORM OR SOCIAL SECURITY STATEMENT), A DOCTOR'S ATTESTATION TO VALIDATE THE PATIENT MEDICAL NEED AND AN INSURANCE BENEFITS VERIFICATION, PAN ENSURES THAT ALL PATIENTS WHO REQUEST OUR SERVICES MEET THE CRITERIA FOR A DISEASE FUND BEFORE ANY FUNDS ARE DISBURSED. THE PATIENT'S GRANT WILL PROVIDE ASSISTANCE FOR THEIR RESPONSIBILITY (DEDUCTIBLE, CO-PAYMENT, OR COINSURANCE) FOR COVERED MEDICATION SERVICES AFTER PAYMENT FROM THE PRIMARY INSURANCE OR THE AMOUNT AVAILABLE TO EACH

**Part IV** Supplemental Information

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2010

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULIE E. REYNES	(i)	256,666.	0.	0.	9,400.	6,340.	272,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

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:

BY PROVIDING NEARLY \$165 MILLION IN FINANCIAL ASSISTANCE. THROUGH OUR

ADVOCACY FOR THE GROWING UNDERINSURED POPULATION STRUGGLING WITH

INCREASING OUT-OF-POCKET COSTS, PAN ALSO SERVES AS AN IMPORTANT "VOICE

FOR THE UNDERINSURED."

THROUGH A SIMPLE AND QUICK APPLICATION PROCESS, PAN PROVIDES CO-PAYMENT

ASSISTANCE TO PATIENTS WITH INSURANCE, INCOME LEVELS BELOW 300% TO 500%

OF THE FEDERAL POVERTY LEVEL, WHO LIVE IN A US STATE OR TERRITORY, AND

NEED ASSISTANCE FOR MEDICATIONS RELATED TO 31 ONCOLOGY AND CHRONIC

DISEASES. THESE 31 CONDITIONS INCLUDE BREAST CANCER, LUNG CANCER,

PANCREATIC CANCER, MULTIPLE MYELOMA, CYSTIC FIBROSIS AND KIDNEY

TRANSPLANTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

APPROVED 3,233 BREAST CANCER PATIENTS AND PROVIDED FINANCIAL ASSISTANCE

TO HELP PAY FOR MEDICATIONS.

EXPENSES \$ 5,822,151. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

APPROVED 1,035 MULTIPLE MYELOMA PATIENTS AND PROVIDED FINANCIAL

ASSISTANCE TO HELP PAY FOR MEDICATIONS.

EXPENSES \$ 3,605,323. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MAILED TO

ALL DIRECTORS FOR THEIR REVIEW. THEIR COMMENTS ARE THEN INCORPORATED INTO

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

THE FORM. THE FINAL 990 IS SUBMITTED UNDER THE SECRETARY/TREASURER SIGNATORY.

FORM 990, PART VI, SECTION B, LINE 12C: AS POTENTIAL BOARD MEMBERS OR OFFICERS ARE RECRUITED THEY ARE ASKED ABOUT POSSIBLE CONFLICTS OF INTEREST. ONCE THEY JOIN PAN, OR ANNUALLY, THEY WILL READ THE CONFLICT OF INTEREST POLICY AND FILL OUT AND SIGN THE FORM. IF ANY CONFLICTS ARE NOTED ON THE FORM, MORE INFORMATION WILL BE GATHERED AND IT WILL BE DETERMINED IF THE ISSUE IS MATERIAL. IF IT IS MATERIAL WE INVOLVE LEGAL COUNSEL AND A DETAILED FOLLOW UP AND RESOLUTION WILL OCCUR.

FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING, NOMINATING AND COMPENSATION (GNC) COMMITTEE OF THE BOARD GATHERED COMPENSATION DATA FOR PRESIDENTS OF CO-PAYMENT ASSISTANCE ORGANIZATIONS AND NONPROFITS. THE GNC COMMITTEE CHAIR THEN PRESENTED THIS INFORMATION ALONG WITH THE PAN PRESIDENT'S PERFORMANCE EVALUATION RATING AND COMMENTS TO THE WHOLE BOARD IN EXECUTIVE SESSION. THE RESULTING COMPENSATION INCREASE WAS THEN DOCUMENTED ON THE PRESIDENT'S PERFORMANCE EVALUATION AND REFLECTED IN THE ORGANIZATION'S MINUTES. A SUBSEQUENT DISCUSSION WAS THEN HELD BETWEEN THE BOARD CHAIR AND THE PRESIDENT TO REVIEW THE PERFORMANCE AND SALARY INCREASE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
DC, AL, AK, AR, CA, CO, CT, FL, IL, KS, KY, ME, MD, MI, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK  
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI, AZ, MO

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

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

WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,171,888.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE

THE AUDIT AND FINANCE COMMITTEE'S PURPOSE IS TO ASSIST THE BOARD IN ITS OVERSIGHT OF THE FOUNDATION'S FINANCIAL AFFAIRS, INCLUDING THE AUDIT PROCESS. IT IS THE COMMITTEE'S RESPONSIBILITY TO SELECT AND DISCHARGE INDEPENDENT AUDITORS AND SUPERVISE AND EVALUATE THE PERFORMANCE OF THE AUDITORS.

PAGE 6, SECTION C, DISCLOSURE

BOOKS & RECORDS

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

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

# Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

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

<b>Type or print</b>	Name of exempt organization <b>PATIENT ACCESS NETWORK FOUNDATION</b>	Employer identification number <b>20-1184743</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>900 19TH STREET NW, NO. 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20006</b>	

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

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

**PATRICK MCKERCHER**

- The books are in the care of ▶ **900 19TH STREET NW, SUITE 200 - WASHINGTON, DC 20006**  
 Telephone No. ▶ **202-384-1471** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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