

Form **990**

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

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	PATIENT ACCESS NETWORK FOUNDATION		20-1184743	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
1331 F STREET	975	202-347-9272		
City or town, state or country, and ZIP + 4		G Gross receipts \$		
WASHINGTON, DC 20004		171,565,334.		
F Name and address of principal officer: PATRICK MCKERCHER SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.PANFOUNDATION.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2004 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELPING UNDERINSURED PATIENTS ACCESS NEEDED MEDICAL TREATMENTS THROUGH CO-PAYMENT ASSISTANCE.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	35,551,233.	83,632,322.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,954,255.	5,122,736.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,505,488.	88,755,058.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,562,665.	28,379,485.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	616,785.	707,467.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 641,883.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,003,349.	6,215,872.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,182,799.	35,302,824.
19	Revenue less expenses. Subtract line 18 from line 12	-6,677,311.	53,452,234.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	82,276,880.	132,290,472.
	21	Total liabilities (Part X, line 26)	5,937,330.	3,001,610.
22	Net assets or fund balances. Subtract line 21 from line 20	76,339,550.	129,288,862.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ PATRICK MCKERCHER, PRESIDENT		Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JANICE A. RATICA				P00358837
Firm's name ▶ CHERRY, BEKAERT & HOLLAND, L.L.P.		Firm's EIN ▶ 56-0574444			
Firm's address ▶ 1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204		Phone no. 704-377-1678			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PATIENT ACCESS NETWORK (PAN) FOUNDATION OFFERS HELP AND HOPE TO PEOPLE WITH CHRONIC OR LIFE THREATENING ILLNESSES WHO OTHERWISE CANNOT AFFORD BREAKTHROUGH MEDICAL TREATMENTS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 32,203,890. including grants of \$ 28,379,485.) (Revenue \$) APPROVED 6,002 HEPATITIS C, MULTIPLE MYELOMA, SOLID ORGAN TRANSPLANT IMMUNOSUPPRESSANT AND SECONDARY HYPERPARATHYROIDISM PATIENTS AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS. APPROVED 7,297 PATIENTS WITH OTHER DISEASES AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 32,203,890.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 1320		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9	
1b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYN BOOCOCK-TAYLOR DIRECTOR/CHAIR	10.00	X		X			9,000.	0.	0.	
(2) STEPHEN F. LOEBS, PHD DIRECTOR/TREASURER/SECRETARY	5.00	X		X			12,000.	0.	0.	
(3) ROBERT E. SMITH, MD DIRECTOR	5.00	X					3,000.	0.	0.	
(4) MICHAEL C GERALD, PHD DIRECTOR	5.00	X					12,000.	0.	0.	
(5) KIM SCHWARTZ DIRECTOR	5.00	X					11,000.	0.	0.	
(6) ALLAN GOLDSTEIN, MD DIRECTOR	5.00	X					12,000.	0.	0.	
(7) ANITA PLOTINSKY, PHD DIRECTOR	5.00	X					12,000.	0.	0.	
(8) MICHAEL O'GRADY DIRECTOR	5.00	X					12,000.	0.	0.	
(9) FRED SCHNELL, MD DIRECTOR	5.00	X					12,000.	0.	0.	
(10) PATRICK L. MCKERCHER, PHD DIRECTOR	5.00	X					3,000.	0.	0.	
(11) IAN D. SPATZ, JD DIRECTOR	5.00	X					6,000.	0.	0.	
(12) PATRICK L. MCKERCHER, PHD PRESIDENT (BEGAN 08/15/11)	40.00			X			89,015.	0.	4,180.	
(13) DONNA ROMAN PRESIDENT (THRU 04/15/11)	40.00			X			52,222.	0.	1,179.	
(14) KORAB ZUKA VICE PRESIDENT	40.00				X		184,133.	0.	15,633.	

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 83632322.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		83632322.				
	Program Service Revenue	2 a _____		Business Code			
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,798,553.		3798553.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		84134459					
		b Less: cost or other basis and sales expenses					
		82810276					
	c Gain or (loss)						
		1324183.					
	d Net gain or (loss)			1,324,183.		1324183.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			88755058.	0.	0.	5122736.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,090,860.	20,090,860.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	8,288,625.	8,288,625.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	450,362.		250,596.	199,766.
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	175,226.		59,217.	116,009.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	15,744.		3,666.	12,078.
9 Other employee benefits	26,574.		10,887.	15,687.
10 Payroll taxes	39,561.		18,207.	21,354.
11 Fees for services (non-employees):				
a Management	110,627.		110,627.	
b Legal	172,477.		172,477.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	251,418.		251,418.	
g Other	1,207,667.		1,207,667.	
12 Advertising and promotion	221,106.			221,106.
13 Office expenses	71,489.		71,489.	
14 Information technology	27,553.		27,553.	
15 Royalties				
16 Occupancy				
17 Travel	114,318.		114,318.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	134,392.		134,392.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,397.			3,397.
23 Insurance	11,377.		11,377.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES FOR PROGRAM OPERAT	3,686,878.	3,686,878.		
b ADMN COSTS-PHARMACY CAR	104,078.	104,078.		
c EDUCATION/AWARENESS	33,449.	33,449.		
d _____				
e All other expenses _____	65,646.		13,160.	52,486.
25 Total functional expenses. Add lines 1 through 24e	35,302,824.	32,203,890.	2,457,051.	641,883.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	7,188,283.	2	18,518,997.	
	3 Pledges and grants receivable, net	373,235.	3	11,950,000.	
	4 Accounts receivable, net		4	25,049.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	21,702.	9	23,854.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,612.			
	b Less: accumulated depreciation	10b 13,744.	5,057.	10c 38,868.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	74,688,603.	12	101,733,704.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,276,880.	16	132,290,472.		
Liabilities	17 Accounts payable and accrued expenses	5,937,330.	17	3,001,610.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	5,937,330.	26	3,001,610.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,208,137.	27	6,268,902.	
	28 Temporarily restricted net assets	72,131,413.	28	123,019,960.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	76,339,550.	33	129,288,862.	
34 Total liabilities and net assets/fund balances	82,276,880.	34	132,290,472.		

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	88,755,058.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,302,824.
3	Revenue less expenses. Subtract line 2 from line 1	3	53,452,234.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,339,550.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-502,922.
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	129,288,862.

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

2011

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48197417.	54511561.	34511711.	35551233.	83632322.	256404244
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	48197417.	54511561.	34511711.	35551233.	83632322.	256404244
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)						206330073
6 Public support. Subtract line 5 from line 4.						50074171.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	48197417.	54511561.	34511711.	35551233.	83632322.	256404244
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3112680.	2653011.	1258146.	2862450.	3798553.	13684840.
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 Total support. Add lines 7 through 10						270091936
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	19.00	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	16.00	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
17b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

PATIENT ACCESS NETWORK FOUNDATION

20-1184743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>28,850,000.</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>300,000.</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>14,010,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>150,000.</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>20,350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 2,376,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/>	\$ 14,300,000.	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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2011

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

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

b If "Yes," explain the arrangement in Part 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 current year end balance (line 1g, column (a)) held as:

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		52,612.	13,744.	38,868.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				38,868.

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	26,730,540.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	31,590,719.	END-OF-YEAR MARKET VALUE
(D) GOVERNMENT & AGENCY		
(E) SECURITIES	21,915,428.	END-OF-YEAR MARKET VALUE
(F) CORPORATE BONDS	21,061,936.	END-OF-YEAR MARKET VALUE
(G) PREFERRED STOCK	435,081.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	101,733,704.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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	88,755,058.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,302,824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	53,452,234.
4	Net unrealized gains (losses) on investments	4	-502,922.
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	-502,922.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	52,949,312.

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	88,000,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-502,922.
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	-502,922.
3	Subtract line 2e from line 1	3	88,503,640.
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	251,418.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	251,418.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	88,755,058.

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

1	Total expenses and losses per audited financial statements	1	35,051,406.
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	35,051,406.
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	251,418.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	251,418.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,302,824.

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: MANAGEMENT HAS EVALUATED THE EFFECT OF FASB GUIDANCE

ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED

**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

2011

**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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOCK AND GRATWICK PA 275 UNION ST BANGOR, ME 04401	01-0347787		7,499.	0.			PATIENT ASSISTANCE
KLEYNBERG MEDICAL CLINIC 6221 WILSHIRE BLVD # 504 LOS ANGELES, CA 90048	01-0562626		6,863.	0.			PATIENT ASSISTANCE
RHEUM ASSOC OF BALTIMORE 1220 B EAST JOPPA RD #310 TOWSON, MD 21286	01-0606079		10,052.	0.			PATIENT ASSISTANCE
WACCAMAW ONCOLOGY 2405 N FRASER ST GEORGETOWN, SC 29440	01-0638011		19,091.	0.			PATIENT ASSISTANCE
ROBERT LEVIN MD 646 VIRGINIA ST 4TH FLR DUNEDIN, FL 34698	01-0694322		8,237.	0.			PATIENT ASSISTANCE
FLORIDA CANCER INSTITUTE PO BOX 863245 ORLANDO, FL 32886	01-0749843		47,899.	0.			PATIENT ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0.**
- 3** Enter total number of other organizations listed in the line 1 table **517.**

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

Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		14,693.	0.			PATIENT ASSISTANCE
DANA FARBER CANCER INSTITUTE INC PO BOX 414744 BOSTON, MA 02241	04-2263040		9,100.	0.			PATIENT ASSISTANCE
SHANKAR GARG, MD 10 WINTHROP ST # 15 WORCESTER, MA 01604	04-2547376		5,341.	0.			PATIENT ASSISTANCE
COMMONWEALTH HEMATOLOGY ONCOLOGY 10 WILLARD ST QUINCY, MA 02169	04-3296910		5,371.	0.			PATIENT ASSISTANCE
ANIL N RAIKER MD, PLC 6499 38TH AVE N # G1 SAINT PETERSBURG, FL 33710	04-3589781		5,753.	0.			PATIENT ASSISTANCE
EAST VALLEY ONCOLOGISTS & HEMATOLOGY - 600 S DOBSON RD BLDG B, #10 - CHANDLER, AZ 85224	04-3719964		18,391.	0.			PATIENT ASSISTANCE
J. SCOTT TODER 1524 ATWOOD AVE # 333 JOHNSTON, RI 02919	05-0414921		8,745.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC OF RI, INC. - 1220 PONTIAC AVE #101 - CRANSTON, RI 02920	05-0475195		17,712.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS P.C. 85 SEYMOUR ST HARTFORD, CT 06106	06-0968937		7,931.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSUYOSHI INOSHITA MD 916 11 TH ST NEW BOSTON, OH 45662	06-1664385		24,298.	0.			PATIENT ASSISTANCE
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT # 2 OCALA, FL 34471	06-1720582		13,551.	0.			PATIENT ASSISTANCE
LONG ISLAND VITREO RETINAL CONSULTANTS - 600 NORTHERN BLVD #216 - GREAT NECK, NY 11021	11-2566918		9,821.	0.			PATIENT ASSISTANCE
SOUTH SHORE HEMA/ONCOLOGY ASSOC 242 MERRICK RD # 301 ROCKVILLE CENTRE, NY 11570	11-2657566		5,817.	0.			PATIENT ASSISTANCE
PARK SLOPE MEDICINE PC PO BOX 5450 NEW YORK, NY 10087	11-3362663		6,275.	0.			PATIENT ASSISTANCE
CARECENTRIX PO BOX 277947 ATLANTA, GA 30384	11-3454103		12,477.	0.			PATIENT ASSISTANCE
MARYLAND ONCOLOGY AND HEMATOLOGY 11065 LITTLE PATUXENT PKWY COLUMBIA, MD 21044	11-3652573		6,118.	0.			PATIENT ASSISTANCE
RETINA CONSULTATIONS 915 PALMER RD BRONXVILLE, NY 10708	13-3384277		33,656.	0.			PATIENT ASSISTANCE
QUEENS MEDICAL ASSOCIATES 176-60 UNION TPKE #360 FRESH MEADOWS, NY 11365	13-4145867		40,181.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK ONCOLOGY & HEMATOLOGY PO BOX 18259 NEWARK, NJ 07191	14-1799724		29,481.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF WESTERN NEW YORK - 160 SAWGRASS DR #200 - ROCHESTER, NY 14620	16-1182825		11,178.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY OF CENTRAL NY PO BOX 2010 EAST SYRACUSE, NY 13057	16-1184100		12,167.	0.			PATIENT ASSISTANCE
THE EYE CARE CENTER 325 WEST ST CANANDAIGUA, NY 14424	16-1233573		8,491.	0.			PATIENT ASSISTANCE
JAMESTOWN MEDICAL ONCOLOGY HEMATOLOGY LLC - 21 PORTER AVE - JAMESTOWN, NY 14701	16-1577910		6,122.	0.			PATIENT ASSISTANCE
BROOME ONCOLOGY 30 HARRISON ST # 100 JOHNSON CITY, NY 13790	16-1611703		16,344.	0.			PATIENT ASSISTANCE
RETINA HEALTH CTR 1567 HAYLEY LN FORT MYERS, FL 33907	16-1625376		14,091.	0.			PATIENT ASSISTANCE
RIO BRAVO CANCER & BLOOD PA 1301 AVENUE G DEL RIO, TX 78840	20-0148164		6,740.	0.			PATIENT ASSISTANCE
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATES - 148 WEST NORTH ST - SPRINGFIELD, OH 45504	20-0240117		23,048.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TLC CANCER CLINIC 1600 SIXTH AVE # 101 PA 17403, PA 17403	20-0381821		6,804.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGLER DR #620 - WEST PALM BEACH, FL 33401	20-0468264		13,756.	0.			PATIENT ASSISTANCE
CANCER CENTER INSTITUTE OF CAROLINA - 111 MIRACLE DR - AIKEN, SC 29801	20-0566725		8,581.	0.			PATIENT ASSISTANCE
MONTGOMERY CANCER CTR 644 MAYSVILLE RD #10 MOUNT STERLING, KY 40353	20-0671902		7,181.	0.			PATIENT ASSISTANCE
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		156,550.	0.			PATIENT ASSISTANCE
HARSHI BAINS MD PA 1519 E FRONT ST TYLER, TX 75702	20-0937057		7,194.	0.			PATIENT ASSISTANCE
CENTRAL COAST MEDICAL ONCOLOGY 220 S PALISADE DR #204 SANTA MARIA, CA 93454	20-1223204		19,632.	0.			PATIENT ASSISTANCE
NORTH WEST FLA HEM / ONC P A 301 W 26TH ST LYNN HAVEN, FL 32444	20-1606423		34,617.	0.			PATIENT ASSISTANCE
KENNETH E. STARK, MD 1613 BANNING BEACH RD TAVARES, FL 32778	20-1723835		8,486.	0.			PATIENT ASSISTANCE

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

(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
NORTHEAST GA CANCER CARE 3320 OLD JEFFERSON RD #700 ATHENS, GA 30607	20-1842623		18,492.	0.			PATIENT ASSISTANCE
VICTOR MELGEN, MD 938 SAXON BLVD ORANGE CITY, FL 32763	20-1908250		26,776.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY RADIATION, LLC PO BOX 864381 ORLANDO, FL 32886	20-2627516		61,418.	0.			PATIENT ASSISTANCE
DAYTON PHYSICIANS LLC PO BOX 635098 CINCINNATI, OH 45263	20-3130844		49,718.	0.			PATIENT ASSISTANCE
CANCER CTRS OF SW OK PO BOX 6130 LAWTON, OK 73505	20-3315309		6,081.	0.			PATIENT ASSISTANCE
STEVE PERKINS MD SRIDEVI JUVVADI MD NAROTHAM - 5939 HARRY HINES BLVD # 800 - DALLAS, TX 75235	20-3687364		5,644.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE 4411 BEN FRANKLIN RD DURHAM, NC 27704	20-3911637		18,882.	0.			PATIENT ASSISTANCE
VIDALIA REGIONAL CANCER CENTER 1707 MEADOWS LN # C VIDALIA, GA 30474	20-3954745		10,274.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY CENTER PLLC - 401 BOYLE ST # 101 - SOMERSET, KY 42503	20-4095847		40,100.	0.			PATIENT ASSISTANCE

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NORTHCAL HEMATOLOGY ONCOLOGY INC 11795 EDUCATION ST #220 AUBURN, CA 95602	20-4473377		5,698.	0.			PATIENT ASSISTANCE
MEDICAL OFFICE OF FREDERICK AST PO BOX 1750 NEW YORK, NY 10156	20-5044321		7,751.	0.			PATIENT ASSISTANCE
OLATHE CANCER CENTER 20375 W 151ST ST OLATHE, KS 66061	20-5243667		22,802.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL SPECIALISTS PO BOX 850001 ORLANDO, FL 32885	20-5283786		5,047.	0.			PATIENT ASSISTANCE
CHARLESTON HEMATOLOGY ONCOLOGY ASSOC - PO BOX 890513 - CHARLOTTE, NC 28289	20-5615148		8,011.	0.			PATIENT ASSISTANCE
MARK H. NELSON, MD, PA 750 HIGHLAND OAKS DR #100 WINSTON SALEM, NC 27103	20-5932901		7,149.	0.			PATIENT ASSISTANCE
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		30,825.	0.			PATIENT ASSISTANCE
MANDELL RETINA CENTER PC 397 LITTLE NECK RD VIRGINIA BCH, VA 23452	20-8242063		7,764.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL CONSULTANTS 1700 GALLOPING HILL RD KENILWORTH, NJ 07033	20-8346981		34,340.	0.			PATIENT ASSISTANCE

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AGAJANIAN INSTITUTE OF ONCOLOGY HEMATOLOGY - 11480 BROOKSHIRE AVE #309 - DOWNEY, CA 90241	20-8366709		68,179.	0.			PATIENT ASSISTANCE
NAVJEET GANDHOK, MD PO BOX 29338 DEPT 1009 PHOENIX, AZ 85038	20-8391890		9,678.	0.			PATIENT ASSISTANCE
SOUTHERN VITREORETINAL ASSOC 2439 CARE DR TALLAHASSEE, FL 32308	20-8515285		53,195.	0.			PATIENT ASSISTANCE
21ST CENTURY ONCOLOGY PO BOX 116954 ATLANTA, GA 30368	20-8754308		52,557.	0.			PATIENT ASSISTANCE
SOUTHWESTERN VERMONT MEDICAL CENTER - PO BOX 1361 - SAINT GEORGE, VT 05495	22-2563241		6,807.	0.			PATIENT ASSISTANCE
NEW JERSEY ASSOCIATES IN MEDICINE PA - 3100 BROADWAY - FAIR LAWN, NJ 07410	22-3001282		5,548.	0.			PATIENT ASSISTANCE
CALIFORNIA RETINA CONSULTANTS 515 E MICHELTORENA ST # C SANTA BARBARA, CA 93103	22-3697030		8,294.	0.			PATIENT ASSISTANCE
BERKS HEMATOLOGY ONCOLOGY ASSOC PO BOX 16052 READING, PA 19612	23-1886915		26,161.	0.			PATIENT ASSISTANCE
RETINOVITREOUS ASSOCIATES- WYNDMOOR - PO BOX 7780 1600 - PHILADELPHIA, PA 19182	23-1932869		15,528.	0.			PATIENT ASSISTANCE

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ASSOCIATES IN HEMATOLOGY-ONCOLOGY 1 MEDICAL CENTER BLVD STE #341 CHESTER, PA 19013	23-2131037		11,100.	0.			PATIENT ASSISTANCE
GREATER PHILADELPHIA CANCER & HEMATOLOGY - 3998 RED LION RD # 130 - PHILADELPHIA, PA 19114	23-2142664		18,569.	0.			PATIENT ASSISTANCE
PENNSYLVANIA RETINA SPECIALISTS 220 GRANDVIEW AVE SUITE 200 CAMP HILL, PA 17011	23-2152842		42,021.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC 382 PIERCE ST KINGSTON, PA 18704	23-2170323		5,171.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 33 CHESTER PIKE RIDLEY PARK, PA 19078	23-2177670		5,699.	0.			PATIENT ASSISTANCE
BENJAMIN BLOOM MD TWO PENN BLVD #117 PHILA, PA 19144	23-2236571		9,114.	0.			PATIENT ASSISTANCE
ANDREWS & PATEL ASSOC COMMERCE PARK PROFESSIONAL CTR - 20 EXPEDITION TRL, #101 GETTYSBURG, PA 1732	23-2586060		7,265.	0.			PATIENT ASSISTANCE
CANCER CARE OF CENTRAL PA 2 E 18TH ST SELINGROVE, PA 17870	23-2684021		14,894.	0.			PATIENT ASSISTANCE
AIKEN REGIONAL MEDICAL CENTER PO BOX 198865 ATLANTA, GA 30384	23-2791808		7,500.	0.			PATIENT ASSISTANCE

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ELLEN M FIELD MD 1665 VALLEY CENTER PKWY #150 BETHLEHEM, PA 18017	23-2939316		5,009.	0.			PATIENT ASSISTANCE
PENNSYLVANIA ONCOLOGY HEMATOLOGY ASSOCIATES - PO BOX 828078 - PHILADELPHIA, PA 19162	23-2972833		13,240.	0.			PATIENT ASSISTANCE
SHARON REGIONAL HEALTH SYSTEM 2320 HIGHLAND RD HERMITAGE, PA 16148	25-0979377		10,959.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC PO BOX 643042 PITTSBURGH, PA 15264	25-1762980		13,508.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC OF NORTHERN PA,PC - PO BOX 447 - DU BOIS, PA 15801	25-1886123		14,726.	0.			PATIENT ASSISTANCE
ORTHOPEDIC SPORTS MEDICINE SPE 720 S VAN BUREN ST #101 GREEN BAY, WI 54301	26-1132759		15,499.	0.			PATIENT ASSISTANCE
SYED N. RAZA, M.D. PO BOX 2219 UNIVERSAL CITY, TX 78148	26-1211885		52,131.	0.			PATIENT ASSISTANCE
WOODLANDS MEDICAL SPECIALISTS, PA 1717 NORTH E STREET #231 PENSACOLA, FL 32501	26-1802830		9,839.	0.			PATIENT ASSISTANCE
CENTRAL PLAINS EYE MDS LLC 7717 E 29TH #100 BEL AIRE, KS 67226	26-2298905		16,862.	0.			PATIENT ASSISTANCE

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SUMEET K MENDONCA MD PO BOX 52840 PHOENIX, AZ 85072	26-2555893		14,239.	0.			PATIENT ASSISTANCE
FIRST HEALTH-UNHCS LLC PO BOX 24427 WINSTON SALEM, NC 27114	26-2568199		5,144.	0.			PATIENT ASSISTANCE
VISTA ONCOLOGY INC PS 410 BLACK HILLS LN SW # C OLYMPIA, WA 98502	26-2768163		5,339.	0.			PATIENT ASSISTANCE
RICHMOND CANCER AND BLOOD DISEASE CTR INC. - PO BOX 517 - RICHMOND, IN 47374	26-3064027		62,512.	0.			PATIENT ASSISTANCE
NEW VISION EYE CTR 777 37TH ST D103 VERO BEACH, FL 32960	27-0354278		6,825.	0.			PATIENT ASSISTANCE
LAKELAND MEDICAL PRACTICES P.O. BOX 458 NILES, MI 49120	27-0381199		5,200.	0.			PATIENT ASSISTANCE
KRISHNAN HEMATOLOGY ONCOLOGY ASSOC PO BOX 2595 ELLCOTT CITY, MD 21041	27-0597913		13,833.	0.			PATIENT ASSISTANCE
INTEGRITY ONCOLOGY PO BOX 5116 MEMPHIS, TN 38101	27-0830591		75,377.	0.			PATIENT ASSISTANCE
GLOBAL ONCOLOGY 600 N GARFIELD AVE #210 MONTEREY PARK, CA 91754	27-1426142		10,717.	0.			PATIENT ASSISTANCE

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BOX ARTHRITIS & RHEUMATOLOGY OF THE CAROLINAS - 10502 PARK RD #100 - CHARLOTTE, NC 28210	27-1622318		5,856.	0.			PATIENT ASSISTANCE
DENTON CANCER CENTER PLLC PO BOX 741178 ATLANTA, GA 30374	27-2312769		5,141.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER, PC 1310 14TH AVE SE DECATUR, AL 35601	27-4384748		5,275.	0.			PATIENT ASSISTANCE
LUTHERRVILLE HEMATOLOGY ONCOLOGY SERVICE LLC - PO BOX 824407 - PHILA, PA 19182	27-4697590		5,259.	0.			PATIENT ASSISTANCE
JAMES POWERS DO PA 2002 COFFEE POT BLVD NE ST PETERSBURG, FL 33704	30-0183763		6,074.	0.			PATIENT ASSISTANCE
GOOD SAMARITAN HOSPITAL PO BOX 2537 DAYTON, OH 45401	31-0536981		13,760.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY 495 COOPER RD STE. 225 WESTERVILLE, OH 43081	31-0957876		14,076.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY CARE PO BOX 641174 CINCINNATI, OH 45264	31-1106418		59,204.	0.			PATIENT ASSISTANCE
MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43222	31-1141868		65,704.	0.			PATIENT ASSISTANCE

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ALLIANCE PHYSICIANS INC. PO BOX 711808 COLUMBUS, OH 43271	31-1175717		20,294.	0.			PATIENT ASSISTANCE
COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		16,414.	0.			PATIENT ASSISTANCE
ARVIND B SHAH MD, INC 401 DIVISION ST # 100 CHARLESTON, WV 25309	31-1547442		21,421.	0.			PATIENT ASSISTANCE
OHIO CANCER SPECIALISTS 1125 ASPIRA CT MANSFIELD, OH 44906	31-1652645		20,782.	0.			PATIENT ASSISTANCE
NORTHERN MI HEMATOLOGY ONCOLOGY 416 CONNABLE AVE PETOSKEY, MI 49770	32-0020293		5,958.	0.			PATIENT ASSISTANCE
HOPE, LLC DEPT 6021 CAROL STREAM, IL 60122	32-0081761		8,674.	0.			PATIENT ASSISTANCE
KOUSAY AL-KOURAINY, MD 480 4TH AVE # 409 CHULA VISTA, CA 91910	33-0108259		10,223.	0.			PATIENT ASSISTANCE
MEDICAL INSTITUTE LCM PO BOX 541034 LOS ANGELES, CA 90054	33-0283773		7,295.	0.			PATIENT ASSISTANCE
SAN DIEGO PACIFIC ONCOLOGY & HEMATOLOGY ASSOC - 9850 GENESEE AVE # 830 - LA JOLLA, CA 92037	33-0373680		14,730.	0.			PATIENT ASSISTANCE

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PACIFIC SHORES MED GROUP 1043 ELM AVE. STE 104 LONG BEACH, CA 90813	33-0553940		12,896.	0.			PATIENT ASSISTANCE
CANCER CTR ONCOLOGY MED 5555 GROSSMONT CTR DR LA MESA, CA 91942	33-0565963		115,125.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC OF SAN DIEGO - 3075 HEALTH CENTER DR # 102 - SAN DIEGO, CA 92123	33-0590652		16,192.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		20,970.	0.			PATIENT ASSISTANCE
DESERT VALLEY MEDICAL GROUP 16850 BEAR VALLEY RD # 202 VICTORVILLE, CA 92395	33-0674406		7,823.	0.			PATIENT ASSISTANCE
AULTMAN INFUSION HOSPITAL 2821 WOODLAWN AVE NW CANTON, OH 44708	34-0714538		7,500.	0.			PATIENT ASSISTANCE
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		30,060.	0.			PATIENT ASSISTANCE
NORTH CANTON MEDICAL FNDTN PO BOX 74793 CLEVELAND, OH 44194	34-1088530		10,036.	0.			PATIENT ASSISTANCE
MAHONING VALLEY HEMATOLOGY ONCOLOGY - LOCKBOX 6536 PO BOX 8500 - PHILADELPHIA, PA 19178	34-1105439		39,566.	0.			PATIENT ASSISTANCE

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RETINA VITREOUS ASSOC 2213 CHERRY ST # 400 TOLEDO, OH 43608	34-1196311		7,636.	0.			PATIENT ASSISTANCE
NORTH COAST CANCER CARE 417 QUARRY LAKES DR SANDUSKY, OH 44870	34-1224416		5,210.	0.			PATIENT ASSISTANCE
TRI-COUNTY HEMATOLOGY& ONCOLOGY 3688 DRESSLER RD NW CANTON, OH 44718	34-1294692		9,602.	0.			PATIENT ASSISTANCE
DRS MUBASHIR, MARQUINEZ & REHMAN, INC - 224 W EXCHANGE ST - AKRON, OH 44302	34-1733317		5,952.	0.			PATIENT ASSISTANCE
THE RETINA GRP OF NE OHIO INC 75 ARCH ST #302 AKRON, OH 44304	34-1760572		6,830.	0.			PATIENT ASSISTANCE
MORNINGSTAR HEM/ONC INC 2600 6TH ST SW CANTON, OH 44710	34-1920787		7,182.	0.			PATIENT ASSISTANCE
WESTSIDE HEMATOLOGY/ONCOLOGY INC 29101 HEALTH CAMPUS DR #260 WESTLAKE, OH 44145	34-1969760		8,697.	0.			PATIENT ASSISTANCE
MERCY MEDICAL GRP PO BOX 60000 FILE 72938 SAN FRANCISCO, CA 94160	34-1996544		7,500.	0.			PATIENT ASSISTANCE
FULTON COUNTY HEALTH CENTER PO BOX 3493 COLUMBUS, OH 43260	34-4428214		5,697.	0.			PATIENT ASSISTANCE

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CENTRAL IN CANCER CENTER PO BOX 60603 CHARLOTTE, NC 28260	35-1348013		16,127.	0.			PATIENT ASSISTANCE
FORT WAYNE MEDICAL ONCOLOGY AND HEMATOLOGY - 11143 PARKVIEW PLAZA DR STE 100 - FORT WAYNE, IN 46845	35-1400631		85,384.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY OF INDIANA 8301 HARCOURT RD #200 INDIANAPOLIS, IN 46260	35-1536125		5,647.	0.			PATIENT ASSISTANCE
MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		31,784.	0.			PATIENT ASSISTANCE
ELKHART ONCOLOGY P O BOX 2968 ELKHART, IN 46515	35-1911857		8,783.	0.			PATIENT ASSISTANCE
ALLEN COUNTY RETINAL SURGEONS PC 7900 WEST JEFFERSON #300 FORT WAYNE, IN 46804	35-1971489		9,199.	0.			PATIENT ASSISTANCE
AMERICAN HEALTH NETWORK OF INDIANA 6820 PARKDALE #200 INDIANAPOLIS, IN 46254	35-2108729		16,448.	0.			PATIENT ASSISTANCE
FORT WAYNE RETINA PC 7305 W JEFFERSON BLVD FORT WAYNE, IN 46804	35-2115519		7,872.	0.			PATIENT ASSISTANCE
JOSEPH BOWEN MD LLC 1075 CHASE PKWY SUITE A WATERBURY, CT 06708	35-2191169		5,055.	0.			PATIENT ASSISTANCE

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CAROLINA BLOOD & CANCER CARE 1583 HEALTHCARE DR ROCK HILL, SC 29732	35-2221941		27,226.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY CONSULTANTS - 100 SPAULDING DR STE 110 - NAPERVILLE, IL 60540	36-3082580		6,296.	0.			PATIENT ASSISTANCE
JOSHUA STOLOW, MD 8527 VILLAGE DR # 103 SAN ANTONIO, TX 78217	36-3632588		13,801.	0.			PATIENT ASSISTANCE
CANCER CARE & HEMATOLOGY SPECIALISTS - 3610 PAYSHERE CIRCLE - CHICAGO, IL 60674	36-3980044		5,932.	0.			PATIENT ASSISTANCE
DREYER MEDICAL CLINIC PO BOX 2091 AURORA, IL 60507	36-4088232		7,531.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC OF IL 1365 PAYSHERE CIRCLE CHICAGO, IL 60674	36-4117454		7,341.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS INC - 815 E 5TH ST # 303 - ALTON, IL 62002	37-1283036		6,292.	0.			PATIENT ASSISTANCE
ONCO/HEMO ASSOC OF CENTRAL IL 8940 N WOOD SAGE RD PEORIA, IL 61615	37-1331017		34,640.	0.			PATIENT ASSISTANCE
MEDICAL AND SURGICAL SPECIALISTS 834 N SEMINARY ST # GALESBURG, IL 61401	37-1393654		12,943.	0.			PATIENT ASSISTANCE

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EDWARD P ROSE MD 4600 MEMORIAL DR # 480 BELLEVILLE, IL 62226	37-1393701		7,431.	0.			PATIENT ASSISTANCE
GARDEN CITY HOSPITAL 6245 INKSTER RD GARDEN CITY, MI 48135	38-1358390		7,912.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL 1150 E SHERMAN BLVD MUSKEGON, MI 49444	38-1946761		24,789.	0.			PATIENT ASSISTANCE
ALLEGIANCE HEALTH DEPT 64787 DRAWER 64000 DETROIT, MI 48264	38-2027689		22,215.	0.			PATIENT ASSISTANCE
CANCER & HEMATOLOGY CTR OF WESTERN MICHIGAN - PO BOX 30516 - LANSING, MI 48909	38-2777354		89,856.	0.			PATIENT ASSISTANCE
GRAND VIEW HEALTH SYSTEM N10561 GRAND VIEW LN IRONWOOD, MI 49938	38-2908586		5,081.	0.			PATIENT ASSISTANCE
WEST MICHIGAN REGIONAL CANCER & BLOOD CENTER - 6050 N US-31 - FREE SOIL, MI 49411	38-3322171		9,966.	0.			PATIENT ASSISTANCE
CADILLAC CANCER CARE CENTER 520 COBBS ST CADILLAC, MI 49601	38-3450619		6,047.	0.			PATIENT ASSISTANCE
COMPASSIONATE CANCER CARE 18111 BROOKHURST ST #6100 FOUNTAIN VALLEY, CA 92708	38-3650060		51,593.	0.			PATIENT ASSISTANCE

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ARTHRITIS CARE OF MICHIANA 100 NAVARRE PL # 5570 SOUTH BEND, IN 46601	38-3650151		11,589.	0.			PATIENT ASSISTANCE
UNIV OF MI HOSPITALS & HEALTH CENTERS - PO BOX 77000 - DETROIT, MI 48277	38-6006309		11,660.	0.			PATIENT ASSISTANCE
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		19,558.	0.			PATIENT ASSISTANCE
GUNDERSEN CLINIC, LTD 1836 S AVE LA CROSSE, WI 54601	39-1028657		7,105.	0.			PATIENT ASSISTANCE
GREEN BAY ONCOLOGY PO BOX 13453 GREEN BAY, WI 54307	39-1314853		27,161.	0.			PATIENT ASSISTANCE
WEST SUBURBAN CTR FOR ARTHRITIS 601 N BARKER RD # 110 BROOKFIELD, WI 53045	39-1418162		5,334.	0.			PATIENT ASSISTANCE
AURORA ADVANCED HEALTHCARE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1595302		38,054.	0.			PATIENT ASSISTANCE
AURORA MEDICAL GROUP PO BOX 979 SHEBOYGAN, WI 53082	39-1678306		10,479.	0.			PATIENT ASSISTANCE
RHEUMATIC DISEASE CENTER 7080 N PORT WASHINGTON RD MILWAUKEE, WI 53217	39-1713075		22,231.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE RHEUMATOLOGY 2901 W KK RIVER PKWY # 301 MILWAUKEE, WI 53215	39-2008962		10,489.	0.			PATIENT ASSISTANCE
HUBERT HUMPHREY CANCER CENTER 3300 OAKDALE AVE N PLAZA 100 MINNEAPOLIS, MN 55422	41-0729979		5,988.	0.			PATIENT ASSISTANCE
DULUTH CLINIC LTD 400 EAST THIRD STREET DULUTH, MN 55805	41-0883623		10,507.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY CONSULTANTS - 7250 FRANCE AVE S # 215 - EDINA, MN 55435	41-1774839		5,863.	0.			PATIENT ASSISTANCE
MINNESOTA ONCOLOGY HEMATOLOGY 1175 PAYSHERE CIRCLE CHICAGO, IL 60674	41-1793418		28,663.	0.			PATIENT ASSISTANCE
AHMAD QADRI MD 601 E SAM ANTONIO ST # 402W VICTORIA, TX 77901	41-2029727		5,238.	0.			PATIENT ASSISTANCE
THE MACULA CENTER 3280 N MCMULLEN BOOTH RD STE 120 CLEARWATER, FL 33761	41-2104585		15,208.	0.			PATIENT ASSISTANCE
MARK MCCARTHY, MD 4990 E MEDITERRANEN DR STE#D SIERRA VISTA, AZ 85635	41-2110658		12,265.	0.			PATIENT ASSISTANCE
FLORIDA ONCOLOGY ASSOC PO BOX 85001 ORLANDO, FL 32885	41-2152274		181,688.	0.			PATIENT ASSISTANCE

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IOWA LUTHERAN HOSPITAL 1221 PLEASANT ST # 100 DES MOINES, IA 50309	42-0680452		14,697.	0.			PATIENT ASSISTANCE
WOLFE EYE CLINIC 309 EAST CHURCH ST MARSHALLTOWN, IA 50158	42-0954581		19,680.	0.			PATIENT ASSISTANCE
EYE SURGEONS ASSOCIATES PC 777 TANGLEFOOT LN BETTENDORF, IA 52722	42-1160748		17,408.	0.			PATIENT ASSISTANCE
IOWA HEALTH HOME CARE 11333 AURORA AVE URBANDALE, IA 50322	42-1477471		5,305.	0.			PATIENT ASSISTANCE
BAKERSFIELDS HEMATOLOGY ONCOLOGY 9800 BRIMHALL RD BAKERSFIELD, CA 93312	42-1727030		22,110.	0.			PATIENT ASSISTANCE
SABATES EYE CENTER 11261 NALL AVE LEAWOOD, KS 66211	43-0955525		11,247.	0.			PATIENT ASSISTANCE
DIGESTIVE DISEASE SPECIALISTS 100 VILLAGE SQUARE HAZELWOOD, MO 63042	43-1122905		8,684.	0.			PATIENT ASSISTANCE
ST LOUIS ONCOLOGY ASSOCIATES INC 10012 KENNERLY RD # 100 SAINT LOUIS, MO 63128	43-1240180		7,253.	0.			PATIENT ASSISTANCE
ST LOUIS CANCER CARE PO BOX 60450 SAINT LOUIS, MO 63160	43-1369550		22,883.	0.			PATIENT ASSISTANCE

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SSM DEPAUL MEDICAL GROUP 1551 WALL ST #310 ST CHARLES, MO 63303	43-1715106		17,561.	0.			PATIENT ASSISTANCE
MISSOURI CANCER ASSOC 1705 E BROADWAY STE 100 COLUMBIA, MO 65201	43-1763016		8,495.	0.			PATIENT ASSISTANCE
KANSAS CITY CANCER CTR 88001 EXPEDIATE WAY CHICAGO, IL 60695	43-1766738		19,657.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY CLINICS OF KS - 2450 N WOODLAWN ST - WICHITA, KS 67220	43-1899877		9,892.	0.			PATIENT ASSISTANCE
MERCY CANCER CARE - DAVID C PRATT CTR - 607 S NEW BALLAS RD # 3300 - SAINT LOUIS, MO 63141	43-1927040		21,556.	0.			PATIENT ASSISTANCE
ADVANCED CARE SCRIPTS 2400 LAKE ORANGE DR #200 ORLANDO, FL 32837	43-2080503		9,200.	0.			PATIENT ASSISTANCE
CACHE VALLEY CANCER TREATMENT & RESEARCH CLINIC - 1281 N 600 E - LOGAN, UT 84341	45-0486684		11,863.	0.			PATIENT ASSISTANCE
AVERA MCKENNAN HOME INFUSION 1020 SOUTH CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		22,350.	0.			PATIENT ASSISTANCE
WILLIAM P MAIER PC 633 E 11TH AVE EUGENE, OR 97401	46-0485850		7,353.	0.			PATIENT ASSISTANCE

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CAROLINA HEMATOLOGY ONCOLOGY ASSOC PO BOX 60065 CHARLOTTE, NC 28260	46-0486024		5,324.	0.			PATIENT ASSISTANCE
ARTHRITIS CTR OF NE 3901 PINE LAKE RD STE 120 LINCOLN, NE 68516	47-0527967		13,232.	0.			PATIENT ASSISTANCE
GASTROENTEROLOGY SPECIALTIES PC 4545 R ST # 100 LINCOLN, NE 68503	47-0717686		7,455.	0.			PATIENT ASSISTANCE
J C WELCH OPHTHALMOLOGY PC 2115 N KANSAS AVE # 104 HASTINGS, NE 68901	47-0717975		5,539.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 6901 N 72ND ST # 2244 OMAHA, NE 68122	47-0770654		5,863.	0.			PATIENT ASSISTANCE
OCALA ONCOLOGY 433 SW 10TH ST OCALA, FL 34474	47-0872321		9,088.	0.			PATIENT ASSISTANCE
THE MEDICAL CENTER 1100 N MAIN HUTCHINSON, KS 67501	48-0788513		6,497.	0.			PATIENT ASSISTANCE
CENTRAL CARE, PA PO BOX 256 SALINA, KS 67402	48-1125116		5,209.	0.			PATIENT ASSISTANCE
CANCER CENTER OF KS PA 818 N EMPORIA # 403 WICHITA, KS 67214	48-1181579		133,204.	0.			PATIENT ASSISTANCE

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RETINA ASSOCIATES, PA PO BOX 802720 KANSAS CITY, MO 64180	48-1211774		16,365.	0.			PATIENT ASSISTANCE
AUSTIN TX RADIATIONS ONCOLOGY GROUP - PO BOX 923 - SAN ANTONIO, TX 78294	48-1271862		19,101.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS OF DELAWARE - 1305 SAVANNAH RD - LEWES, DE 19958	51-0409459		12,624.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC INC 8926 WOODYARD RD # 201 CLINTON, MD 20735	52-1106217		44,004.	0.			PATIENT ASSISTANCE
ELMAN RETINA GROUP, PA 9114 PHILADELPHIA RD STE#310 ROSEDALE, MD 21237	52-1803322		40,302.	0.			PATIENT ASSISTANCE
KLEIN & ASSOCIATES PO BOX 333 LITITZ, PA 17543	52-1850319		5,531.	0.			PATIENT ASSISTANCE
ROBERT SHAW, MD 412 MALCOLM DR #206 WESTMINSTER, MD 21157	52-1914881		11,108.	0.			PATIENT ASSISTANCE
THE RETINA CARE CENTER 6115 FALLS RD BALTIMORE, MD 21209	52-2117156		5,790.	0.			PATIENT ASSISTANCE
BIRMINGHAM HEMATOLOGY & ONCOLOGY PO BOX 2445 COLUMBUS, GA 31902	52-2170293		12,673.	0.			PATIENT ASSISTANCE

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DIVISION OF HEM/ONC AT GEORGE WASHINGTON HOSP - 2150 PENNSYLVANIA AVE STE 3-428 - WASHINGTON, DC 20037	52-2220700		5,208.	0.			PATIENT ASSISTANCE
PIEDMONT HEMATOLOGY/ONCOLOGY PO BOX 1243 CHARLOTTE, NC 28201	52-2381026		19,250.	0.			PATIENT ASSISTANCE
VISTAR EYE CENTER PO BOX 1789 ROANOKE, VA 24008	54-0853078		5,957.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER INSTITUTE 6605 W BROAD ST #C RICHMOND, VA 23230	54-1066435		6,587.	0.			PATIENT ASSISTANCE
LYNCHBURG HEMATOLOGY ONCOLOGY CLINIC - 1937 THOMSON DR - LYNCHBURG, VA 24501	54-1111445		19,402.	0.			PATIENT ASSISTANCE
INTRAVENE 2215 LANDOVER PL LYNCHBURG, VA 24501	54-1131672		7,427.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY PATIENT ENTERPRISES - 459 LOCUST AVE - CHARLOTTESVILLE, VA 22902	54-1302037		36,669.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		8,591.	0.			PATIENT ASSISTANCE
DANVILLE HEMATOLOGY & ONCOLOGY 125 EXECUTIVE DR #J DANVILLE, VA 24541	54-1397275		18,356.	0.			PATIENT ASSISTANCE

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AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		40,308.	0.			PATIENT ASSISTANCE
VIRGINIA ONCOLOGY ASSOC - NORFOLK 5900 LAKE WRIGHT DR. SUITE 300 NORFOLK, VA 23502	54-1768662		64,404.	0.			PATIENT ASSISTANCE
FAIRFAX NORTHERN VIRGINIA HEMATOLOGY - 8503 ARLINGTON BLVD # 400 - FAIRFAX, VA 22031	54-1795091		15,201.	0.			PATIENT ASSISTANCE
CANCER OUTREACH ASSOC 104 ABINGDON PL ABINGDON, VA 24211	54-1888668		9,363.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC PO BOX 601507 CHARLOTTE, NC 28260	54-1922084		30,787.	0.			PATIENT ASSISTANCE
SB KONDRAGUNTA LLC 700 S SYCAMORE ST #11 PETERSBURG, VA 23803	54-1989200		7,813.	0.			PATIENT ASSISTANCE
BLUEFIELD HEMATOLOGY ONCOLOGY ASSOC - 1027 FREDERICK ST - BLUEFIELD, WV 24701	55-0659088		6,546.	0.			PATIENT ASSISTANCE
CRAIG M MORGAN MD 1611 13TH AVE HUNTINGTON, WV 25701	55-0726025		32,852.	0.			PATIENT ASSISTANCE
MID-ATLANTIC RETINA CONSULTANTS 3120 COLLINS FERRY RD MORGANTOWN, WV 26505	55-0739273		7,808.	0.			PATIENT ASSISTANCE

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PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE #15 FAIRMONT, WV 26554	55-0763359		11,610.	0.			PATIENT ASSISTANCE
MEDFUSIONRX 5511 HWY 280 SUITE 301-302 BIRMINGHAM, AL 35242	55-0824381		31,943.	0.			PATIENT ASSISTANCE
EDWARD WAGNER MD 31852 COAST HWY # 303 LAGUNA BEACH, CA 92651	557-29-7661		8,515.	0.			PATIENT ASSISTANCE
BEAUFORT COUNTY HOSPITAL 628 EAST 12TH STREET WASHINGTON, NC 27889	56-0675676		6,951.	0.			PATIENT ASSISTANCE
CRAVEN REGIONAL MED CTR PO BOX 12157 NEW BERN, NC 28561	56-0755775		11,169.	0.			PATIENT ASSISTANCE
KINSTON MEDICAL SPECIALISTS 701 DOCTORS DRIVE #N KINSTON, NC 28501	56-0986098		15,911.	0.			PATIENT ASSISTANCE
CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		12,786.	0.			PATIENT ASSISTANCE
CAROLINA OPHTHALMOLOGY PA PO BOX 2300 HENDERSONVILLE, NC 28793	56-1310375		12,030.	0.			PATIENT ASSISTANCE
MOUNTAIN MEDICAL ASSOC 600 HOSPITAL DR #9 CLYDE, NC 28721	56-1340324		9,367.	0.			PATIENT ASSISTANCE

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CAROMONT MEDICAL GRP/ARTHRITIS & OSTEOPOROSIS CTR - PO BOX 550970 - GASTONIA, NC 28055	56-1479712		12,713.	0.			PATIENT ASSISTANCE
REX HEMATOLOGY & ONCOLOGY ASSOC. 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	56-1509260		13,897.	0.			PATIENT ASSISTANCE
CANCER CARE OF WNC, PA PO BOX 536860 ATLANTA, GA 30353	56-1693667		5,526.	0.			PATIENT ASSISTANCE
SOUTHEASTERN MEDICAL ONCOLOGY CTR 203 COX BLVD GOLDSBORO, NC 27534	56-1711669		144,447.	0.			PATIENT ASSISTANCE
CAROLINA ARTHRITIS ASSOC 1710 S 17TH ST WILMINGTON, NC 28401	56-1745946		7,219.	0.			PATIENT ASSISTANCE
GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		63,218.	0.			PATIENT ASSISTANCE
PINEHURST RHEUMATOLOGY 681 S BENNETT ST SOUTHERN PINES, NC 28387	56-1912684		19,113.	0.			PATIENT ASSISTANCE
CORNERSTONE HEALTH CARE 607 IDOL ST HIGH POINT, NC 27262	56-1935767		19,618.	0.			PATIENT ASSISTANCE
RALEIGH HEMATOLOGY ONCOLOGY PO BOX 60630 CHARLOTTE, NC 28260	56-1938316		36,003.	0.			PATIENT ASSISTANCE

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THE BLOOD & CANCER CLINIC 1565 PURDUE DR STE 301 FAYETTEVILLE, NC 28303	56-1951959		8,790.	0.			PATIENT ASSISTANCE
ASHEVILLE HEMATOLOGY & ONCOLOGY PO BOX 60060 CHARLOTTE, NC 28260	56-1963333		9,081.	0.			PATIENT ASSISTANCE
PIEDMONT HEALTHCARE SPEC 766 HARTNESS RD STATESVILLE, NC 28677	56-1965983		6,702.	0.			PATIENT ASSISTANCE
WESTERN CAROLINA RETINAL ASSOC 8 MEDICAL PARK DRIVE ASHEVILLE, NC 28803	56-1967404		10,084.	0.			PATIENT ASSISTANCE
HENRY W BURNETT MD PO BOX 5231 WINSTON SALEM, NC 27113	56-2050869		11,007.	0.			PATIENT ASSISTANCE
COASTAL CAROLINA HEALTHCARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		11,226.	0.			PATIENT ASSISTANCE
UNIVERSITY OF NC AT CHAPEL HILL PO BOX 24427 WINSTON SALEM, NC 27114	56-2164416		8,546.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD #100 CHARLOTTE, NC 28207	56-2179043		10,661.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPOROSIS CENTER PO BOX 63235 CHARLOTTE, NC 28263	56-2202409		10,034.	0.			PATIENT ASSISTANCE

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CAROLINA ARTHRITIS CTR 2355 HEMBY LANE GREENVILLE, NC 27834	56-2257862		8,979.	0.			PATIENT ASSISTANCE
MECKLENBURG MEDICAL GROUP PO BOX 60063 CHARLOTTE, NC 28260	56-2274416		8,350.	0.			PATIENT ASSISTANCE
COASTAL ONCOLOGY 325 CLYDE MORRIS BLVD #450 ORMOND BEACH, FL 32174	56-2347830		25,240.	0.			PATIENT ASSISTANCE
AMERITA DEPT 719 DENVER, CO 80291	56-2554975		5,545.	0.			PATIENT ASSISTANCE
ST LUKE'S MAGIC VALLEY PO BOX 409 HOLLISTER, ID 83301	56-2570686		6,502.	0.			PATIENT ASSISTANCE
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		6,675.	0.			PATIENT ASSISTANCE
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR # 400 GREENVILLE, SC 29601	57-0702625		39,159.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		12,299.	0.			PATIENT ASSISTANCE
SOUTH CAROLINA ONCOLOGY ASSOCIATES 166 STONERIDGE DR COLUMBIA, SC 29210	57-0787600		88,887.	0.			PATIENT ASSISTANCE

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DIGESTIVE DISEASE GROUP 103 LINEAR DR GREENWOOD, SC 29646	57-0890141		5,778.	0.			PATIENT ASSISTANCE
INTERNAL MEDICINE OF GREENVILLE 105 DOCTORS DRIVE GREENVILLE, SC 29605	57-1004971		5,358.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES PO BOX 60626 CHARLOTTE, NC 28260	57-1018487		28,706.	0.			PATIENT ASSISTANCE
ARTHRITIS AND OSTEOPOROSIS CTR 1768 VILLAGE PARK DR ORANGEBURG, SC 29118	57-1044974		10,519.	0.			PATIENT ASSISTANCE
PALMETTO INFUSION SERVICES 39509 TREASURY CENTER CHICAGO, IL 60694	57-1085343		24,369.	0.			PATIENT ASSISTANCE
LOW COUNTRY HEMATOLOGY ONCOLOGY 900 BOWMAN RD # 103 MOUNT PLEASANT, SC 29464	57-1120005		10,306.	0.			PATIENT ASSISTANCE
PALM BEACH CANCER INST PO BOX 863310 ORLANDO, FL 32886	57-1139372		65,716.	0.			PATIENT ASSISTANCE
NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY # 500 GAINESVILLE, GA 30501	58-0656907		8,378.	0.			PATIENT ASSISTANCE
AUGUSTA ONCOLOGY 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		61,697.	0.			PATIENT ASSISTANCE

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GEORGIA RETINA PC 155 MEDICAL WAY #E RIVERDALE, GA 30274	58-1519372		24,986.	0.			PATIENT ASSISTANCE
HAMILTON MED CTR PO BOX 1168 DALTON, GA 30722	58-1519911		8,217.	0.			PATIENT ASSISTANCE
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD # 200 RIVERDALE, GA 30274	58-1715376		7,239.	0.			PATIENT ASSISTANCE
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE #102 DALTON, GA 30720	58-1793611		26,416.	0.			PATIENT ASSISTANCE
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR # 300 AUSTELL, GA 30106	58-1923818		114,148.	0.			PATIENT ASSISTANCE
THE LONG STREET CLINIC PO DRAWER 658 GAINESVILLE, GA 30503	58-2117020		17,828.	0.			PATIENT ASSISTANCE
GEORGIA CANCER SPECIALISTS 1100 JOHNSON FERRY RD #600 ATLANTA, GA 30342	58-2181189		476,668.	0.			PATIENT ASSISTANCE
PRICE WALKER JR, MD PO BOX 9516 COLUMBUS, GA 31908	58-2321052		5,690.	0.			PATIENT ASSISTANCE
S GA ONCOLOGY HEMATOLOGY CTR 1100 OCILLA HWY DOUGLAS, GA 31533	58-2328459		12,555.	0.			PATIENT ASSISTANCE

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UPSTATE OSTEOPOROSIS AND ARTHRITIS, PA - 200 PATEWOOD DR # A 160 - GREENVILLE, SC 29615	58-2329400		8,129.	0.			PATIENT ASSISTANCE
HORIZON HEMATOLOGY ONCOLOGY 1455 E MAIN ST # 103 SPARTANBURG, SC 29307	58-2423840		6,017.	0.			PATIENT ASSISTANCE
CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST #1B MACON, GA 31201	58-2537874		84,147.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOCIATES 1348 WALTON WAY #6700 AUGUSTA, GA 30901	58-2585871		22,038.	0.			PATIENT ASSISTANCE
SACRED HEART HOSPITAL PO BOX 2728 PENSACOLA, FL 32513	59-0634434		10,156.	0.			PATIENT ASSISTANCE
BAPTIST HOSPITAL, INC 1000 W MORENO ST PENSACOLA, FL 32501	59-0657322		7,997.	0.			PATIENT ASSISTANCE
SUNCOAST INTERNAL MEDICINE 13644 WALSHINGHAM RD LARGO, FL 33774	59-1273247		32,379.	0.			PATIENT ASSISTANCE
CLARK & DAUGHTREY MEDICAL GROUP PA PO BOX 917394 ORLANDO, FL 32891	59-1273583		6,166.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOC OF FL 2705 W SAINT ISABEL ST TAMPA, FL 33607	59-1501675		19,238.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMATOLOGY & ONCOLOGY CONSULTANTS 2111 W SWANN AVE #102 TAMPA, FL 33606	59-1674575		16,399.	0.			PATIENT ASSISTANCE
BOND CLINIC PA 500 E CENTRAL AVE WINTER HAVEN, FL 33880	59-1867898		20,125.	0.			PATIENT ASSISTANCE
STUART ONCOLOGY ASSOCIATES 501 E OSCEOLA ST 3RD FL, #301 STUART, FL 34994	59-2003116		7,224.	0.			PATIENT ASSISTANCE
MID-FL HEMATOLOGY ONCOLOGY PA 1061 MEDICAL CENTER DR # 110 ORANGE CITY, FL 32763	59-2021436		59,170.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SW FL 6901 INTERNATIONAL CTR BLVD FORT MYERS, FL 33912	59-2086792		12,112.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY CONSULTANTS 2501 N ORANGE AVE #381 ORLANDO, FL 32804	59-2109057		10,389.	0.			PATIENT ASSISTANCE
GASTROENTEROLOGY & ONCOLOGY ASSOC PA - 5767 49TH N - SAINT PETERSBURG, FL 33709	59-2114530		9,325.	0.			PATIENT ASSISTANCE
PASCO HERNANDO ONCOLOGY ASSOCIATES, PA - PO BOX 919022 - ORLANDO, FL 32891	59-2155792		9,738.	0.			PATIENT ASSISTANCE
WEST FLMEDICAL CENTER CLINIC PO BOX 11407 LOCK BOX 1328 BIRMINGHAM, AL 35246	59-2193856		10,762.	0.			PATIENT ASSISTANCE

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V UPENDER RAO MD PA 521 N LECANTO HWY LECANTO, FL 34461	59-2321218		18,082.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		22,907.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTANTS 1700 S TUTTLE AVE SARASOTA, FL 34239	59-2726035		6,335.	0.			PATIENT ASSISTANCE
FLORIDA INFUSION SVCS 4190 CORPORATE CT PALM HARBOR, FL 34683	59-2822698		14,543.	0.			PATIENT ASSISTANCE
FLORIDA HEMATOLOGY AND ONCOLOGY PO BOX 863373 ORLANDO, FL 32886	59-2956642		12,876.	0.			PATIENT ASSISTANCE
SYED MAHMOOD, MD 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		5,891.	0.			PATIENT ASSISTANCE
VITREOUS AND RETINA CONSULTANTS 250 AVE K SW #200 WINTER HAVEN, FL 33880	59-3028408		7,025.	0.			PATIENT ASSISTANCE
OMNI HEALTHCARE 95 BULLDOG BLVD #100 MELBOURNE, FL 32901	59-3169815		12,148.	0.			PATIENT ASSISTANCE
CITRUS HEMATOLOGY & ONCOLOGY 770 SE 5TH TER CRYSTAL RIVER, FL 34429	59-3208438		25,872.	0.			PATIENT ASSISTANCE

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FL PHYSICIANS MEDICAL PO BOX 538600 ORLANDO, FL 32853	59-3214635		15,236.	0.			PATIENT ASSISTANCE
ORLICK BERGER KASPER MD PA 5800 49TH ST. N S109 SAINT PETERSBURG, FL 33709	59-3219393		11,218.	0.			PATIENT ASSISTANCE
RAKESH ROHATGI MD PA 321 SE 29TH PL #102 OCALA, FL 34471	59-3329469		6,279.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATISM ASSOC 612 DRUID RD E CLEARWATER, FL 33756	59-3337044		12,485.	0.			PATIENT ASSISTANCE
PINELLAS HEMATOLOGY AND ONCOLOGY 5000 PARK ST N #1017 SAINT PETERSBURG, FL 33709	59-3363610		11,783.	0.			PATIENT ASSISTANCE
SPACE COAST MEDICAL ASSOCIATES LLP 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		25,220.	0.			PATIENT ASSISTANCE
KARAMALI A BANDEALY MD 814 N JOHN YOUNG PKWY KISSIMMEE, FL 34741	59-3370576		10,153.	0.			PATIENT ASSISTANCE
GULFCOAST ONCOLOGY ASSOCIATES 1201 5TH AVE N SAINT PETERSBURG, FL 33705	59-3379136		6,619.	0.			PATIENT ASSISTANCE
TAMPA EYE CLINIC 3000 W MLK BLVD TAMPA, FL 33607	59-3395383		6,812.	0.			PATIENT ASSISTANCE

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ORLANDO ARTHRITIS INSTITUTE 1111 S ORANGE AVE 3RD FL ORLANDO, FL 32806	59-3470767		21,648.	0.			PATIENT ASSISTANCE
CANCER CENTERS OF FL PO BOX 863265 ORLANDO, FL 32886	59-3649134		15,000.	0.			PATIENT ASSISTANCE
DAVID DRESNER, MD PA 1099 5TH AVE N #120 SAINT PETERSBURG, FL 33705	59-3695009		34,588.	0.			PATIENT ASSISTANCE
BAPTIST HOSPITAL EAST PO BOX 32860 LOUISVILLE, KY 40232	61-0444707		6,264.	0.			PATIENT ASSISTANCE
LOUISVILLE ONCOLOGY DEPT 86156 PO BOX 9501854 LOUISVILLE, KY 40295	61-0703799		9,048.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS ASSOC OF KY 120 N EAGLE CREEK DR # 500 LEXINGTON, KY 40509	61-0918053		10,839.	0.			PATIENT ASSISTANCE
JEWISH HOSPITAL PO BOX 950207 LOUISVILLE, KY 40295	61-1029768		10,088.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES 3430 NEWBURG RD #250 LOUISVILLE, KY 40218	61-1183441		5,088.	0.			PATIENT ASSISTANCE
COMMONWEALTH CANCER CENTER 110 DIAGNOSTIC DR SUITE B FRANKFORT, KY 40601	61-1277847		35,378.	0.			PATIENT ASSISTANCE

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KENTUCKY CTR FOR BETTER BONES & JOINTS - 100 E LIBERTY ST # 202 - LOUISVILLE, KY 40202	61-1357515		6,016.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS CHARTERED P.O. BOX 412194 KANSAS CITY, MO 64141	61-1452962		5,908.	0.			PATIENT ASSISTANCE
GAJERA AND PATEL 1717 HIGH ST STE 1A HOPKINSVILLE, KY 42240	61-1459460		6,072.	0.			PATIENT ASSISTANCE
FORT SANDERS REGIONAL INFUSION DEPT 888001 KNOXVILLE, TN 37995	62-0528340		7,572.	0.			PATIENT ASSISTANCE
CUMBERLAND MEDICAL CENTER 421 S MAIN ST CROSSVILLE, TN 38555	62-0790132		8,562.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOCIATES 345 23RD AVE N #350 NASHVILLE, TN 37203	62-1042760		17,620.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR # 200 KNOXVILLE, TN 37909	62-1064119		8,230.	0.			PATIENT ASSISTANCE
SOUTHEASTERN RETINA ASSOCIATES 979 E 3RD ST # C235 CHATTANOOGA, TN 37421	62-1094813		34,032.	0.			PATIENT ASSISTANCE
EAST TN HEMATOLOGY/ONCOLOGY ASSOC PC - PO BOX 3770 - JOHNSON CITY, TN 37602	62-1326721		9,483.	0.			PATIENT ASSISTANCE

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ARTHRITIS ASSOCIATES 3 SHERIDAN SQUARE KINGSPORT, TN 37660	62-1523356		6,224.	0.			PATIENT ASSISTANCE
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		67,710.	0.			PATIENT ASSISTANCE
KINGSPORT HEMATOLOGY ONCOLOGY 111 W STONE DR # 300 KINGSPORT, TN 37660	62-1567353		50,621.	0.			PATIENT ASSISTANCE
ATLANTA CANCER CARE PO BOX 934119 ATLANTA, GA 31193	62-1611429		30,746.	0.			PATIENT ASSISTANCE
WELLMONT HEALTH SYSTEM PO BOX 1089 BRISTOL, TN 37621	62-1636465		9,336.	0.			PATIENT ASSISTANCE
TENNESSEE ONCOLOGY 4230 HARDING RD # 707 E PLAZA NASHVILLE, TN 37205	62-1647259		291,387.	0.			PATIENT ASSISTANCE
E TN HEMATOLOGY ONCOLOGY 1406 TUSCULUM BLVD STE 2000 GREENEVILLE, TN 37745	62-1663564		8,307.	0.			PATIENT ASSISTANCE
FAMILY CANCER CENTER 6005 PARK AVE # 1000 B MEMPHIS, TN 38101	62-1714907		53,268.	0.			PATIENT ASSISTANCE
THE JONES CLINIC PO BOX 1000 DEPT 552 MEMPHIS, TN 38148	62-1717770		7,348.	0.			PATIENT ASSISTANCE

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LEWIS-GALE MEDICAL CENTER PO BOX 402830 ATLANTA, GA 30384	62-1760148		5,265.	0.			PATIENT ASSISTANCE
NASHVILLE ONCOLOGY ASSOC. 2011 CHURCH ST #701 PLAZA 1 NASHVILLE, TN 37203	62-1762036		42,536.	0.			PATIENT ASSISTANCE
FLOWERS HOSP PO BOX 404782 ATLANTA, GA 30384	62-1762412		6,197.	0.			PATIENT ASSISTANCE
JACKSON-MADISON COUNTY GENERAL HOSPITAL - PO BOX 3855 - JACKSON, TN 38303	62-6010402		8,420.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALTIES, PC PO BOX 18428 HUNTSVILLE, AL 35804	63-0897317		89,654.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF N AL 201 SIVLEY RD SE #600 HUNTSVILLE, AL 35801	63-0907980		13,030.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC LLC DEPARTMENT 3162 PO BOX 2153 BIRMINGHAM, AL 35287	63-1137578		10,046.	0.			PATIENT ASSISTANCE
MONTGOMERY CANCER CENTER 4145 CARMICHAEL RD # A MONTGOMERY, AL 36106	63-1155108		9,242.	0.			PATIENT ASSISTANCE
SOUTHEAST CANCER NETWORK PO BOX 2092 BIRMINGHAM, AL 35201	63-1171068		5,660.	0.			PATIENT ASSISTANCE

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BLOOD & CANCER CTR 202 E DR HICKS BLVD FLORENCE, AL 35630	63-1277866		6,249.	0.			PATIENT ASSISTANCE
UNIVERSITY OF AL AT BIRMINGHAM PO BOX 11407 BIRMINGHAM, AL 35246	63-6005396		9,887.	0.			PATIENT ASSISTANCE
HATTIESBURG CLINIC, P.A. PO BOX 2467 JACKSON, MS 39225	64-0507572		5,211.	0.			PATIENT ASSISTANCE
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		7,110.	0.			PATIENT ASSISTANCE
THE HEMATOLOGY & ONCOLOGY CLINIC 103 ASBURY CIRCLE HATTIESBURG, MS 39402	64-0803393		6,337.	0.			PATIENT ASSISTANCE
DELTA ONCOLOGY INC 333 HWY 82 WEST GREENWOOD, MS 38930	64-0932526		6,802.	0.			PATIENT ASSISTANCE
RETINA GROUP OF FL 5601 N DIXIE HWY #307 OAKLAND PARK, FL 33334	65-0017482		12,409.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 2300 S CONGRESS AVE # 103 BOYNTON BEACH, FL 33426	65-0539792		19,068.	0.			PATIENT ASSISTANCE
SOUTH FLORIDA ONCOLOGY HEMATOLOGY CONSULTANTS - 260 SW 84TH AVE # C - PLANTATION, FL 33324	65-0577436		6,370.	0.			PATIENT ASSISTANCE

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HEMATOLOGY ONCOLOGY ASSOC 1871 SE TIFFANY AVE # 100 FORT PIERCE, FL 34952	65-0696665		39,369.	0.			PATIENT ASSISTANCE
METROPOLITAN HEALTH NETWORK DBA METCARE ONCOLOGY - 250 S AUSTRALIAN AVE #400 - WEST PALM BEACH, FL 33401	65-0710916		20,197.	0.			PATIENT ASSISTANCE
FLORIDA CANCER SPECIALIST PL 4371 VERONICA S SHOEMAKER BLVD FORT MYERS, FL 33916	65-0825133		283,463.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA PO BOX 864582 ORLANDO, FL 32886	65-0879131		14,536.	0.			PATIENT ASSISTANCE
TREASURE COAST CANCER CARE 1700 SE HILLMOOR DR # 306 PORT SAINT LUCIE, FL 34952	65-0891840		6,787.	0.			PATIENT ASSISTANCE
CHARLES KHAN & WAYNE RISKIN MD PA 4700 SHERIDAN ST # C HOLLYWOOD, FL 33021	65-0900699		9,509.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOCIATES PO BOX 996 HAYDEN, ID 83835	65-1180332		8,547.	0.			PATIENT ASSISTANCE
OPTION CARE ENTERPRISES 2021 PAYSPPHERE CIRCLE CHICAGO, IL 60674	68-0208702		6,677.	0.			PATIENT ASSISTANCE
SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE #301 CARMICHAEL, CA 95608	68-0305843		39,627.	0.			PATIENT ASSISTANCE

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JOHN F KIRALY MD PO BOX 913 W SACRAMENTO, CA 95691	68-0309878		7,942.	0.			PATIENT ASSISTANCE
REDWOOD REGIONAL ONCOLOGY GROUP PO BOX 1559 SANTA ROSA, CA 95402	68-0344865		8,802.	0.			PATIENT ASSISTANCE
BEND MEMORIAL CLINIC PO BOX 6048 BEND, CA 97708	68-0637976		14,595.	0.			PATIENT ASSISTANCE
LITTLE ROCK DIAGNOSTIC CLINIC 10001 LILE DR LITTLE ROCK, AR 72205	71-0412630		6,557.	0.			PATIENT ASSISTANCE
COOPER CLINIC 6801 ROGERS AVE FORT SMITH, AR 72903	71-0445686		9,665.	0.			PATIENT ASSISTANCE
ARKANSAS ONCOLOGY ASSOC PO BOX 910860 DALLAS, TX 75391	71-0492053		14,118.	0.			PATIENT ASSISTANCE
LITTLE ROCK HEMATOLOGY ONCOLOGY 9500 LILE DR LITTLE ROCK, AR 72205	71-0583396		28,174.	0.			PATIENT ASSISTANCE
CENTRAL ARKANSAS HEMATOLOGY ONCOLOGY CLINIC PA - 133 HARMONY PARK CIR - HOT SPRINGS NATIONAL PARK, AR 71913	71-0627544		10,745.	0.			PATIENT ASSISTANCE
LITTLE ROCK CANCER CLINIC 500 S UNIVERSITY AVE #811 LITTLE ROCK, AR 72205	71-0779617		7,198.	0.			PATIENT ASSISTANCE

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HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72704	71-0788742		36,811.	0.			PATIENT ASSISTANCE
RANDY D ROBERTS MD 1000 E MATTHEWS AVE # C JONESBORO, AR 72401	71-0822361		47,625.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS PO BOX 668 SLINGERLANDS, NY 12159	71-0870207		7,477.	0.			PATIENT ASSISTANCE
UNIVERSITY OF AR FOR MEDICAL SCIENCE - 4301 W MARKHAM ST - LITTLE ROCK, AR 72250	71-6046242		6,241.	0.			PATIENT ASSISTANCE
LA ONCOLOGY 501 W ST MARY BLVD #200 LAFAYETTE, LA 70506	72-1188733		20,831.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY LIFE CTR 605 B MEDICAL CENTER DR ALEXANDRIA, LA 71301	72-1506854		7,150.	0.			PATIENT ASSISTANCE
ACADIANA ONCOLOGY 602 N LEWIS # 600 NEW IBERIA, LA 70563	72-1512320		7,855.	0.			PATIENT ASSISTANCE
ST ANTHONY HOSPITAL PO BOX 269009 OKLAHOMA CITY, OK 73126	73-0657693		24,004.	0.			PATIENT ASSISTANCE
MCBRIDE CLINIC 1110 N LEE OKLAHOMA CITY, OK 73103	73-0714291		29,274.	0.			PATIENT ASSISTANCE

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OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEARCH - 1430 TERRACE DR - TULSA, OK 74104	73-1522819		83,842.	0.			PATIENT ASSISTANCE
OKLAHOMA ARTHRITIS CTR 1701 S RENAISSANCE BLVD #110 EDMOND, OK 73013	73-1578116		15,197.	0.			PATIENT ASSISTANCE
IRONWOOD CANCER & RESEARCH CENTERS PO BOX 6423 CHANDLER, AZ 85246	73-1636831		204,040.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY 1 EAST CAMELBACK RD SUITE 700 PHOENIX, AZ 85012	73-1683689		77,353.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN ONCOLOGY CTR 6501 E 2ND CASPER, WY 82609	73-1684200		7,500.	0.			PATIENT ASSISTANCE
COMANCHE COUNTY MEMORIAL HOSPITAL PO BOX 129 LAWTON, OK 73502	73-6061037		19,872.	0.			PATIENT ASSISTANCE
CHARLES THOMAS MD RADIATION ONCO PO BOX 225529 DALLAS, TX 75222	74-1586031		8,400.	0.			PATIENT ASSISTANCE
AUSTIN DIAGNOSTIC CLINIC PO BOX 843768 DALLAS, TX 75284	74-1625143		14,114.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC 5939 HARRY HINES BLVD #400 DALLAS, TX 75235	74-1958530		29,597.	0.			PATIENT ASSISTANCE

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AUSTIN REGIONAL CLINIC PO BOX 260179 DALLAS, TX 75326	74-2109824		11,421.	0.			PATIENT ASSISTANCE
VITREORETINAL CONSULTANTS 6560 FANNIN #750 HOUSTON, TX 77030	74-2109903		57,075.	0.			PATIENT ASSISTANCE
RADIATION ONCOLOGY SAN ANTONIO PO BOX 1979 SAN ANTONIO, TX 78297	74-2332650		345,997.	0.			PATIENT ASSISTANCE
WACO HEMATOLOGY ONCOLOGY ASSOCIATES, PA - 2911 HERRING AVE # 209 - WACO, TX 76708	74-2569127		5,168.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF SOUTH TEXAS 1625 RODD FIELD RD CORPUS CHRISTI, TX 78412	74-2722597		11,858.	0.			PATIENT ASSISTANCE
CANCER CARE NETWORK OF S TX PO BOX 911234 DALLAS, TX 75391	74-2782325		151,203.	0.			PATIENT ASSISTANCE
MAYMAN GHRAOWI MD, PA 1205 S 19TH ST CORPUS CHRISTI, TX 78405	74-2815622		27,547.	0.			PATIENT ASSISTANCE
MASOUD KHORSAND- SAHBAIE MD PO BOX 1574 ROSWELL, NM 88202	74-2823514		11,230.	0.			PATIENT ASSISTANCE
EL PASO INTEGRATED PHYSICIANS GROUPS - 1810 MURCHISON DR #300 - EL PASO, TX 79902	74-2838972		8,263.	0.			PATIENT ASSISTANCE

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THOMAS SPANN CLINIC PA PO BOX 6409 CORPUS CHRISTI, TX 78466	74-2868847		5,717.	0.			PATIENT ASSISTANCE
SOUTH TX ONCOLOGY & HEMATOLOGY PO BOX 268 SAN ANTONIO, TX 78291	74-2915297		60,533.	0.			PATIENT ASSISTANCE
NOOR MERCHANT, MD 13060 US HIGHWAY # 1 SUITE A SEBASTIAN, FL 32958	74-3026893		9,684.	0.			PATIENT ASSISTANCE
PURCHASE CANCER GROUP PO BOX 7564 PADUCAH, KY 42003	74-3112051		7,500.	0.			PATIENT ASSISTANCE
TEXAS HEALTH PRESBYTERIAN HOSP DALLAS - PO BOX 910115 - DALLAS, TX 75391	75-1047527		6,826.	0.			PATIENT ASSISTANCE
COLLUM AND CARNEY CLINIC 5002 COWHORN CREEK RD TEXARKANA, TX 75503	75-1151440		7,500.	0.			PATIENT ASSISTANCE
CANCER CENTER ASSOCIATES PO BOX 730023 DALLAS, TX 75373	75-1312419		54,548.	0.			PATIENT ASSISTANCE
TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		453,088.	0.			PATIENT ASSISTANCE
TYLER HEMATOLOGY ONCOLOGY PA 721-A CLINIC DR TYLER, TX 75701	75-2288596		12,183.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREGORY A ECHT MD PA PO BOX 674004 DALLAS, TX 75267	75-2338371		14,994.	0.			PATIENT ASSISTANCE
FEBE LINDA ORO-CASTILLO 1105 MEMORIAL DR # 110 DENISON, TX 75020	75-2355001		5,238.	0.			PATIENT ASSISTANCE
THE CENTER CANCER AND BLOOD DISORDER - 800 W MAGNOLIA AVE - FORT WORTH, TX 76104	75-2512142		16,538.	0.			PATIENT ASSISTANCE
DALLAS DIAGNOSTIC ASSN OF GARLAND PO BOX 844128 DALLAS, TX 75284	75-2536818		9,593.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY ASSOC - 4002 21ST ST # B - LUBBOCK, TX 79407	75-2638688		6,009.	0.			PATIENT ASSISTANCE
MEDICAL EDGE HEALTHCARE GROUP PO BOX 650268 DALLAS, TX 75265	75-2648615		40,639.	0.			PATIENT ASSISTANCE
DALLAS ONCOLOGY CONSULTANTS, PA 310 E HIGHWAY 67 DUNCANVILLE, TX 75137	75-2653455		17,369.	0.			PATIENT ASSISTANCE
DOCTORS MEDICAL CENTER OF MODESTO FILE 57376 LOS ANGELES, CA 90074	75-2918774		7,500.	0.			PATIENT ASSISTANCE
DABAS CANCER INSTITUTE 12501 JUDSON RD # 102 SAN ANTONIO, TX 78233	75-3066737		5,623.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORAM ALTERNATIVE SITE SERVICE 11660 W EXECUTIVE DR BOISE, ID 83713	76-0215922		7,011.	0.			PATIENT ASSISTANCE
HOUSTON CANCER INSTITUTE 1220 BLALOCK # 205 HOUSTON, TX 77055	76-0326673		7,825.	0.			PATIENT ASSISTANCE
KELSEY SEYBOLD CLINIC PO BOX 847929 DALLAS, TX 75284	76-0386391		48,800.	0.			PATIENT ASSISTANCE
HOUSTON CANCER CLINIC 920 MEDICAL PLAZA DR #140 THE WOODLANDS, TX 77380	76-0528826		14,781.	0.			PATIENT ASSISTANCE
NORTHWEST DIAGNOSTIC CLINIC 1140 CYPRESS STATION DR HOUSTON, TX 77090	76-0530863		6,262.	0.			PATIENT ASSISTANCE
ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD STE 600 HOUSTON, TX 77024	76-0605200		9,178.	0.			PATIENT ASSISTANCE
BAKERSFIELD FAMILY MED PO BOX 7002 LANCASTER, CA 93539	77-0051579		9,699.	0.			PATIENT ASSISTANCE
PHYSICIANS PLAZA CORPORATION PO BOX 3628 BAKERSFIELD, CA 93385	77-0333077		9,439.	0.			PATIENT ASSISTANCE
RAVI PATEL MD 6501 TRUXTUN AVE BAKERSFIELD, CA 93309	77-0356364		19,403.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA HEM ONCOLOGY MEDICAL GROUP - 2040 VIBORG RD #235 - SOLVANG, CA 93463	77-0361234		34,071.	0.			PATIENT ASSISTANCE
SAN LUIS OBISPO EYE ASSOCIATES P O BOX 14038 SAN LUIS OBISPO, CA 93406	77-0410120		9,650.	0.			PATIENT ASSISTANCE
BARRY EIBSCHUTZ MD 1551 BISHOP ST # 230 SAN LUIS OBISPO, CA 93401	77-0485060		5,469.	0.			PATIENT ASSISTANCE
DANIEL WATROUS MD 5315 W HILLSDALE VISALIA, CA 93291	77-0542374		5,738.	0.			PATIENT ASSISTANCE
PUBLIC HOSPITAL DISTRICT #304, SKAGIT COUNTY - PO BOX 34936 DEPT 5008 - SEATTLE, WA 98124	81-0622393		6,661.	0.			PATIENT ASSISTANCE
NORTHERN HEMATOLOGY ONCOLOGY DEPT 1483 DENVER, CO 80291	83-0346340		12,512.	0.			PATIENT ASSISTANCE
ST JOSEPH HOSPITAL DEPT 224 DENVER, CO 80291	84-0417134		6,885.	0.			PATIENT ASSISTANCE
KAISER FOUNDATION HEALTH PLAN OF CO. - DEPT 1603 - DENVER, CO 80271	84-0591617		36,227.	0.			PATIENT ASSISTANCE
DENVER ARTHRITIS CLINIC PO BOX 201150 DENVER, CO 80220	84-0717541		16,794.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREELEY MEDICAL CLINIC 1900 16TH ST GREELEY, CO 80631	84-0979593		9,444.	0.			PATIENT ASSISTANCE
SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		20,137.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		80,508.	0.			PATIENT ASSISTANCE
NEW MEXICO ONCOLOGY HEMATOLOGY - ALBUQUERQUE - PO BOX 52163 MSC 609 - PHOENIX, AZ 85072	85-0367056		10,673.	0.			PATIENT ASSISTANCE
NEW MEXICO CANCER CARE ASSOC 490 A WEST ZIA RD SANTA FE, NM 87505	85-0463005		9,719.	0.			PATIENT ASSISTANCE
INTERNISTS ONCOLOGISTS LTD 1300 N 12TH ST # 612 PHOENIX, AZ 85006	86-0216599		8,246.	0.			PATIENT ASSISTANCE
PALO VERDE HEMATOLOGY AND ONCOLOGY 5601 W EUGIE AVE # 106 GLENDALE, AZ 85304	86-0416050		148,504.	0.			PATIENT ASSISTANCE
ARIZON ARTHRITIS-RHEUMATOLOGY 10599 N TATUM BLVD #F150 PARADISE VALLEY, AZ 85253	86-0765242		12,222.	0.			PATIENT ASSISTANCE
INTEGRATED MEDICAL SERVICES, INC PO BOX 9004 PHOENIX, AZ 85068	86-0783428		8,825.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CTR FOR HEMATOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD #C300 - GLENDALE, AZ 85306	86-0930581		104,918.	0.			PATIENT ASSISTANCE
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		90,343.	0.			PATIENT ASSISTANCE
HARRISON J BACHRACH MD PC PO BOX 52840 PHOENIX, AZ 85072	86-0956948		13,544.	0.			PATIENT ASSISTANCE
MICHAEL M LONG PO BOX 52840 PHOENIX, AZ 85072	86-1018668		9,750.	0.			PATIENT ASSISTANCE
JOHN SAER MD 3901 HOUMA BLVD #310 METAIRIE, LA 70006	86-1054334		10,911.	0.			PATIENT ASSISTANCE
CENTRAL UT CLINIC 1055 N 500 W # 202 PROVO, UT 84604	87-0281028		30,251.	0.			PATIENT ASSISTANCE
JEFFREY MATTHEWS MD 3650 N UNIVERSITY AVE #150 PROVO, UT 84604	87-0398215		5,005.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF UT 5169 S. COTTONWOOD ST #630 MURRAY, UT 84107	87-0525682		15,942.	0.			PATIENT ASSISTANCE
UTAH VALLEY PEDIATRICS 1355 N UNIVERSITY AVE #210 PROVO, UT 84604	87-0549057		11,553.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOW CANYON CANCER CLINIC 272 E CENTER ST #104 IVINS, UT 84738	87-0609622		6,654.	0.			PATIENT ASSISTANCE
ARTHRITIS SPECIALTY CTR 1448 E CENTER ST #E POCATELLO, ID 83201	87-0705248		6,598.	0.			PATIENT ASSISTANCE
NEVADA CANCER CTR PO BOX 26237 LAS VEGAS, NV 89126	88-0133767		34,276.	0.			PATIENT ASSISTANCE
ALPINE HEMATOLOGY AND ONCOLOGY 236 W 6TH ST # 400 RENO, NV 89503	88-0152239		5,657.	0.			PATIENT ASSISTANCE
LAS VEGAS CANCER CTR 2904 W HORIZON RIDGE PKWY #200 LAS VEGAS, NV 89052	88-0326483		9,959.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		59,564.	0.			PATIENT ASSISTANCE
ARTHRITIS MEDICAL CLINIC 5980 S RAINBOW # 100 LAS VEGAS, NV 89118	88-0392853		5,547.	0.			PATIENT ASSISTANCE
OSTEOPOROSIS & ARTHRITIS CENTER 10001 S EASTERN AVE #306 HENDERSON, NV 89052	88-0418235		10,454.	0.			PATIENT ASSISTANCE
SAN JOAQUIN HEMATOLOGY PO BOX 7667 STOCKTON, CA 95267	90-0085684		9,544.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRK DAVIDSON, MD PO BOX 1086 CROSSVILLE, TN 38557	90-0111512		7,404.	0.			PATIENT ASSISTANCE
THE EVERETT CLINIC PO BOX 5127 EVERETT, WA 98206	91-0214500		15,696.	0.			PATIENT ASSISTANCE
THE VANCOUVER CLINIC PO BOX 873010 VANCOUVER, WA 98687	91-0851599		5,467.	0.			PATIENT ASSISTANCE
OVERLAKE INTERNAL MEDICAL ASSOCIATES - ONCOLOGY - PO BOX 84088 - SEATTLE, WA 98124	91-0858190		7,500.	0.			PATIENT ASSISTANCE
CANCER CENTER NW PO BOX 3868 SPOKANE, WA 99220	91-1007627		9,556.	0.			PATIENT ASSISTANCE
ROGER MARIS CANCER CENTER 820 4TH ST N FARGO, ND 58122	91-1770748		6,525.	0.			PATIENT ASSISTANCE
NEBRASKA MEDICAL CENTER PO BOX 3839 OMAHA, NE 68103	91-1858433		5,023.	0.			PATIENT ASSISTANCE
NORTHWEST MEDICAL SPECIALTIES 1624 S I ST #305 TACOMA, WA 98405	91-1867315		22,343.	0.			PATIENT ASSISTANCE
COLUMBIA RHEUMATOLOGY 512 N YOUNG ST #C KENNEWICK, WA 99336	91-2066291		8,250.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA CENTER NORTHWEST 9800 LEVIN RD #203 SILVERDALE, WA 98383	91-2086736		6,327.	0.			PATIENT ASSISTANCE
SACRED HEART HOSPITAL PO BOX 569 EUGENE, OR 97440	93-0395583		8,044.	0.			PATIENT ASSISTANCE
NORTH BEND MEDICAL CTR 1900 WOODLAND DR COOS BAY, OR 97420	93-0635514		8,733.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOC OF OR P.O.BOX 79045 CITY OF INDUSTRY, CA 91716	93-0746296		26,691.	0.			PATIENT ASSISTANCE
PROVIDENCE ARTHRITIS CENTER 5050 NE HOYT ST # 155 PORTLAND, OR 97213	93-1097258		7,127.	0.			PATIENT ASSISTANCE
CORVALLIS CLINIC 3680 NW SAMARITAN DR CORVALLIS, OR 97330	93-1221257		8,666.	0.			PATIENT ASSISTANCE
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE #4030 SALEM, OR 97301	93-1273254		79,252.	0.			PATIENT ASSISTANCE
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		44,897.	0.			PATIENT ASSISTANCE
PALO ALTO MEDICAL FOUNDATION PO BOX 60000 FILE 74003 SAN FRANCISCO, CA 94160	94-1156581		12,830.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL HEMATOLOGY ONCOLOGY 2 MEDICAL PLAZA #200 ROSEVILLE, CA 95661	94-1696582		6,082.	0.			PATIENT ASSISTANCE
WEST COAST RETINA MEDICAL GROUP INC. - 185 BERRY ST #130 - SAN FRANCISCO, CA 94107	94-2275625		6,873.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY MED GRP OF FRESNO - 7130 N MILLBROOK AVE # 100 - FRESNO, CA 93720	94-2356945		17,013.	0.			PATIENT ASSISTANCE
IHC HEALTH SERVICES PO BOX 30180 SALT LAKE CITY, UT 84130	94-2854057		23,850.	0.			PATIENT ASSISTANCE
BAY AREA RETINA ASSOCIATES 122 LA CASA VIA #223 WALNUT CREEK, CA 94598	94-3064464		16,862.	0.			PATIENT ASSISTANCE
PACIFIC RHEUMATOLOGY ASSOC 2100 WEBSTER ST #112 SAN FRANCISCO, CA 94115	94-3166656		6,771.	0.			PATIENT ASSISTANCE
SAN FRANCISCO ONCOLOGY ASSOC 2100 WEBSTER ST # 326 SAN FRANCISCO, CA 94115	94-3255519		5,084.	0.			PATIENT ASSISTANCE
ONCARE HI P O BOX 30460 HONOLULU, HI 96820	94-3266406		7,828.	0.			PATIENT ASSISTANCE
EAST BAY MEDICAL ONC-HEMA 4721 DALLAS RANCH RD ANTIOCH, CA 94531	94-3306655		35,807.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEWS HEMATOLOGY ONCOLOGY ASSOCIATES - 3036 SENNA DR - MATTHEWS, NC 28105	94-3416694		24,170.	0.			PATIENT ASSISTANCE
UNIVERSITY OF SOUTHERN CALIFORNIA NORRIS CANCER HOSPITAL - FILE 749240 - LOS ANGELES, CA 90074	95-1642394		7,436.	0.			PATIENT ASSISTANCE
SANTA BARBARA COTTAGE HOSP FILE 53309 LOS ANGELES, CA 90074	95-1644629		5,919.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY MEDICAL GROUP 1010 W LA VETA AVE STE 200 ORANGE, CA 92868	95-2665069		57,641.	0.			PATIENT ASSISTANCE
WILSHIRE ONCOLOGY MEDICAL GRP 1502 ARROW HWY LA VERNE, CA 91750	95-2754041		62,244.	0.			PATIENT ASSISTANCE
NORTH COUNTY ONCOLOGY MED CLINIC 3617 VISTA WAY OCEANSIDE, CA 92056	95-3083886		38,073.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY SERVICES 3737 SAN DIMAS ST # 101 BAKERSFIELD, CA 93301	95-3159908		9,030.	0.			PATIENT ASSISTANCE
LOS ALAMITOS HEMATOLOGY ONCOLOGY 3801 KATELLA AVE #207 LOS ALAMITOS, CA 90720	95-3184731		9,986.	0.			PATIENT ASSISTANCE
VALLEY TUMOR MED GRP 44105 15TH ST W #207 LANCASTER, CA 93534	95-3275524		21,830.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INLAND HEMATOLOGY ONCOLOGY MED GRP INC - 401 C E HIGHLAND AVE - SAN BERNARDINO, CA 92404	95-3285720		6,620.	0.			PATIENT ASSISTANCE
XAVIER J CARO MD 18350 ROSCOE BLVD #418 NORTHRIDGE, CA 91325	95-3563324		10,792.	0.			PATIENT ASSISTANCE
DESERT MEDICAL GRP 275 N EL CIELO RD PALM SPRINGS, CA 92262	95-3898275		9,339.	0.			PATIENT ASSISTANCE
ONCOLOGY CARE 101 E BEVERLY BLVD # 200 MONTEBELLO, CA 90640	95-3929841		29,194.	0.			PATIENT ASSISTANCE
HIGH DESERT MEDICAL GROUP PO BOX 7007 LANCASTER, CA 93539	95-3930862		8,302.	0.			PATIENT ASSISTANCE
FACEY MEDICAL GROUP FILE 50670 LOS ANGELES, CA 90074	95-4322584		22,940.	0.			PATIENT ASSISTANCE
LOS ANGELES HEMATOLOGY & ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD #303 - LOS ANGELES, CA 90017	95-4332724		17,562.	0.			PATIENT ASSISTANCE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COPAY ASSISTANCE	604	8,288,625.	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: THESE FUNDS REPRESENT GRANTS MADE FOR THE
 BENEFIT OF PATIENTS. THROUGH AN APPLICATION PROCESS WHICH INCLUDES INCOME
 ATTESTATION WITH RANDOM VERIFICATION AGAINST CRITERIA SET BY THE BOARD, A
 DOCTOR'S ATTESTATION TO VALIDATE THE PATIENT MEDICAL NEED AND AN INSURANCE
 BENEFITS VERIFICATION, PAN ENSURES THAT ALL PATIENTS WHO REQUEST OUR
 SERVICES MEET THE CRITERIA FOR A DISEASE FUND BEFORE ANY FUNDS ARE
 DISBURSED. THE PATIENT'S GRANT WILL PROVIDE ASSISTANCE FOR THEIR
 RESPONSIBILITY (DEDUCTIBLE, CO-PAYMENT, OR COINSURANCE) FOR COVERED
 MEDICATION SERVICES AFTER PAYMENT FROM THE PRIMARY INSURANCE OR THE AMOUNT

Part IV Supplemental Information

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KORAB ZUKA	(i)	149,071.	35,062.	0.	7,176.	8,457.	199,766.	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)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: WHILE SERVING AS INTERIM PRESIDENT, HOUSING WAS PROVIDED FOR THE INTERIM PRESIDENT, PATRICK MCKERCHER.

PATRICK MCKERCHER RECEIVED COMPENSATION FROM MCKERCHER ASSOCIATES, AN UNRELATED ORGANIZATION, FOR HIS SERVICES TO THE FILING ORGANIZATION. HE RECEIVED \$89,015 IN 2011 AND A BONUS OF \$20,000 WAS ACCRUED FOR HIS SERVICES IN 2011, BUT NOT PAID UNTIL 2012.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MCKERCHER ASSOCIATES	PATRICK MCKERCHER,	111,000.	MCKERCHER A		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: MCKERCHER ASSOCIATES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PATRICK MCKERCHER, INTERIM PRESIDENT, IS OWNER OF MCKERCHER ASSOCIATES

(C) AMOUNT OF TRANSACTION \$ 111,000.

(D) DESCRIPTION OF TRANSACTION: MCKERCHER ASSOCIATES PERFORMED CONSULTING SERVICES FOR PATIENT ACCESS NETWORK FOUNDATION. THE TRANSACTION WAS CONDUCTED AT ARM'S LENGTH AND AT FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

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:

IN JUST SIX YEARS, PAN HAS HELPED OVER 110,860 PATIENTS BY PROVIDING
NEARLY \$187,245,807 IN FINANCIAL ASSISTANCE THROUGH OUR ADVOCACY FOR
THE GROWING UNDERINSURED POPULATION STRUGGLING WITH INCREASING
OUT-OF-POCKET COSTS.

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 37 ONCOLOGY AND CHRONIC
DISEASES. THESE 37 CONDITIONS INCLUDE BREAST CANCER, LUNG CANCER,
PANCREATIC CANCER, MULTIPLE MYELOMA, CYSTIC FIBROSIS AND KIDNEY
TRANSPLANTS.

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

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DETAILED FOLLOW UP AND RESOLUTION WILL OCCUR.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HIRED RUSSELL REYNOLDS ASSOCIATES, AN EXECUTIVE SEARCH FIRM, TO ASSIST WITH THE HIRING OF A NEW PRESIDENT. THE ORGANIZATION'S SEARCH COMMITTEE EVALUATED THE CANDIDATES AGAINST A DEFINED SET OF CRITERIA IN ORDER TO DETERMINE WHO WAS THE MOST APPROPRIATE PERSON TO LEAD THE ORGANIZATION. THE FULL BOARD OF DIRECTORS DISCUSSED, EVALUATED AND VOTED ON THE HIRING OF THE NEW PRESIDENT, PATRICK MCKERCHER. THE COMPENSATION OF THE PRESIDENT IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD REVIEWS THE FORM 990S OF ORGANIZATIONS WITH SIMILAR MISSIONS AND BUDGETS TO DETERMINE AN APPROPRIATE SALARY FOR THE PRESIDENT.

THE PRESIDENT DETERMINES ALL OTHER EMPLOYEES' COMPENSATION AND ALL BONUSES MUST BE APPROVED BY THE BOARD OF DIRECTORS.

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

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

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

NET UNREALIZED LOSSES ON INVESTMENTS: -502,922.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE

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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.