

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>PATIENT ACCESS NETWORK FOUNDATION</b>		<b>D Employer identification number</b> <b>20-1184743</b>	
	Doing business as		<b>E Telephone number</b> <b>202-347-9272</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1331 F STREET 975</b>		<b>G Gross receipts \$ 1,242,295,849.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20004</b>		<b>H(a) Is this a group return for subordinates? .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b>	
	<b>F Name and address of principal officer: DANIEL KLEIN SAME AS C ABOVE</b>		<b>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> If "No," attach a list. (see instructions)	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.PANFOUNDATION.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other **L Year of formation: 2004 M State of legal domicile: DC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HELPING UNDERINSURED PATIENTS ACCESS NEEDED MEDICAL TREATMENTS THROUGH CO-PAYMENT ASSISTANCE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 313,390,449.	<b>Current Year</b> 659,128,125.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,529,525.	14,065,775.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,919,974.	673,193,900.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	174,340,174.	496,427,781.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,408,099.	2,081,589.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	597,148.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,631,651.	12,866,965.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	188,379,924.	511,376,335.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	132,540,050.	161,817,565.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 387,017,900.	<b>End of Year</b> 586,880,848.
	<b>21</b> Total liabilities (Part X, line 26)	63,602,221.	93,515,280.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	323,415,679.	493,365,568.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>DANIEL KLEIN, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>KELLIANNE F. BENSON</b>		07.15.15		<b>P01345659</b>
Firm's name <b>CHERRY BEKAERT LLP</b>			Firm's EIN <b>56-0574444</b>		
Firm's address <b>1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204</b>			Phone no. <b>704-377-1678</b>		

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 506,081,457. including grants of \$ 496,427,781. ) (Revenue \$ ) IN 2014, PAN FOUNDATION CREATED, SOLICITED, AND DISTRIBUTED FUNDING AND ADMINISTERED GRANTS FOR MORE THAN 60 FUNDS REPRESENTING A SOLID FOOTPRINT IN THE AREAS OF ONCOLOGY, CHRONIC AND RARE DISEASES. PAN FOUNDATION ASSISTED A TOTAL OF 228,750 PATIENTS IN 2014. OF THAT TOTAL, 180,420 WERE PATIENTS SEEKING AND RECEIVING ASSISTANCE FROM THE PAN FOUNDATION FOR THE FIRST TIME. IN THE SAME YEAR, PAN PAID MORE THAN 930,342 CLAIMS RELATED TO PATIENTS' OUT OF POCKET PRESCRIPTION DRUG EXPENSES AND RECEIVED OVER 549,197 PHONE CALLS. PAN'S REACH INCLUDES PARTNERSHIPS WITH OVER 561 SPECIALTY PHARMACIES AND MORE THAN 28,000 PROVIDERS ACROSS THE USA.

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

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

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

4e Total program service expenses 506,081,457.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b> X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a	11	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	11	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **DC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **RICHARD L. GOLDSTEIN - 202-374-9279**  
**1331 F STREET NW, SUITE 975, WASHINGTON, DC 20004**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLAN GOLDSTEIN BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(2) ANITA PLOTINSKY BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(3) IAN SPATZ BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(4) MICHAEL O'GRADY BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(5) FRED SCHNELL BOARD OF DIRECTORS	3.00	X					6,000.	0.	0.	
(6) DONALD BARONE BOARD OF DIRECTORS	3.00	X					7,500.	0.	0.	
(7) NORRIE THOMAS BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(8) DAVID BORENSTEIN BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(9) GRANT LAWLESS BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(10) CONSTANCE GARCIA BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(11) KIM SCHWARTZ CHAIR OF BOARD OF DIRECTORS	5.00	X		X			12,000.	0.	0.	
(12) PATRICK MCKERCHER PRESIDENT (THRU 11/15/14)	40.00			X			318,180.	0.	34,053.	
(13) DANIEL KLEIN PRESIDENT & CEO (START 11/17/14)	40.00			X			47,533.	0.	132.	
(14) RICHARD GOLDSTEIN CFO & TREASURER	40.00			X			190,990.	0.	44,134.	
(15) KORAB ZUKA VP EXTRNL RELATIONS & OPS	40.00					X	149,616.	0.	15,810.	
(16) SVETLANA DURKOVIC DIRECTOR OF OPERATIONS	40.00					X	142,670.	0.	36,444.	
(17) AMY NILES DIRECTOR OF ALLIANCE DEVELOP	40.00					X	172,582.	0.	23,010.	



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	659,128,125.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		659,128,125.				
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>					
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		11,816,149.			11,816,149.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal				
		Less: rental expenses .....						
		Rental income or (loss) .....						
		Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .....						
		Gain or (loss) .....						
		Net gain or (loss) .....			2,249,626.			2,249,626.
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		Less: direct expenses .....	<b>b</b>					
		Net income or (loss) from fundraising events .....						
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
Less: direct expenses .....		<b>b</b>						
Net income or (loss) from gaming activities .....								
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	Less: cost of goods sold .....	<b>b</b>						
	Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b>	_____							
	_____							
	_____							
	All other revenue .....							
	<b>Total.</b> Add lines 11a-11d .....							
<b>12</b>	<b>Total revenue.</b> See instructions. ....			673,193,900.	0.	0.	14,065,775.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	491,136,246.	491,136,246.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,291,535.	5,291,535.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	964,940.	250,028.	583,700.	131,212.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	638,419.	33,017.	329,070.	276,332.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,681.	8,945.	28,277.	8,459.
<b>9</b> Other employee benefits	334,161.	122,018.	163,489.	48,654.
<b>10</b> Payroll taxes	98,388.	18,651.	50,765.	28,972.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	7,026,238.	7,026,238.		
<b>b</b> Legal	304,646.	230,152.	73,954.	540.
<b>c</b> Accounting	1,006,396.	831,427.	169,154.	5,815.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,427,407.		1,427,407.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,012,598.	154,653.	808,108.	49,837.
<b>12</b> Advertising and promotion	179,336.	179,336.		
<b>13</b> Office expenses	231,352.		219,442.	11,910.
<b>14</b> Information technology	40,220.		40,185.	35.
<b>15</b> Royalties				
<b>16</b> Occupancy	188,943.		188,943.	
<b>17</b> Travel	269,240.		236,929.	32,311.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	71,531.		69,512.	2,019.
<b>20</b> Interest	210,144.		210,144.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	22,261.		22,261.	
<b>23</b> Insurance	47,514.		46,462.	1,052.
<b>24</b> 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.)				
<b>a</b> <b>INNOVATION EXPENSES</b>	547,615.	547,615.		
<b>b</b> <b>ACTUARIAL EXPENSES</b>	251,596.	251,596.		
<b>c</b> <b>SYMPOSIUM</b>	20,451.		20,451.	
<b>d</b> <b>SURVEYS</b>	9,477.		9,477.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	511,376,335.	506,081,457.	4,697,730.	597,148.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	22,184,741.	<b>2</b>	70,454,531.
	<b>3</b> Pledges and grants receivable, net .....	86,245,000.	<b>3</b>	110,015,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	79,109.	<b>9</b>	123,173.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 128,394.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,085.	108,910.	<b>10c</b> 95,309.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	278,400,140.	<b>12</b>	406,192,835.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	387,017,900.	<b>16</b>	586,880,848.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,305,221.	<b>17</b>	10,586,050.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	57,297,000.	<b>25</b>	82,929,230.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	63,602,221.	<b>26</b>	93,515,280.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	16,109,943.	<b>27</b>	31,979,100.
	<b>28</b> Temporarily restricted net assets .....	307,305,736.	<b>28</b>	461,386,468.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	323,415,679.	<b>33</b>	493,365,568.	
<b>34</b> Total liabilities and net assets/fund balances .....	387,017,900.	<b>34</b>	586,880,848.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	673,193,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	511,376,335.
3	Revenue less expenses. Subtract line 2 from line 1	3	161,817,565.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	323,415,679.
5	Net unrealized gains (losses) on investments	5	8,132,324.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	493,365,568.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	35551233.	83632322.	179458330	313390449	659303125	1271335459.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	35551233.	83632322.	179458330	313390449	659303125	1271335459.
<b>5</b> 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) .....						875906711
<b>6 Public support.</b> Subtract line 5 from line 4.						395428748

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	35551233.	83632322.	179458330	313390449	659303125	1271335459.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2862450.	3798553.	4656432.	7150342.	11816149.	30283926.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1301619385.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	30.38 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	33.05 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

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

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

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2014**

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>13,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>70,329,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>155,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>49,575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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	_____ _____ _____	\$ <u>84,168,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>470,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>85,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>5,145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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		\$ <u>117,478,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ <u>172,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ <u>10,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ <u>1,175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ <u>850,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ <u>13,150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>1,260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>7,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>14,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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 <b>PATIENT ACCESS NETWORK FOUNDATION</b>	Employer identification number <b>20-1184743</b>
--	---

**Part III**

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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? (Yes/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? (Yes/No)

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use (e.g., recreation or education), Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure.
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.
Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No)
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | 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 XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,081.	794.	2,287.
d Equipment		125,313.	32,291.	93,022.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				95,309.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>ETFs AND CLOSED END FUNDS</b>	200,065,457.	END-OF-YEAR MARKET VALUE
(B) <b>MUTUAL FUNDS</b>	113,617,213.	END-OF-YEAR MARKET VALUE
(C) <b>GOV. &amp; AGENCY SECURITIES</b>	33,825,397.	END-OF-YEAR MARKET VALUE
(D) <b>CORPORATE BONDS</b>	57,524,768.	END-OF-YEAR MARKET VALUE
(E) <b>COMMON STOCK</b>	1,160,000.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	406,192,835.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CO PAYMENT ASSISTANCE OBLIGATION</b>	82,929,230.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	82,929,230.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	679,899,187.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	8,132,324.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,132,324.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	671,766,863.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,427,407.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-370.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,427,037.	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	673,193,900.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	509,949,298.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	370.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	370.	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	509,948,928.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,427,407.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,427,407.	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	511,376,335.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2014 AND 2013 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2011.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS SHOWN AS AN EXPENSE ON THE FINANCIALS -370.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS SHOWN AS AN EXPENSE ON THE FINANCIALS 370.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTERN MAINE MEDICAL CENTER 43 WHITING HILL RD BREWER, ME 04412	01-0211501		9,189.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL 144 STATE STREET PORTLAND, ME 04101	01-0211534		11,421.	0.			PATIENT ASSISTANCE
BLUE HILL MEMORIAL HOSPITAL-ONCOLOGY - 43 WHITING HILL RD - BREWER, ME 04412	01-0227195		17,351.	0.			PATIENT ASSISTANCE
ME EYE CARE 325 A KENNEDY MEMORIAL DR BENTON, ME 04901	01-0316462		5,544.	0.			PATIENT ASSISTANCE
MAINE EYE CENTER 15 LOWELL ST PORTLAND, ME 04102	01-0329291		69,738.	0.			PATIENT ASSISTANCE
MAINE CTR FOR CANCER AND BLOOD DISORDERS - 100 CAMPUS DR # 108 - SCARBOROUGH, ME 04074	01-0357684		271,135.	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 ▶ 1,560.

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

Schedule I (Form 990) (2014)

**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
EYECARE MEDICAL GROUP 53 SEWALL STREET PORTLAND, ME 04102	01-0358257		56,904.	0.			PATIENT ASSISTANCE
PAUL SHAPERO MD 700 MOUNT HOPE AVE # 430 BANGOR, ME 04401	01-0409500		5,663.	0.			PATIENT ASSISTANCE
MAINE VITREORETINAL CONSULTANTS PO BOX 4839 BELFAST, ME 04915	01-0493014		15,196.	0.			PATIENT ASSISTANCE
THE RETINA CTR OF ME 100 FODEN RD W SOUTH PORTLAND, ME 04106	01-0512852		15,783.	0.			PATIENT ASSISTANCE
MIDDLE TENNESSEE IMAGING 75 REMITTANCE DR # 6244 CHICAGO, IL 60675	01-0570490		13,989.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC OF BALTIMORE 1220 B EAST JOPPA RD #310 TOWSON, MD 21286	01-0606079		19,693.	0.			PATIENT ASSISTANCE
HOUSTON RETINA ASSOC 7789 SOUTHWEST FREEWAY STE 530 HOUSTON, TX 77074	01-0699322		16,256.	0.			PATIENT ASSISTANCE
FORT COLLINS NEUROLOGY PC 2121 E HARMONY RD # 270 FORT COLLINS, CO 80528	01-0756615		9,249.	0.			PATIENT ASSISTANCE
JOHN FOLEY MD PO BOX 95970 SO JORDAN, UT 84095	01-0759642		20,209.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESCHUTES RHEUMATOLOGY PO BOX 490 BEND, OR 97709	01-0922194		8,511.	0.			PATIENT ASSISTANCE
LAKES REGIONAL GENERAL HOSPITAL 80 HIGHLAND ST LACONIA, NH 03246	02-0222150		5,762.	0.			PATIENT ASSISTANCE
NEW HAMPSHIRE ONC HEMA 200 TECHNOLOGY DR HOOKSETT, NH 03106	02-0335060		31,531.	0.			PATIENT ASSISTANCE
NASHUA EYE ASSOCIATES 5 COLISEUM AVE NASHUA, NH 03063	02-0427686		5,558.	0.			PATIENT ASSISTANCE
FOUNDATION MEDICAL PARTNERS PO BOX 3677 NASHUA, NH 03061	02-0456218		8,481.	0.			PATIENT ASSISTANCE
HUNTERDON HEMATOLOGY & ONCOLOGY 2100 WESCOTT DR FLEMINGTON, NJ 08822	02-0543270		21,461.	0.			PATIENT ASSISTANCE
OCEAN COUNTY RETINA PC 780 RT 37 W #200 TOMS RIVER, NJ 08755	02-0673668		9,644.	0.			PATIENT ASSISTANCE
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		27,741.	0.			PATIENT ASSISTANCE
COMMUNITY CANCER CENTER OF N FLORIDA - PO BOX 830941 - BIRMINGHAM, AL 35283	03-0452526		6,145.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN VIEW CANCER ASSOC PO BOX 643388 PITTSBURGH, PA 15264	03-0480551		156,018.	0.			PATIENT ASSISTANCE
VA RETINA CONSULTANTS 600 PETER JEFFERSON PKWY #350 CHARLOTTESVILLE, VA 22911	03-0549949		7,195.	0.			PATIENT ASSISTANCE
LAWRENCE GENERAL HOSPITAL 1 GENERAL ST LAWRENCE, MA 01842	04-2103586		5,392.	0.			PATIENT ASSISTANCE
MOUNT AUBURN HEM/ONC ASSOCIATES PO BOX 382388 CAMBRIDGE, MA 02238	04-2103606		12,941.	0.			PATIENT ASSISTANCE
ANNA JAQUES HOSPITAL 25 HIGHLAND AVE NEWBURYPORT, MA 01950	04-2104338		5,791.	0.			PATIENT ASSISTANCE
DANA FARBER CANCER INSTITUTE INC PO BOX 414744 BOSTON, MA 02241	04-2263040		5,330.	0.			PATIENT ASSISTANCE
ROBERT A. WIZNIA, MD 850 HOWARD AVE NEW HAVEN, CT 06519	04-2343389		7,345.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTANTS OF BOSTON PO BOX 414654 BOSTON, MA 02241	04-2500346		14,132.	0.			PATIENT ASSISTANCE
MASSACHUSETTS GENERAL HOSP PO BOX 3947 BOSTON, MA 02241	04-2697983		5,244.	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
MEDICAL CENTER OF THE ROCKIES PO BOX 20060 FORT COLLINS, CO 80522	04-3730045		19,633.	0.			PATIENT ASSISTANCE
ATLANTIC RETINA CENTER 31455 WINTERPLACE PKWY SALISBURY, MD 21804	04-3769587		43,200.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS, INC 690 EDDY ST PROVIDENCE, RI 02903	05-0380297		33,854.	0.			PATIENT ASSISTANCE
MEDICAL GROUP OF RI 1050 WARWICK AVE WARWICK, RI 02888	05-0383917		9,347.	0.			PATIENT ASSISTANCE
KOCH EYE ASSOCIATES 566 TOLLGATE RD WARWICK, RI 02886	05-0391364		6,394.	0.			PATIENT ASSISTANCE
J. SCOTT TODER 1524 ATWOOD AVE # 333 JOHNSTON, RI 02919	05-0414921		5,425.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC OF RI, INC. - 1220 PONTIAC AVE #101 - CRANSTON, RI 02920	05-0475195		42,284.	0.			PATIENT ASSISTANCE
ACADIANA RETINA CONSULTANT 1101 S COLLEGE RD LAFAYETTE, LA 70503	05-0538463		20,475.	0.			PATIENT ASSISTANCE
ADRIANA POP-MOODY MD PA PO BOX 3806 CORPUS CHRISTI, TX 78463	05-0592086		16,431.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOL HOSPITAL INCORPORATED PO BOX 910 COLORADO SPGS, CO 80901	06-0646559		7,384.	0.			PATIENT ASSISTANCE
DANBURY HOSPITAL PO BOX 5153 STAMFORD, CT 06904	06-0646597		6,802.	0.			PATIENT ASSISTANCE
GREENWICH HOSPITAL PO BOX 8297 NEW HAVEN, CT 06530	06-0646659		12,324.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS P.C. 191 MAIN ST MANCHESTER, CT 06041	06-0968937		46,014.	0.			PATIENT ASSISTANCE
MIDDLESEX UROLOGY PC 520 SAYBROOK RD STE 100B MIDDLETOWN, CT 06457	06-0990617		5,913.	0.			PATIENT ASSISTANCE
CONNECTICUT ONCOLOGY GROUP 536 SAYBROOK RD MIDDLETOWN, CT 06457	06-1008486		38,859.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY AND BLOOD DISORDERS LLP - 100 HAYNES ST - MANCHESTER, CT 06040	06-1021367		23,762.	0.			PATIENT ASSISTANCE
RICHARD WEBER MD 1275 SUMMER ST STAMFORD, CT 06905	06-1191494		6,783.	0.			PATIENT ASSISTANCE
NEW ENGLAND RETINA ASSOC 2200 WHITNEY AV STE 300 HAMDEN, CT 06518	06-1414890		36,629.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT SINAI HOSPITAL 490 BLUE HILLS AVE HARTFORD, CT 06112	06-1422973		7,816.	0.			PATIENT ASSISTANCE
PRIMED 24881 NETWORK PL CHICAGO, IL 60673	06-1457427		7,967.	0.			PATIENT ASSISTANCE
CONNECTICUT RETINA CONSULTANTS 46 PRINCE ST SUITE 203 NEW HAVEN, CT 06519	06-1569126		21,555.	0.			PATIENT ASSISTANCE
CANCER CARE OF N FL PO BOX 1642 LAKE CITY, FL 32056	06-1641228		62,752.	0.			PATIENT ASSISTANCE
GULF COAST PODIATRY 2201 JENKS AVE CITY, FL 32405	06-1666115		6,319.	0.			PATIENT ASSISTANCE
IOWA CANCER SPECIALISTS, PC 1351 W CENTRAL PARK DAVENPORT, IA 52804	06-1666841		12,060.	0.			PATIENT ASSISTANCE
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT # 2 OCALA, FL 34471	06-1720582		29,977.	0.			PATIENT ASSISTANCE
VALLEY CANCER ASSOC PA 1719 TREASURE HILLS BLVD HARLINGEN, TX 78550	06-1831543		73,620.	0.			PATIENT ASSISTANCE
AUSTIN MA, MD 2100 SOLAR DR # 201 OXNARD, CA 93036	10-0004227		9,159.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTINGTON MEDICAL GROUP PO BOX 10022 UNIONDALE, NY 11555	11-2236309		30,942.	0.			PATIENT ASSISTANCE
LONG ISLAND JEWISH MED CTR 270-05 76TH AVE PARK, NY 11040	11-2241326		8,358.	0.			PATIENT ASSISTANCE
NORTSHORE HEMATOLOGY ONCOLOGY ASSOC - P.O. BOX 5773 - HICKSVILLE, NY 11802	11-2419534		186,334.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOCIATES 40 CROSSWAYS PARK DR WOODBURY, NY 11797	11-2477852		9,545.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTANTS OF LONG ISLAND - 865 MERRICK AVE #80N - WESTBURY, NY 11590	11-2498332		57,916.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC W SUFFOLK - 24 E MAIN ST - BAY SHORE, NY 11706	11-2543318		9,113.	0.			PATIENT ASSISTANCE
LONG ISLAND VITREO-RETINAL CONSULTANTS - 600 NORTHERN BLVD, STE 216 - GREAT NECK, NY 11021	11-2566918		203,289.	0.			PATIENT ASSISTANCE
JAMES MAISEL, MD 400 S OYSTER BAY RD # 305 HICKSVILLE, NY 11801	11-2806486		16,574.	0.			PATIENT ASSISTANCE
KINGS PARK SLOPE 357 FLATBUSH AVE BROOKLYN, NY 11238	11-2824774		36,868.	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
CENTER FOR EYE CARE 360 MONTAUK HIGHWAY WEST ISLIP, NY 11795	11-2942685		5,019.	0.			PATIENT ASSISTANCE
NORTH SHORE PULMONARY ASSOCIATES PC - 6 OHIO DR. SUITE 201 - LAKE SUCCESS, NY 11042	11-3088910		5,100.	0.			PATIENT ASSISTANCE
LONG ISLAND VITREO RETINAL CONSULTANTS - PO BOX 5496 - PO BOX 5496, ME 04915	11-3212097		8,264.	0.			PATIENT ASSISTANCE
PROHEALTH CARE ASSOCIATES 2800 MARCUS AVE LAKE SUCCESS, NY 11042	11-3355604		10,951.	0.			PATIENT ASSISTANCE
ACCREDITO HEALTH GRP 1640 CENTURY CTR STE 110 MEMPHIS, TN 38134	11-3358535		242,737.	0.			PATIENT ASSISTANCE
PARK SLOPE MEDICINE PC PO BOX 5450 NEW YORK, NY 10087	11-3362663		53,619.	0.			PATIENT ASSISTANCE
NORTH SHORE HEMATOLOGY ONCOLOGY 1201 NORTHERN BLVD MANHASSET, NY 11030	11-3472223		26,921.	0.			PATIENT ASSISTANCE
PROGRESSIVE ONCOLOGY PC 180 E MAIN ST # 5 BAY SHORE, NY 11706	11-3587594		7,417.	0.			PATIENT ASSISTANCE
EASTERN LONG ISLAND HEMATOLOGY ONCOLOGY - 1333 E MAIN ST - RIVERHEAD, NY 11901	11-3601943		7,992.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARK R FLECKNER MD P.C 520 FRANKLIN AV STE L6 GARDEN CITY, NY 11530	11-3625823		11,318.	0.			PATIENT ASSISTANCE
MARYLAND ONCOLOGY AND HEMATOLOGY PO BOX 75581 BALTIMORE, MD 21275	11-3652573		96,906.	0.			PATIENT ASSISTANCE
WEST PENN ALLEGHENY ONCOLOGY 247 MOREWOOD AVE OAKLAND, PA 15213	11-3683376		34,428.	0.			PATIENT ASSISTANCE
WEILL CORNELL EYE ASSOC BOX 29530 GPO NEW YORK, NY 10087	13-1623978		22,042.	0.			PATIENT ASSISTANCE
MOUNT SINAI HOSPITAL PO BOX 27759 NEW YORK, NY 10087	13-1624096		5,114.	0.			PATIENT ASSISTANCE
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 10467	13-1740114		68,867.	0.			PATIENT ASSISTANCE
NYACK HOSPITAL 160 N MIDLAND AVE NYACK, NY 10960	13-1740119		10,887.	0.			PATIENT ASSISTANCE
NATHANIEL WISCH, GRUENSTEIN, KLAFTER - 12 E 86TH ST - NEW YORK, NY 10028	13-2667055		6,566.	0.			PATIENT ASSISTANCE
OPHTHALMOLOGY ASSOC OF STATEN ISLAND - 1460 VICTORY BLVD - STATEN ISLAND, NY 10301	13-2674220		26,626.	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
VITREOUS RETINA MACULA CONSULTANTS OF NY - 460 PARK AVE 5TH FLOOR - NEW YORK, NY 10022	13-2721177		44,503.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF NEW YORK, PC 140 EAST 80TH ST NEW YORK, NY 10021	13-3362125		13,699.	0.			PATIENT ASSISTANCE
RETINA CONSULTATIONS 915 PALMER RD BRONXVILLE, NY 10708	13-3384277		23,719.	0.			PATIENT ASSISTANCE
DR. GEORGE KLEIN 157 EAST 72ND ST NEW YORK, NY 10021	13-3499043		19,653.	0.			PATIENT ASSISTANCE
MT KISCO MEDICAL GROUP PC PO BOX 7247 6822 PHILADELPHIA, PA 19170	13-3544120		6,755.	0.			PATIENT ASSISTANCE
JEFFREY JOSEF MD 257 LAFAYETTE AVE ROUTE 59 AIRMONT, NY 10901	13-3672356		19,929.	0.			PATIENT ASSISTANCE
WESTCHESTER HEMATOLOGY ONCOLOGY PO BOX 663 BEDFORD CORNERS, NY 10549	13-3672555		6,417.	0.			PATIENT ASSISTANCE
CRAIG M FERN, MD 34 S BROADWAY SUITE 112 WHITE PLAINS, NY 10601	13-4037432		8,929.	0.			PATIENT ASSISTANCE
OLIVE OSBORNE MD 2426 E CHESTER RD # 203 BRONX, NY 10469	13-4120055		5,859.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEENS MEDICAL ASSOCIATES 176-60 UNION TPKE # 360 FRESH MEADOWS, NY 11366	13-4145867		82,768.	0.			PATIENT ASSISTANCE
LOUIS MAISEL MD 20 SQUADRON BLVD # 102 NEW CITY, NY 10956	13-4168604		11,172.	0.			PATIENT ASSISTANCE
MICHAEL NISSEN MD PC 1317 THIRD AVE GROUND FL NEW YORK, NY 10021	13-4174737		12,235.	0.			PATIENT ASSISTANCE
GOLDEN TRIANGLE RADIATION ONCOLOGY DEPT 283 PO BOX 4869 HOUSTON, TX 77210	13-4212115		62,345.	0.			PATIENT ASSISTANCE
BASSETT HEALTHCARE - REGIONAL CANCER PROGRAM - 178 GRANDVIEW DR., - COBLESKILL, NY 12043	13-5596796		13,759.	0.			PATIENT ASSISTANCE
ELIZABETHTOWN COMMUNITY 75 PARK ST ELIZABETHTOWN, NY 12932	14-1364513		15,000.	0.			PATIENT ASSISTANCE
PREMIER MEDICAL GROUP OF THE HUDSON VALLEY PC - 243 NORTH RD., #304 - POUGHKEEPSIE, NY 12601	14-1536357		107,015.	0.			PATIENT ASSISTANCE
MID- HUDSON RETINA CONSULTANTS 450 GIDNEY AVE NEWBURGH, NY 12550	14-1636401		26,447.	0.			PATIENT ASSISTANCE
HUDSON VALLEY HEMA/ONC 19 BAKER AVE #100 POUGHKEEPSIE, NY 12601	14-1645596		9,127.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID SPERBER CLINIC 113 S. JENSEN RD. VESTAL, NY 13850	14-1789555		25,503.	0.			PATIENT ASSISTANCE
NEW YORK ONCOLOGY HEMATOLOGY, PC 43 NEW SCOTLAND AVE MC7 ALBANY, NY 12208	14-1799724		55,986.	0.			PATIENT ASSISTANCE
RETINA CARE CONSULTANTS 223 GREAT OAKS BLVD ALBANY, NY 12203	14-1814470		19,515.	0.			PATIENT ASSISTANCE
CAREMORE MEDICAL GRP INC PO BOX 51238 LOS ANGELES, CA 90051	14-1943214		12,935.	0.			PATIENT ASSISTANCE
BLUEGRASS RETINAL CONSULTANTS PO BOX 34064 LEXINGTON, KY 40588	14-1963036		26,330.	0.			PATIENT ASSISTANCE
CLAXTON- HEPBURN MEDICAL CENTER 214 KING STREET OGDENSBURG, NY 13669	15-0559686		20,265.	0.			PATIENT ASSISTANCE
TARIQ MAHMOOD MD 2828 N GLENHAVEN DR MIDWEST CITY, OK 73110	15-6741987		7,988.	0.			PATIENT ASSISTANCE
FREDERICK FERRIS THOMPSON HOSPITAL 350 PARRISH STREET CANANDAIGUA, NY 14424	16-0743024		6,157.	0.			PATIENT ASSISTANCE
ROCHESTER GENERAL HOSPITAL PO BOX 10758 ROCHESTER, NY 14610	16-0743134		6,055.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPITAL - 601 ELMWOOD AVE BOX MED - ROCHESTER, NY 14642	16-0743209		6,582.	0.			PATIENT ASSISTANCE
EYE CONSULTANTS OF SYRACUSE 1101 ERIE BLVD E #100 SYRACUSE, NY 13210	16-0988563		7,479.	0.			PATIENT ASSISTANCE
RETINA VITREOUS SURGEONS OF CNY PC 3107 E GENESEE ST SYRACUSE, NY 13224	16-0993668		366,967.	0.			PATIENT ASSISTANCE
BUFFALO MEDICAL GROUP PO BOX 8000 DEPT 316 BUFFALO, NY 14267	16-1000580		40,372.	0.			PATIENT ASSISTANCE
RAMAN SOOD PC 617 CENTRAL AVE DUNKIRK, NY 14048	16-1059338		9,663.	0.			PATIENT ASSISTANCE
PETER FORGACH MD 405 INTERNATIONAL DR BUFFALO, NY 14221	16-1149487		6,083.	0.			PATIENT ASSISTANCE
UNIVERSITY EYE SPECIALIST 2469 STATE ROUTE 19 N WARSAW, NY 14569	16-1178293		40,868.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF WESTERN NEW YORK - 160 SAWGRASS DR #200 - ROCHESTER, NY 14620	16-1182825		57,129.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY OF CENTRAL NY PO BOX 2010 EAST SYRACUSE, NY 13057	16-1184100		6,128.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAIR, PC 300 MERIDIAN CENTRE #300 ROCHESTER, NY 14618	16-1251533		8,835.	0.			PATIENT ASSISTANCE
ISOSCELES D GARBES MD 3612 SENECA ST BUFFALO, NY 14224	16-1320291		41,608.	0.			PATIENT ASSISTANCE
BUFFALO RHEUMATOLOGY 3055 SW N BLVD #100 ORCHARD PARK, NY 14127	16-1359836		50,005.	0.			PATIENT ASSISTANCE
EYE CARE FOR THE ADIRONDACKS 450 MARGARET ST PLATTSBURGH, NY 12901	16-1415081		12,493.	0.			PATIENT ASSISTANCE
ANDREW Y SOH MD 2950 ELMWOOD AVE KENMORE, NY 14120	16-1463804		6,486.	0.			PATIENT ASSISTANCE
ROME MEMORIAL HOSPITAL-WOUND CARE 1500 N JAMES ST ROME, NY 13440	16-1471634		5,742.	0.			PATIENT ASSISTANCE
DEPARTMENT OF MEDICINE PO BOX 4848 SYRACUSE, NY 13221	16-1475278		23,051.	0.			PATIENT ASSISTANCE
ATUL BUTALA PHYSICIAN PC 807 NEWELL ST UTICA, NY 13502	16-1482569		7,603.	0.			PATIENT ASSISTANCE
UNIVERSITY OPHTHALMOGY SERVICE PO BOX 3297 BUFFALO, NY 14240	16-1492711		5,417.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERLAKES ONCOLOGY AND HEMATOLOGY 211 WHITE SPRUCE BLVD ROCHESTER, NY 14623	16-1495236		8,158.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS & SURGEON 10 HAGEN DR. # 220 ROCHESTER, NY 14625	16-1507908		5,332.	0.			PATIENT ASSISTANCE
ROSWELL PARK CANCER INSTITUTE PRACTICE PLAN - PO BOX 8000 DEPT 821 - BUFFALO, NY 14267	16-1552370		73,087.	0.			PATIENT ASSISTANCE
NORTH COUNTRY ONCOLOGY PO BOX 2002 EAST SYRACUSE, NY 13057	16-1555650		18,019.	0.			PATIENT ASSISTANCE
BROOME ONCOLOGY 30 HARRISON ST # 100 JOHNSON CITY, NY 13790	16-1611703		155,495.	0.			PATIENT ASSISTANCE
RETINA HEALTH CTR 1567 HAYLEY LANE STE 101 FORT MYERS, FL 33907	16-1625376		85,473.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF SOUTH TX - PO BOX 823 - SAN ANTONIO, TX 78293	16-1751617		10,691.	0.			PATIENT ASSISTANCE
NEUROLOGY MEDICAL SERVICE GROUP, LLP - PO BOX 4738 - SYRACUSE, NY 13221	16-6066240		15,489.	0.			PATIENT ASSISTANCE
MARTIN A BOSCARINO MD PO BOX 8000 DEPT 327 BUFFALO, NY 14267	16-6528607		14,279.	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
ELLEN S. LATHI MD PA PO BOX 9132 BROOKLINE, MA 02446	17-4449475		5,092.	0.			PATIENT ASSISTANCE
DENISE L KAYSER 3536 MENDOCINO AVE #380 LARKFIELD, CA 95403	18-5507703		17,329.	0.			PATIENT ASSISTANCE
DR SCOTT BARRON PO BOX 6137 MONROE, LA 71211	20-0079867		16,898.	0.			PATIENT ASSISTANCE
CENTRAL FL RETINA INSTITUTE, PA 2202 LAKELAND HILLS BLVD LAKELAND, FL 33805	20-0092126		79,188.	0.			PATIENT ASSISTANCE
TRI-STATE REGIONAL CANCER CENTER PO BOX 200 EAST LIVERPOOL, OH 43920	20-0105817		19,229.	0.			PATIENT ASSISTANCE
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATES - 148 WEST NORTH ST - SPRINGFIELD, OH 45504	20-0240117		46,284.	0.			PATIENT ASSISTANCE
MULTISPECIALTY GROUP OF TX PA 1200 BINZ # 1130 HOUSTON, TX 77004	20-0244683		20,904.	0.			PATIENT ASSISTANCE
SEAN M ROONEY MD PHD 1414 W FAIR AVE # 150 MARQUETTE, MI 49855	20-0247592		5,251.	0.			PATIENT ASSISTANCE
CHRISTOPHER T SOPRENUK MD 9846 US HWY 441 BLDG 1 LEESBURG, MO 64788	20-0302323		5,489.	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
SLOCUM - DIXON MEDICAL GROUP PLLC 1729 BURRSTONE RD NEW HARTFORD, NY 13413	20-0362623		10,659.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGLER DR #620 - WEST PALM BEACH, FL 33401	20-0468264		17,726.	0.			PATIENT ASSISTANCE
ORANGETOWN OPHTHALMOLOGY 2 CROSFIELD AVE # 315 WEST NYACK, NY 10994	20-0544390		9,264.	0.			PATIENT ASSISTANCE
CANCER CTR OF HUNTVILLE 201 GOVERNORS DR # 320 HUNTSVILLE, AL 35801	20-0546686		69,654.	0.			PATIENT ASSISTANCE
MCBRIDE CLINIC PO BOX 268981 OKLAHOMA CITY, OK 73103	20-0561474		9,129.	0.			PATIENT ASSISTANCE
CANCER CENTER INSTITUTE OF CAROLINA - 111 MIRACLE DR - AIKEN, SC 29801	20-0566725		19,336.	0.			PATIENT ASSISTANCE
UROLOGY ASSOCIATES GREEN BAY 720 S VAN BUREN ST # 301 GREEN BAY, WI 54301	20-0610936		20,614.	0.			PATIENT ASSISTANCE
HIGH COUNTRY MACULAR RETINA VITREOUS - 465 ST MICHAELS DR #205 - SANTA FE, NM 87505	20-0660971		5,922.	0.			PATIENT ASSISTANCE
MONTGOMERY CANCER CTR 644 MAYSVILLE RD #10 MOUNT STERLING, KY 40353	20-0671902		7,890.	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
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		708,903.	0.			PATIENT ASSISTANCE
RETINA MACULA INSTITUTE 4201 TORRENCE BLVD TORRANCE, CA 90503	20-0804641		5,041.	0.			PATIENT ASSISTANCE
LOW COUNTRY CANCER CARE 225 CANDLER DR # 201 SAVANNAH, GA 31405	20-0815546		20,203.	0.			PATIENT ASSISTANCE
ASHEVILLE NEUROLOGY SPECIALISTS PA 31 DOGWOOD RD ASHEVILLE, NC 28806	20-0912649		8,672.	0.			PATIENT ASSISTANCE
HARSHI BAINS MD PA 1519 E FRONT ST TYLER, TX 75702	20-0937057		37,011.	0.			PATIENT ASSISTANCE
CANCER HLTH TREATMENT CTRS 8127 MERRILLVILLE RD MERRILLVILLE, IN 46410	20-1090689		35,320.	0.			PATIENT ASSISTANCE
IDAHO UROLOGIC INST MERIDIAN 2855 E MAGIC VIEW DR 2ND FL MERIDIAN, ID 83642	20-1300128		6,957.	0.			PATIENT ASSISTANCE
RETINA AND MACULA CONSULTANTS 2400 S MCCALL RD STE A ENGLEWOOD, FL 34224	20-1327973		22,306.	0.			PATIENT ASSISTANCE
OCALA INFECTIOUS DISEASE AND WOUND CTR - 2651 SW 32ND PL - OCALA, FL 34471	20-1422124		6,781.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA ASSOCIATES OF CORAL SPRINGS PA - 1881 N UNIVERSITY DR # 112 - CORAL SPRINGS, FL 33071	20-1442781		18,736.	0.			PATIENT ASSISTANCE
KENT W SMALL MD A MEDICAL CORPORATION - PO BOX 261143 - ENCINO, CA 91426	20-1561834		10,618.	0.			PATIENT ASSISTANCE
NORTH WEST FLA HEM / ONC P A 301 W 26TH ST LYNN HAVEN, FL 32444	20-1606423		25,605.	0.			PATIENT ASSISTANCE
BARBARA ANN KARMANOS P.O. BOX 673352 DETROIT, MI 48267	20-1649466		25,635.	0.			PATIENT ASSISTANCE
NORTH CYPRESS MED CTR PO BOX 4100 HOUSTON, TX 77210	20-1726203		5,774.	0.			PATIENT ASSISTANCE
UROPARTNERS, LLC 3183 PAYSHERE CIR CHICAGO, IL 60674	20-1780406		39,411.	0.			PATIENT ASSISTANCE
CENTRAL OHIO UROLOGY GROUP INC PO BOX 712616 CINCINNATI, OH 45271	20-1781799		72,104.	0.			PATIENT ASSISTANCE
UNIVERSITY CANCER & BLOOD CENTER 3320 OLD JEFFERSON RD #700 ATHENS, GA 30607	20-1842623		73,518.	0.			PATIENT ASSISTANCE
UROLOGY HEALTH SPECIALIST LLC PO BOX 1287 BLUE BELL, PA 19422	20-1982990		19,231.	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
FRONT RANGE CANCER SPECIALISTS 2315 E HARMONY RD # 110 FORT COLLINS, CO 80528	20-1989197		60,460.	0.			PATIENT ASSISTANCE
ROBERT REYNOLDS MD 13301 N MERIDIAN AVE STE 501 NICHOLS HILLS, OK 73120	20-2001573		9,032.	0.			PATIENT ASSISTANCE
DR MARTA T BOGNAR MD 961 A SMOKY MOUNTAIN SPRINGS LN GAINESVILLE, GA 30501	20-2052607		12,878.	0.			PATIENT ASSISTANCE
VITREORETINAL CONSULTANTS OF FORT WAYNE PC - NW 6459 PO BOX 1450 - MINNEAPOLIS, MN 55485	20-2269941		7,886.	0.			PATIENT ASSISTANCE
CONTRA COSTA ONCOLOGY 500 LENNON LN WALNUT CREEK, CA 94598	20-2298787		21,441.	0.			PATIENT ASSISTANCE
GROUP HEALTH ASSOCIATES 4600 WESLEY AVE #N CINCINNATI, OH 45212	20-2305158		16,718.	0.			PATIENT ASSISTANCE
CATALINA POINTE ARTHRITIS & RHEU SPECIALIST - 7520 N ORACLE RD - TUCSON, AZ 85704	20-2335169		28,736.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY RADIATION LLC PO BOX 864381 ORLANDO, FL 32886	20-2627516		158,890.	0.			PATIENT ASSISTANCE
ARIZONA RAD THER MGMT SERVICES PO BOX 863571 REDDICK, FL 32686	20-2743876		7,466.	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
ANIL PONNAMBALAM MD 40 BEY LEA RD # B102 TOMS RIVER, NJ 08753	20-2814225		13,877.	0.			PATIENT ASSISTANCE
UNIVERSITY RETINA & MACULA ASSOCIATES, PC - 6320 159TH ST. # A - OAK FOREST, IL 60452	20-2842935		19,946.	0.			PATIENT ASSISTANCE
DR. SIRUS HAMZAVI PO BOX 830 AUBURN, ME 04212	20-2856367		40,370.	0.			PATIENT ASSISTANCE
MEDICAL ONC & HEMATOLOGY, PC 4242 FARNAM ST #590 OMAHA, NE 68131	20-2862217		7,983.	0.			PATIENT ASSISTANCE
ARTHRITIS AND RHEUMATIC DISEASES OF S. FLORIDA - N HIATUS RD STE 105 - HOLLYWOOD, FL 33026	20-2897801		9,928.	0.			PATIENT ASSISTANCE
DANVILLE HEMATOLOGY AND ONCOLOGY 142 S MAIN ST DANVILLE, VA 24541	20-2999870		111,142.	0.			PATIENT ASSISTANCE
RICHMOND CANCER AND BLOOD DISORDER PC - 15 OLD FARMERS LN - STATEN ISLAND, NY 10304	20-3064911		6,284.	0.			PATIENT ASSISTANCE
PREMIER FOOT CLINIC 705 HIGHWAY 80 WEST CLINTON, MS 39056	20-3085717		11,278.	0.			PATIENT ASSISTANCE
DAYTON PHYSICIANS PO BOX 635098 CINCINNATI, OH 45263	20-3130844		255,335.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OPTIONCARE, LLC 4088 PAYSHERE CIRCLE CHICAGO, IL 60674	20-3203588		16,348.	0.			PATIENT ASSISTANCE
MONTGOMERY CANCER CENTER 4145 CARMICHAEL RD # A MONTGOMERY, AL 36106	20-3204949		36,660.	0.			PATIENT ASSISTANCE
PONTCHATRAIN HEMATOLOGY ONCOLOGY 15752 MEDICAL ARTS PLAZA #101 HAMMOND, LA 70403	20-3218016		36,439.	0.			PATIENT ASSISTANCE
COLORADO RETINA ASSOCIATES PC P O BOX 17949 DENVER, CO 80217	20-3288374		229,432.	0.			PATIENT ASSISTANCE
CANCER CTRS OF SW OK 104 NW 31ST ST LAWTON, OK 73505	20-3315309		25,356.	0.			PATIENT ASSISTANCE
MARION HEART CENTER 1040 SW 2ND AVE OCALA, FL 34474	20-3316494		14,658.	0.			PATIENT ASSISTANCE
ATLANTIC PODIATRY CENTER 2209 S 25TH ST FORT PIERCE, FL 34947	20-3403892		6,212.	0.			PATIENT ASSISTANCE
SAND LAKE CANCER CENTER 7301 STONEROCK CIR STE 2 ORLANDO, FL 32885	20-3546219		25,372.	0.			PATIENT ASSISTANCE
UROLOGY GROUP OF NEW JERSEY PO BOX 11346 BELFAST, ME 04915	20-3598247		65,102.	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
FAMILY FOOT & ANKLE 7550 SW 61ST AVE# 1 OCALA, FL 34476	20-3612404		5,741.	0.			PATIENT ASSISTANCE
RONALD S WEISS MD SC 7120 W CERMAK RD BERWYN, IL 60402	20-3639008		47,920.	0.			PATIENT ASSISTANCE
OH RETINA ASSOC 4690 MUNSON ST NW CANTON, OH 44718	20-3787354		29,000.	0.			PATIENT ASSISTANCE
WA HEMATOLOY ONCOLOGY PO BOX 996 HAYDEN, ID 83835	20-3813320		10,427.	0.			PATIENT ASSISTANCE
STOCKTON HEMATOLOGY ONCOLOGY MED GRP - 2626 N CALIFORNIA ST #B - STOCKTON, CA 95204	20-3850829		33,926.	0.			PATIENT ASSISTANCE
SEATTLE ARTHRITIS CLINIC PO BOX 77033 SEATTLE, WA 98177	20-3890258		5,554.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE 4411 BEN FRANKLIN RD DURHAM, NC 27704	20-3911637		25,483.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY OF GA 980 JOHNSON FERRY RD NE # 220 ATLANTA, GA 30342	20-3926179		11,901.	0.			PATIENT ASSISTANCE
SOUTHERN NEW ENGLAND RETINA ASSOC 1 RANDALL SQUARE STE 206 PROVIDENCE, RI 02904	20-3935214		32,291.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN RHEUMATOLOGY INFUSION CTR, LLC - 4500 E 9TH AVE STE #500S - DENVER, CO 80220	20-4226014		8,225.	0.			PATIENT ASSISTANCE
ANTIETAM ONCOLOGY HEMATOLOGY 1130 OPAL CT HAGERSTOWN, MD 21740	20-4253140		10,391.	0.			PATIENT ASSISTANCE
INTEGRATED MEDICAL PROFESSIONALS PLLC - 532 BROADHOLLOW RD # 142 - MELVILLE, NY 11747	20-4483367		107,469.	0.			PATIENT ASSISTANCE
EMORY SPECIALTY ASSOC LLC PO BOX 102398 ATLANTA, GA 30368	20-4700877		55,487.	0.			PATIENT ASSISTANCE
ROBERT E. PARNES, MD 10000 PRESTWICH TERRACE IJAMSVILLE, MD 21754	20-4841431		34,627.	0.			PATIENT ASSISTANCE
CANCER CTR OF CENTRAL CT 55 MERIDEN AVE #1A SOUTHTONINGTON, CT 06489	20-4892866		8,724.	0.			PATIENT ASSISTANCE
SOUTH TEXAS ARTHRITIS CARE CENTER PO BOX 34 SAN ANTONIO, TX 78291	20-4935811		15,291.	0.			PATIENT ASSISTANCE
CAROLINA RETINA INSTITUTE PC 940 SE CARY PKWY # 100 CARY, NC 27518	20-4959255		5,581.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF NC 2605 BLUERIDGE RD #220 RALEIGH, NC 27607	20-5100384		32,754.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPE FEAR RETINAL ASSOCIATES 1104 MEDICAL CENTER DR WILMINGTON, NC 28401	20-5203879		10,842.	0.			PATIENT ASSISTANCE
HAVASU REGIONAL MEDICAL CENTER PO BOX 3030 LAKE HAVASU CITY, AZ 86405	20-5220956		11,639.	0.			PATIENT ASSISTANCE
OLATHE CANCER CENTER 20375 W 151ST ST OLATHE, KS 66061	20-5243667		12,215.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL SPECIALISTS PO BOX 850001 ORLANDO, FL 32885	20-5283786		5,062.	0.			PATIENT ASSISTANCE
ACADEMIC UROLOGY OF PA PO BOX 95000-3505 PHILADELPHIA, PA 19195	20-5328092		18,260.	0.			PATIENT ASSISTANCE
CHARLESTON HEMATOLOGY-ONCOLOGY 2085 HENRY TECKLENBURG BLVD 2ND FL CHARLESTON, SC 29414	20-5615148		198,459.	0.			PATIENT ASSISTANCE
THE MACULA CENTER OF NC 630 5TH AVE WEST HENDERSONVILLE, NC 28739	20-5724902		12,940.	0.			PATIENT ASSISTANCE
TAKE CARE HEALTH SERVICES 16752 COLLECTION CTR DR CHICAGO, IL 60693	20-5737038		7,410.	0.			PATIENT ASSISTANCE
WAVERLY HEMATOLOGY ONCOLOGY PO BOX 601043 CHARLOTTE, NC 28260	20-5815295		23,973.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARK H NELSON MD 750 HIGHLAND OAKS DR #100 WINSTON SALEM, NC 27103	20-5932901		33,010.	0.			PATIENT ASSISTANCE
PORTLAND RHEUMATOLOGY CLINIC LLC 10230 SW CAPITOL HWY PORTLAND, OR 97219	20-5978270		20,801.	0.			PATIENT ASSISTANCE
MARK MICHELS MD 3399 PGA BLVD # 220 PALM BEACH GARDENS, FL 33410	20-8005671		18,549.	0.			PATIENT ASSISTANCE
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		488,604.	0.			PATIENT ASSISTANCE
MANDELL RETINA CENTER PC 397 LITTLE NECK RD VIRGINIA BCH, VA 23452	20-8242063		7,896.	0.			PATIENT ASSISTANCE
RETINA ASSOC OF NJ PA 628 CEDAR LN TEANECK, NJ 07666	20-8346981		344,796.	0.			PATIENT ASSISTANCE
ONCOLOGY INSTITUTE OF HOPE & INNOVATION - 101 E BEVERLY BLVD #200 - MONTEBELLO, CA 90640	20-8346981		70,136.	0.			PATIENT ASSISTANCE
SONORAN HEMATOLOGY & ONCOLOGY PO BOX 29338 DEPT 1009 PHOENIX, AZ 85038	20-8391890		73,668.	0.			PATIENT ASSISTANCE
PORTER HOSPITAL LLC 2123 LINCOLNWAY CT FORT WAYNE, IN 46819	20-8473972		9,816.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH GEORGIA CANCER CARE PC 400 TIMMS RD # A CALHOUN, GA 30701	20-8497373		36,597.	0.			PATIENT ASSISTANCE
SOUTHERN VITREORETINAL ASSOC 2439 CARE DR TALLAHASSEE, FL 32308	20-8515285		141,937.	0.			PATIENT ASSISTANCE
ARIZONA INSTITUTE OF UROLOGY, PLLC 1106 N EL DORADO PLACE TUCSON, AZ 85715	20-8551867		19,352.	0.			PATIENT ASSISTANCE
ATHENS RETINA CENTER 700 OGLETHORPE AVE STE A2 ATHENS, GA 30605	20-8607868		76,491.	0.			PATIENT ASSISTANCE
UROLOGY NEVADA CARE CENTER NORTH 1500 E 2ND ST STE 300 RENO, NV 89502	20-8628418		34,677.	0.			PATIENT ASSISTANCE
CANCER TREATMENT SERVICES ARIZONA LLC - PO BOX 864965 - ORLANDO, FL 32886	20-8741316		48,033.	0.			PATIENT ASSISTANCE
21ST CENTURY ONCOLOGY PO BOX 864373 ORLANDO, FL 32886	20-8754308		427,027.	0.			PATIENT ASSISTANCE
MACKINAC STRAITS HEALTH SYSTEM 1140 N STATE STREET SAINT IGNACE, MI 49781	20-8756459		6,945.	0.			PATIENT ASSISTANCE
UZMA IQBAL MD PA 11307 FM 1960 W #330 HOUSTON, TX 77065	20-8770785		12,349.	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
ROBERT H. JANIGIAN, JR., M.D., LLC PO BOX 848817 BOSTON, MA 02284	20-8836534		18,902.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL PROFESSIONALS OF NY PLLC - 1226 E WATER ST - SYRACUSE, NY 13210	20-8928235		64,334.	0.			PATIENT ASSISTANCE
LONG ISLAND REG ARTHRITIS AND OSTEOPOROSIS CARE - 500 W MAIN ST # 110 - BABYLON, NY 11702	20-8964140		17,360.	0.			PATIENT ASSISTANCE
SOUTHERN EYE PHYSICIANS CENTER 1420 SOUTH 28TH AVENUE HATTIESBURG, MS 39402	20-8990120		16,591.	0.			PATIENT ASSISTANCE
RWJUH HAMILTON PO BOX 48025 NEWARK, NJ 07101	21-0634572		14,687.	0.			PATIENT ASSISTANCE
THOMAS M OHEARN 2021 SANTA MONICA BLVD SANTA MONICA, CA 90404	21-5849958		5,101.	0.			PATIENT ASSISTANCE
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - PO BOX 15450 - NEWARK, NJ 07192	22-1487243		5,857.	0.			PATIENT ASSISTANCE
HACKENSACK UNIVERSITY MED CTR PO BOX 48027 NEWARK, NJ 07101	22-1487576		11,373.	0.			PATIENT ASSISTANCE
CENTRASTATE MEDICAL CTR INC 901 W MAIN ST FREEHOLD, NJ 07728	22-1750190		6,230.	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
KENNEDY HEALTH SYSTEM PO BOX 48023 NEWARK, NJ 07101	22-1773439		11,950.	0.			PATIENT ASSISTANCE
UNIVERSITY HOSPITAL PO BOX 3009 NEWARK, NJ 07107	22-1775306		11,590.	0.			PATIENT ASSISTANCE
SOUTH JERSEY EYE PHYSICIANS 509 S LENOLA RD STE 11 MOORESTOWN, NJ 08057	22-2116946		22,713.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS OF SUSSEX COUNTY 183 HIGH ST NEWTON, NJ 07860	22-2172159		9,081.	0.			PATIENT ASSISTANCE
SOUTHERN HEMO/ONCO ASSOC 1027 E CHESTNUT AVE VINELAND, NJ 08360	22-2182145		5,036.	0.			PATIENT ASSISTANCE
OPHTHALMIC PHYSICIANS OF MONMOUTH 733 N BEERS ST # U4 HOLMDEL, NJ 07733	22-2229262		10,380.	0.			PATIENT ASSISTANCE
SANTA MARIA EYE CENTER 104 MARKET ST PERTH AMBOY, NJ 08861	22-2237946		9,619.	0.			PATIENT ASSISTANCE
VITREO RETINAL ASSOC 36 NEWARK AVE #212 BELLEVILLE, NJ 07109	22-2284162		10,909.	0.			PATIENT ASSISTANCE
PRINCETON MEDICAL GROUP 419 N HARRISON ST PRINCETON, NJ 08540	22-2306123		12,636.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHEUMATOLOGY ASSOCIATES OF NORTH JERSEY - 1415 QUEEN ANN RD - TEANECK, NJ 07666	22-2322338		13,453.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE ASSOC 100 1ST ST #301 HACKENSACK, NJ 07601	22-2369793		9,786.	0.			PATIENT ASSISTANCE
PHILLIPS EYE CENTER 619 RIVER RD ELMWOOD PARK, NJ 07407	22-2506392		8,256.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY OF CENTRAL NJ 180 WHITE ROAD # 101 LITTLE SILVER, NJ 07739	22-2538456		7,799.	0.			PATIENT ASSISTANCE
MEEA INC 300 CROWN COLONY DR QUINCY, MA 02169	22-2658209		6,112.	0.			PATIENT ASSISTANCE
UMBERTO ALBANESE MD PO BOX 8000 DEPT 327 BUFFALO, NY 14267	22-2756862		16,196.	0.			PATIENT ASSISTANCE
ALLERGIC DISEASE ASSOC 205 N BROAD ST STE 300 PHILA, PA 19107	22-3040614		9,503.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE ASSOC 100 1ST ST #301 HACKENSACK, NJ 07601	22-3141761		270,637.	0.			PATIENT ASSISTANCE
DELAWARE VALLEY RETINA ASSOCIATES 4 PRINCESS RD # 101 LAWRENCEVILLE, NJ 08648	22-3142598		21,277.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINAL & OPHTHALMIC CONSULTANTS 1500 TILTON RD NORTHFIELD, NJ 08225	22-3146260		55,980.	0.			PATIENT ASSISTANCE
DR. RICHARD FEIN & DR. DAVID RICHARDS - 75 VERONICA AVE #201 - SOMERSET, NJ 08873	22-3166581		20,199.	0.			PATIENT ASSISTANCE
ST CLARES HOSPITAL PO BOX 35577 NEWARK, NJ 07193	22-3319886		5,574.	0.			PATIENT ASSISTANCE
RETINA VITIEOUS 349 E NORTHFIELD RD LIVINGSTON, NJ 07039	22-3393043		19,859.	0.			PATIENT ASSISTANCE
NAZHA CANCER CENTER 411 NEW RD NORTHFIELD, NJ 08225	22-3424577		5,995.	0.			PATIENT ASSISTANCE
OCEAN MEDICAL CENTER PO BOX 34019 NEWARK, NJ 07189	22-3471515		11,406.	0.			PATIENT ASSISTANCE
GREGORY P MANZULLO MD 100 COMMONS WAY BLD A100 TOMS RIVER, NJ 08756	22-3477172		41,301.	0.			PATIENT ASSISTANCE
BANNETT EYE CENTERS 620 N BROAD ST WOODBURY, NJ 08096	22-3549309		9,974.	0.			PATIENT ASSISTANCE
COMBINED HEMATOLOGY/ONCOLOGY PRACTICE OF NJ - 210 PALISADES AVE - JERSEY CITY, NJ 07306	22-3588361		6,841.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSEX HEMATOLOGY ONCOLOGY GROUP PA 36 NEWARD AVE # 304 BELLEVILLE, NJ 07109	22-3603490		55,858.	0.			PATIENT ASSISTANCE
BURLINGTON COUNTY HEMATOLOGY ONCOLOGY - 101 BURRS RD # C - WESTAMPTON, NJ 08060	22-3669121		55,404.	0.			PATIENT ASSISTANCE
CALIFORNIA RETINA CONSULTANTS 515 E MICHELTORENA ST # C SANTA BARBARA, CA 93103	22-3697030		53,778.	0.			PATIENT ASSISTANCE
NEW JERSEY ASSOCIATES PO BOX 732 BRICK, NJ 08723	22-3741971		31,415.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES OF N JERSEY - 3990 STOCKTON HILL RD #F-368 - KINGMAN, AZ 86401	22-3746905		9,188.	0.			PATIENT ASSISTANCE
ADULT MEDICAL ONCOLOGY HEMATOLOGY GRP - 39 SYCAMORE AVE - LITTLE SILVER, NJ 07739	22-3763567		7,196.	0.			PATIENT ASSISTANCE
FRANKLIN H SPIRN MD PA 1656 OAK TREE RD EDISON, NJ 08820	22-3835696		12,644.	0.			PATIENT ASSISTANCE
MCKNIGHT EYE CENTER 515 N STATE RTE 291 LIBERTY, MO 64068	22-3860789		6,424.	0.			PATIENT ASSISTANCE
CHESTER CO HEMATOLOGY ONCO 440 E MARSHALL ST # 201 WEST CHESTER, PA 19380	23-0469150		9,040.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABINGTON MEMORIAL HOSPITAL PO BOX 786306 PHILA, PA 19178	23-1352152		23,027.	0.			PATIENT ASSISTANCE
MAIN LINE HEM ONC PO BOX 85004875 PHILA, PA 19178	23-1352160		12,779.	0.			PATIENT ASSISTANCE
DOYLESTOWN HOSPITAL 595 W STATE ST DOYLESTOWN, PA 18901	23-1352174		5,633.	0.			PATIENT ASSISTANCE
READING HEALTH SYSTEM 9 ENTIN RD 3RD FL PARSIPPANY, NJ 07054	23-1352204		6,241.	0.			PATIENT ASSISTANCE
READING HOSPITAL PO BOX 16051 READING, PA 19612	23-1352204		25,083.	0.			PATIENT ASSISTANCE
ST JOSEPH MEDICAL CENTER PO BOX 644171 PITTSBURGH, PA 15264	23-1352211		19,395.	0.			PATIENT ASSISTANCE
ST. LUKE'S HOSPITAL 801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213		13,197.	0.			PATIENT ASSISTANCE
GETTYSBURG HOSPITAL P O BOX 1349 YORK, PA 17405	23-1352220		10,300.	0.			PATIENT ASSISTANCE
YORK HOSPITAL PO BOX 2767 YORK, PA 17405	23-1352222		13,111.	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
UNIVERSITY OF PENN MED GROUP PO BOX 824336 PHILADELPHIA, PA 19182	23-1352685		6,844.	0.			PATIENT ASSISTANCE
EPHRATA COMMUNITY HOSPITAL PO BOX 4245 LANCASTER, PA 17604	23-1370484		5,813.	0.			PATIENT ASSISTANCE
ALBERT EINSTEIN MEDICAL CENTER PO BOX 8500-7135 PHILA, PA 19178	23-1396794		26,628.	0.			PATIENT ASSISTANCE
LEHIGH VALLEY HOSP PO BOX 4120 ALLENTOWN, PA 18105	23-1689692		8,349.	0.			PATIENT ASSISTANCE
BRYN MAWR MEDICAL SPECIALISTS ASSOC - 933 HAVERFORD RD - BRYN MAWR, PA 19010	23-1714249		9,230.	0.			PATIENT ASSISTANCE
NEVYAS EYE ASSOCIATES 2 BALA PLAZA, 333 E CITY AVE BALA CYNWYD, PA 19004	23-1715581		19,815.	0.			PATIENT ASSISTANCE
VISTARR LASER & VISION CTR 845 W CHESTER PIKE CHESTER, PA 19382	23-1716852		9,276.	0.			PATIENT ASSISTANCE
CARTY EYE ASSOCIATES 830 OLD LANCASTER RD # 100 BRYN MAWR, PA 19010	23-1730747		6,146.	0.			PATIENT ASSISTANCE
DELTA MEDIX PC 225 PENN AVE SCRANTON, PA 18503	23-1732306		12,545.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER UROLOGY 2106 HARRISBURG PIKE # 200 LANCASTER, PA 17604	23-1740524		17,316.	0.			PATIENT ASSISTANCE
EYE CONSULTANTS OF PA 1 GRANITE POINT DR READING, PA 19610	23-1876291		12,627.	0.			PATIENT ASSISTANCE
BLOOM EYE ASSOCIATES 525 JAMESTOWN ST SUITE 207 PHILADELPHIA, PA 19128	23-1915488		10,404.	0.			PATIENT ASSISTANCE
RETINOVITREOUS ASSOC 4060 BUTLER PIKE STE 200 PLYMOUTH MEETING, PA 19462	23-1932869		600,895.	0.			PATIENT ASSISTANCE
GEISINGER WYOMING VALLEY MEDICAL CENTER - PO BOX 827713 - PHILA, PA 19182	23-1996150		5,302.	0.			PATIENT ASSISTANCE
LEHIGH VALLEY CENTER FOR SIGHT 1739 W FAIRMONT ST ALLENTOWN, PA 18104	23-2075494		6,489.	0.			PATIENT ASSISTANCE
EDWARD DEGLIN MD 780 PERIWINKLE LN WYNNEWOOD, PA 19096	23-2114730		77,012.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOC OF YORK 25 MONUMENT RD #294 YORK, PA 17403	23-2122436		115,372.	0.			PATIENT ASSISTANCE
ASSOC OF HEMATOLOGY ONCOLOGY 1 MEDICAL CENTER BLVD STE #341 CHESTER, PA 19013	23-2131037		14,314.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMATOLOGY AND ONCOLOGY ASSOCIATES OF NEPA - 1100 MEAD ST - DUNMORE, PA 18512	23-2137083		41,642.	0.			PATIENT ASSISTANCE
PENNSYLVANIA RETINA SPECIALISTS 220 GRANDVIEW AVE SUITE 200 CAMP HILL, PA 17011	23-2152842		135,204.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC 382 PIERCE ST KINGSTON, PA 18704	23-2170323		23,086.	0.			PATIENT ASSISTANCE
LANCASTER CANCER CENTER PO BOX 10396 LANCASTER, PA 17605	23-2174179		16,819.	0.			PATIENT ASSISTANCE
ABINGTON HEMO ONCOL ASSOC 2500 MARYLAND RD # 312 WILLOW GROVE, PA 19090	23-2188111		76,207.	0.			PATIENT ASSISTANCE
MARTIN FOOT AND ANKLE 2300 PLEASANT VALLEY RD YORK, PA 17402	23-2218223		6,150.	0.			PATIENT ASSISTANCE
BENJAMIN BLOOM MD TWO PENN BLVD #117 PHILA, PA 19144	23-2236571		19,168.	0.			PATIENT ASSISTANCE
SOLL EYE PC OF PA FRANKLIN DIVISION - PO BOX 843317 - BOSTON, MA 02284	23-2246884		37,763.	0.			PATIENT ASSISTANCE
NORTHEASTERN EYE INSTITUTE 200 MIFFLIN AVE SCRANTON, PA 18503	23-2287632		20,372.	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
ANDREWS & PATEL ASSOC 3912 TRINDLE RD CAMP HILL, PA 17011	23-2382727		119,893.	0.			PATIENT ASSISTANCE
PROGRESSIVE VISION INSTITUTE 201 E. LAUREL BLVD POTTSVILLE, PA 17901	23-2413259		6,382.	0.			PATIENT ASSISTANCE
EYE CARE SPECIALISTS 703 RUTTER AVE KINGSTON, PA 18704	23-2460617		12,076.	0.			PATIENT ASSISTANCE
STOKEN OPHTHALMOLOGY 338 ALEXANDER SPRING RD CARLISLE, PA 17015	23-2471453		9,166.	0.			PATIENT ASSISTANCE
MEADOWBROOK NEUROLOGY GRP 1650 HUNTINGDON PIKE # 258 JENKINTOWN, PA 19046	23-2529051		10,258.	0.			PATIENT ASSISTANCE
RETINA ASSOC OF GREATER PHILA LTD 124 DEKALB PIKE NORTH WALES, PA 19454	23-2546366		14,488.	0.			PATIENT ASSISTANCE
GABRIELLE SCHORPPNER, MD 3735 NAZARETH RD STE#205 EASTON, PA 18045	23-2565428		11,724.	0.			PATIENT ASSISTANCE
SATISH A SHAH MD/PC 250 FAME AVE # 206B HANOVER, PA 17311	23-2586060		48,684.	0.			PATIENT ASSISTANCE
CARIM EYE AND RETINA CENTER 2630 W VIEW DR READING, PA 19610	23-2628951		8,574.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROY D. BROD, MD 2150 HARRISBURG PIKE STE 370 LANCASTER, PA 17604	23-2653958		12,999.	0.			PATIENT ASSISTANCE
CANCER CARE OF CENTRAL PA 1575 N OLD TRAIL SELINGROVE, PA 17870	23-2684021		45,610.	0.			PATIENT ASSISTANCE
UNIVERSITY OF PENN-MEDICAL GROUP PO BOX 824406 PHILADELPHIA, PA 19182	23-2743545		39,886.	0.			PATIENT ASSISTANCE
CHESTER COUNTY EYE CARE ASSOC 915 OLD FERN HILL RD BLDG B #200 CHESTER, PA 19380	23-2747926		40,877.	0.			PATIENT ASSISTANCE
MOORE EYE INSTITUTE 100 W SPROUL RD # 100 SPRINGFIELD, PA 19064	23-2768443		29,854.	0.			PATIENT ASSISTANCE
LEHIGH VALLEY EYE CENTER 400 N 17TH ST # 101 ALLENTOWN, PA 18104	23-2785660		21,771.	0.			PATIENT ASSISTANCE
JEFFERSON UNIVERSITY PHYSICIANS 146 MONTGOMERY AVE BALA CYNWYD, PA 19004	23-2809585		23,660.	0.			PATIENT ASSISTANCE
CONSULTANTS IN MEDICAL ONCOLOGY & HEMATOLOGY - 2100 KEYSTONE AVE #502 - DREXEL HILL, PA 19026	23-2826618		12,347.	0.			PATIENT ASSISTANCE
LEHIGH RETINA SPECIALISTS 1251 S CEDAR CREST BLVD #307 ALLENTOWN, PA 18103	23-2847909		54,409.	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
UNIVERSITY OF PITTSBURGH PHYSICIANS PO BOX 382053 PITTSBURGH, PA 15251	23-2919472		18,606.	0.			PATIENT ASSISTANCE
PHYSICIANS ALLIANCE LTD PO BOX 729 E PETERSBURG, PA 17520	23-2960500		14,481.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY ONCOLOGY ASSOC 240 MIDDLETON BLVD # 205 LANGHORNE, PA 19047	23-2979889		63,891.	0.			PATIENT ASSISTANCE
PAOLI HEMATOLOGY ONCOLOGY ASSOCIATES P.C. - 209 W LANCASTER AVE # 100 - PAOLI, PA 19301	23-2986317		43,929.	0.			PATIENT ASSISTANCE
RITTENHOUSE HEMATOLOGY/ONCOLOGY 1840 SOUTH ST PHILADELPHIA, PA 19146	23-3004350		20,883.	0.			PATIENT ASSISTANCE
BAUSCH AND JONES EYE ASSOCIATES 1616 W ALLEN ST ALLENTOWN, PA 18102	23-3012917		5,317.	0.			PATIENT ASSISTANCE
VITREORETINAL ASSOCIATES, P.C. 800 W 4TH ST # 104 WILLIAMSPORT, PA 17701	23-3022925		34,308.	0.			PATIENT ASSISTANCE
PREMIER VISION LASER CTR PO BOX 1032 WILLOW GROVE, PA 19090	23-3032079		8,921.	0.			PATIENT ASSISTANCE
GREENSTEIN NEUROLOGY ASSOC & MS INST - 1341 N DELAWARE AVE # 212 - PHILA, PA 19125	23-3085580		28,206.	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
PMA MEDICAL SPECIALIS PO BOX 525 PHOENIXVILLE, PA 19460	23-3092765		11,659.	0.			PATIENT ASSISTANCE
GEISINGER MED CENTER 100 N ACADEMY AVE MC 21-11 DANVILLE, PA 17822	23-6291113		24,678.	0.			PATIENT ASSISTANCE
MONONGAHELA VALLEY HOSPITAL 1163 COUNTRY CLUB ROAD MONONGAHELA, PA 15063	23-7218917		13,838.	0.			PATIENT ASSISTANCE
KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LN KALISPELL, MT 59901	23-7293874		32,509.	0.			PATIENT ASSISTANCE
LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DR OSAGE BEACH, MO 65065	23-7339737		7,500.	0.			PATIENT ASSISTANCE
GEISINGER MED CTR 100 N ACADEMY AVE DANVILLE, PA 17822	24-0795959		12,842.	0.			PATIENT ASSISTANCE
DIVINE PROVIDENCE HOSPITAL 1100 GRAMPAN BLVD WILLIAMSPORT, PA 17701	24-0799343		44,587.	0.			PATIENT ASSISTANCE
UPMC CANCER CENTER PO BOX 382007 PITTSBURGH, PA 15250	25-0523970		5,737.	0.			PATIENT ASSISTANCE
GUTHRIE CLINIC 130 CENTERWAY CORNING, NY 14830	25-0815795		32,133.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGEE- WOMENS HOSPITAL OF UPMC PO BOX 223239 PITTSBURGH, PA 15251	25-0965420		76,051.	0.			PATIENT ASSISTANCE
UPMC MCKEESPORT PO BOX 382007 PITTSBURGH, PA 15250	25-0965423		19,045.	0.			PATIENT ASSISTANCE
UPMC PASSAVANT PO BOX 382059 PITTSBURGH, PA 15250	25-0965451		10,784.	0.			PATIENT ASSISTANCE
UNIVERSITY OF PITTSBURG MEDICAL CENTER - PO BOX 382007 - PITTSBURGH, PA 15250	25-0965480		108,765.	0.			PATIENT ASSISTANCE
THE WASHINGTON HOSPITAL 155 WILSON AVE WASHINGTON, PA 15301	25-0965600		13,100.	0.			PATIENT ASSISTANCE
THE WESTERN PENN HOSPITAL PO BOX 644650 PITTSBURGH, PA 15264	25-0969492		37,151.	0.			PATIENT ASSISTANCE
SHARON REGIONAL CANCER CARE CTR 2320 HIGHLAND RD HERMITAGE, PA 16148	25-0979377		11,152.	0.			PATIENT ASSISTANCE
CORRY MEMORIAL HOSPITAL ASSOC. 956 SHAMROCK LANE CORRY, PA 16407	25-0987222		7,500.	0.			PATIENT ASSISTANCE
ASSOCIATES IN OPHTHALMOLOGY LTD PO BOX 644214 PITTSBURGH, PA 15264	25-1100359		81,979.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYE PHYSICIANS 1207 N SCOTT ST WILMINGTON, DE 19806	25-1207879		36,298.	0.			PATIENT ASSISTANCE
BLAIR MEDICAL ASSOC 1414 9TH AVE ROUNDHOUSE STE ALTOONA, PA 16602	25-1219302		88,739.	0.			PATIENT ASSISTANCE
JAN C. SESKI & ASSOCIATES, PC 3358 FIFTH AVENUE PITTSBURGH, PA 15213	25-1236746		20,710.	0.			PATIENT ASSISTANCE
EVERETT AND HURITE OPHTHALMIC ASSOC - 1835 FORBES AVE - PITTSBURGH, PA 15219	25-1253504		56,149.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CENTER 2500 W 12TH ST ERIE, PA 16505	25-1385075		75,917.	0.			PATIENT ASSISTANCE
RETINA VITREOUS CONSULTANTS 3501 FORBES AVE # 500 PITTSBURGH, PA 15213	25-1492985		41,594.	0.			PATIENT ASSISTANCE
CONEMAUGH CANCER CARE ASSOC 1020 FRANKLIN ST JOHNSTOWN, PA 15905	25-1658283		248,459.	0.			PATIENT ASSISTANCE
CPG RHEUMATOLOGY 1200 BROOKS LN # 160 JEFFERSON HILLS, PA 15025	25-1658283		5,970.	0.			PATIENT ASSISTANCE
PINNACLE HEALTH MEDICAL OPT UNIT PO BOX 2353 HARRISBURG, PA 17105	25-1778644		49,555.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERSHEY MEDICAL CENTER 500 UNIVERSITY DR HU21 HERSHEY, PA 17033	25-1854772		10,457.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC OF NORTHERN PA, PC - PO BOX 447 - DU BOIS, PA 15801	25-1886123		21,713.	0.			PATIENT ASSISTANCE
VENANGO ONCOLOGY HEMATOLOGY ASSOC PO BOX 18837 NEWARK, NJ 07191	25-1896639		32,858.	0.			PATIENT ASSISTANCE
SCRANTON HEMATOLOGY ONCOLOGY 743 JEFFERSON AVE # 205 SCRANTON, PA 18510	26-0004460		8,950.	0.			PATIENT ASSISTANCE
UTAH HEMATOLOGY ONCOLOGY 4403 HARRISON BLVD #1685 OGDEN, UT 84403	26-0043031		163,122.	0.			PATIENT ASSISTANCE
HH SERVICES BATES ET AL LLC PO BOX 77000 DEPT #771412 DETROIT, MI 48277	26-0396104		12,399.	0.			PATIENT ASSISTANCE
DOUGLAS S MEHR MD PC 3855 W 7800S #100 WEST JORDAN, UT 84088	26-0421988		7,533.	0.			PATIENT ASSISTANCE
DANIEL HEXTER MD PA 122 DEFENSE HIGHWAY #210 ANNAPOLIS, MD 21401	26-0760317		5,757.	0.			PATIENT ASSISTANCE
CAPITAL REGION RETINA PLLC 1365 WASHINGTON AVE STE101 ALBANY, NY 12206	26-1078622		18,455.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHWIN KASHYAP M.D. INC. 1240 WESTLAKE BLVD #117 WESTLAKE VILLAGE, CA 91361	26-1101624		15,445.	0.			PATIENT ASSISTANCE
GREEN BAY ORTHOPEDIC LTV 2223 LIME KILN RD #1 GREEN BAY, WI 54311	26-1132759		35,674.	0.			PATIENT ASSISTANCE
SARASOTA RETINA INSTITUTE 3400 BEE RIDGE RD PINECRAFT, FL 34239	26-1431864		53,437.	0.			PATIENT ASSISTANCE
CANCER CENTER OF SOUTH FLORIDA 4801 S CONGRESS AVE #201 LAKE WORTH, FL 33461	26-1666272		39,936.	0.			PATIENT ASSISTANCE
CHESTER COUNTY RHEUMATOLGY P.C 795 E MARSHALL ST #101 WEST CHESTER, PA 19380	26-1724004		7,959.	0.			PATIENT ASSISTANCE
WOODLANDS MEDICAL SPECIALISTS, PA 1717 NORTH E STREET #231 PENSACOLA, FL 32501	26-1802830		91,138.	0.			PATIENT ASSISTANCE
RETINA SPECIALIST OF IDAHO, PLLC 13923 W WAINWRIGHT #301 BOISE, ID 83713	26-2050357		27,380.	0.			PATIENT ASSISTANCE
NW AR RETINA 601 W MAPLE AVE #205A SPRINGDALE, AR 72764	26-2209307		87,875.	0.			PATIENT ASSISTANCE
STEVEN E CALL MD 3651 N 100 E STE #150 PROVO, UT 84604	26-2296552		6,861.	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
CENTRAL PLAINS EYE MD 7717 E 29TH #100 BEL AIRE, KS 67226	26-2298905		9,349.	0.			PATIENT ASSISTANCE
OMID S SHAYE MD 7320 WOODLAKE AVE # 300 WEST HILLS, CA 91307	26-2750472		6,746.	0.			PATIENT ASSISTANCE
ILLINOIS RETINA CENTER 1230 CENTRE WEST DR SPRINGFIELD, IL 62704	26-2823489		11,295.	0.			PATIENT ASSISTANCE
JACK F JACOUB MD INC 9940 TALBERT AVE # 100 FOUNTAIN VALLEY, CA 92708	26-2878401		36,072.	0.			PATIENT ASSISTANCE
ARIZONA UROLOGY SPECIALIST DEPT CODE 902 PO BOX 52004 PHOENIX, AZ 85072	26-2944556		20,620.	0.			PATIENT ASSISTANCE
RELIANT HEALTHCARE 1004 N 19TH ST MONROE, LA 71201	26-2948838		7,156.	0.			PATIENT ASSISTANCE
DEACONESS CLINIC 421 CHESTNUT ST EVANSVILLE, IN 47713	26-3083364		56,930.	0.			PATIENT ASSISTANCE
HORIZON ONCOLOGY CTR 1345 UNITY PL #345 LAFAYETTE, IN 47905	26-3162145		10,096.	0.			PATIENT ASSISTANCE
ROCKDALE MEDICAL CENTER PO BOX 742381 ATLANTA, GA 30374	26-3202930		5,208.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA & VITREOUS CONSULTANTS OF VA - 420 WEST JUBAL EARLY DR #203 - WINCHESTER, VA 22601	26-3300015		17,160.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS SURGEONS OF UT 1055 N 300 W #210 PROVO, UT 84604	26-3420389		12,806.	0.			PATIENT ASSISTANCE
THE RETINA SPECIALIST OF MI 2757 LEONARD ST. NE STE 200 GRAND RAPIDS, MI 49525	26-3453700		15,913.	0.			PATIENT ASSISTANCE
BRENT A FLICKINGER, MD, PC 961A SMOKY MOUNTAIN SPRINGS LANE GAINESVILLE, GA 30501	26-3489935		5,161.	0.			PATIENT ASSISTANCE
LONE STAR CANCER ASSOCIATION PO BOX 781905 SAN ANTONIO, TX 78278	26-3747461		7,847.	0.			PATIENT ASSISTANCE
HENRY C LEE MD PC PO BOX 8000 DEPT 327 BUFFALO, NY 14267	26-3842661		25,180.	0.			PATIENT ASSISTANCE
NORTH HOUSTON CANCER CLINICS 3115 COLLEG PARK DR #108 SHENANDOAH, TX 77384	26-3969669		7,938.	0.			PATIENT ASSISTANCE
LUTHERAN MEDICAL GROUP PO BOX 4852 BELFAST, ME 04915	26-4213839		8,352.	0.			PATIENT ASSISTANCE
MICHAEL EDWARDS DPM 800 EAST 7TH ST ODESSA, TX 79761	26-4300102		6,053.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSKOGEE CANCER CENTER PO BOX 8915 BELFAST, ME 04915	26-4445694		14,852.	0.			PATIENT ASSISTANCE
SAVANNAH NEURO SPEC PO BOX 116161 ATLANTA, GA 30368	26-4598467		10,494.	0.			PATIENT ASSISTANCE
PIEDMONT RETINA SPECIALISTS, PA 1132 N CHURCH ST #103 GREENSBORO, NC 27401	26-4687965		30,699.	0.			PATIENT ASSISTANCE
TWIN TIERS ONCOLOGY PO BOX 1148 ELMIRA, NY 14902	26-4711444		9,143.	0.			PATIENT ASSISTANCE
GREENWICH MEDICAL PC 10099 RIDGEGATE PARKWAY SUITE 365 LONE TREE, CO 80124	26-4786329		5,440.	0.			PATIENT ASSISTANCE
WESTCHESTER CANCER CARE 175 MEMORIAL HWY # 1-10 NEW ROCHELLE, NY 10801	26-4834572		6,262.	0.			PATIENT ASSISTANCE
DELAWARE VALLEY UROLOGY - WASHINGTON TOWNSHIP OFFICE - 3 LINCOLN DR W #B - MARLTON, NJ 08053	27-0110791		49,635.	0.			PATIENT ASSISTANCE
RETINA VITREOUS CENTER PO BOX 2492 EDMOND, OK 73083	27-0159123		23,997.	0.			PATIENT ASSISTANCE
SOUTH FLORIDA MEDICINE PO BOX 107 STUART, FL 34995	27-0186002		14,282.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION MEDICAL PO BOX 28949 FRESNO, CA 93729	27-0271872		18,340.	0.			PATIENT ASSISTANCE
NEW VISION EYE CTR 777 37TH ST D103 VERO BEACH, FL 32960	27-0354278		20,475.	0.			PATIENT ASSISTANCE
CLEVELAND EYECARE & SURGERY 24755 CHARGIN BLVD STE 345 BEACHWOOD, OH 44122	27-0379599		6,513.	0.			PATIENT ASSISTANCE
MOHAMED AHMED, MD 908 NIAGARA FALLS BLVD #208 TONAWANDA, NY 14120	27-0437873		53,970.	0.			PATIENT ASSISTANCE
GREATER HOUSTON PHYSICIAN MEDICAL ASSOCIATION - 8850 SIX PINES DR #270 - SHENANDOAH, TX 77380	27-0573017		28,149.	0.			PATIENT ASSISTANCE
UAP BONE & JOINT CTR 1725 N FIFTH ST TERRE HAUTE, IN 47804	27-0581401		8,342.	0.			PATIENT ASSISTANCE
KRISHNAN HEMATOLOGY ONCOLOGY ASSOC PO BOX 2595 ELLCOTT CITY, MD 21041	27-0597913		18,026.	0.			PATIENT ASSISTANCE
MACULA DIABETIC & EYE CENTER 4916 26TH ST W. # 200 BRADENTON, FL 34207	27-0671710		9,805.	0.			PATIENT ASSISTANCE
UNITY HEALTH NETWORK LLC PO BOX 640 CUYAHOGA FLS, OH 44222	27-0815205		8,524.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN BLUE CANCER CARE CENTER 400 INDIANA ST #270 GOLDEN, CO 80401	27-0834513		5,177.	0.			PATIENT ASSISTANCE
ARKFELD PARSON GOLDSTEIN PC 16820 FRANCES ST STE 100 OMAHA, NE 68130	27-0958867		14,760.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CARE 16977 COLLECTIONS CTR CHICAGO, IL 60693	27-0986997		17,746.	0.			PATIENT ASSISTANCE
PATEL RETNA INSTITUTE LLC 210 N STATE ST CLARK SUMMIT, PA 18411	27-1272490		26,424.	0.			PATIENT ASSISTANCE
GLOBAL ONCOLOGY 600 N GARFIELD AVE #210 MONTEREY PARK, CA 91754	27-1426142		6,638.	0.			PATIENT ASSISTANCE
BOX ARTHRITIS & RHEUMATOLOGY OF THE CAROLINAS - 02 PARK RD # 100 - CHARLOTTE, NC 28210	27-1622318		6,003.	0.			PATIENT ASSISTANCE
SOUND RETINA 22445 S 19TH ST #200 TACOMA, WA 98405	27-1727189		18,031.	0.			PATIENT ASSISTANCE
TULSA CANCER INSTITUTE PO BOX 505096 SAINT LOUIS, MO 63150	27-1806985		66,592.	0.			PATIENT ASSISTANCE
GOLD COAST CANCER CENTER 431 UNIVERSITY BLVD JUPITER, FL 33458	27-2061636		6,644.	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
M. H. ALY, MD, P.C 2 TRICORNE CT HOLMDEL, NJ 07733	27-2077616		8,097.	0.			PATIENT ASSISTANCE
REDDING ALLERGY AND ASTHMA 1505 VICTOR AVENUE REDDING, CA 96003	27-2390172		9,334.	0.			PATIENT ASSISTANCE
PAN COASTAL HEMATOLOGY ONCOLGY 2417 JENKS AVE PANAMA CITY, FL 32405	27-2442492		5,813.	0.			PATIENT ASSISTANCE
ALABAMA CANCER CARE 355 S 2ND ST GADSDEN, AL 35901	27-2458311		6,506.	0.			PATIENT ASSISTANCE
SAN ANTONIO ARTHRITIS CARE CENTER 8527 VILLAGE DR #103 SAN ANTONIO, TX 78217	27-2571855		8,900.	0.			PATIENT ASSISTANCE
SOUTHERN ONCOLOGY SPECIALIST 10030 GILEAD RD #344 HUNTERSVILLE, NC 28078	27-2598523		21,163.	0.			PATIENT ASSISTANCE
PAIN AND SPINE CENTERS OF FL 2146 VINDALE RD DEER ISLAND, FL 32778	27-2618053		32,446.	0.			PATIENT ASSISTANCE
SOLANO HEMATOLOGY ONCOLOGY 100 HOSPITAL DR # 110 VALLEJO, CA 94589	27-2776275		7,127.	0.			PATIENT ASSISTANCE
PREMIER HEALTHCARE, LLC 550 LANDMARK AVE BLOOMINGTON, IN 47403	27-2805848		8,225.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UROLOGY ASSO. PLLC 11911 NE 132ND ST #200 KIRKLAND, WA 98034	27-3331851		10,000.	0.			PATIENT ASSISTANCE
THE RETINA CENTER OF NEW JERSEY 1255 BROAD ST STE 104 BLOOMFIELD, NJ 07003	27-3654710		33,141.	0.			PATIENT ASSISTANCE
OREGON MEDICAL GROUP PO BOX 1648 EUGENE, OR 97440	27-3674492		7,591.	0.			PATIENT ASSISTANCE
CAROLINA UROLOGY PARTNERS 9735 KINCEY AVE STE 201 HUNTERSVILLE, NC 28078	27-3905550		69,243.	0.			PATIENT ASSISTANCE
TJ HEALTH PARTNERS LLC 1330 N RACE ST GLASGOW, KY 42141	27-3988456		5,370.	0.			PATIENT ASSISTANCE
MIDTOWN ALLERGY & ARTHRITIS CARE PC - 35 E 30TH ST STE 1A - NEW YORK, NY 10016	27-4032754		6,253.	0.			PATIENT ASSISTANCE
MT DIABLO SOLANO ONCOLOGY GROUP 2571 PARK AVE CONCORD, CA 94520	27-4038116		64,099.	0.			PATIENT ASSISTANCE
CENTRAL PIEDMONT RETINA PA 3333 BROOKVIEW HILLS BLVD #201 WINSTON SALEM, NC 27103	27-4198445		137,403.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER, PC 1310 14TH AVE SE DECATUR, AL 35601	27-4384748		10,131.	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
UC SAN DIEGO CANCER CTR PO BOX 749733 LOS ANGELES, CA 90074	27-4440873		7,592.	0.			PATIENT ASSISTANCE
UPMC, EAST PO BOX 382007 PITTSBURGH, PA 15250	27-4814831		13,329.	0.			PATIENT ASSISTANCE
UROLOGY OF VIRGINIA PLLC PO BOX 5308 BELFAST, ME 04915	27-4848565		17,417.	0.			PATIENT ASSISTANCE
VITREO-RETINAL ASSOCIATES OF WORCESTER, PC - 67 BELMONT ST SUITE 302 - WORCESTER, MA 01605	30-0562576		7,827.	0.			PATIENT ASSISTANCE
CENTURY MEDICAL ASSOCIATES 45 SPINDRIFT DR # 100 WILLIAMSVILLE, NY 14221	30-0744192		48,910.	0.			PATIENT ASSISTANCE
FORT HAMILTON HOSPITAL PO BOX 634682 CINCINNATI, OH 45263	31-0536662		6,792.	0.			PATIENT ASSISTANCE
KETTERING MEDICAL CENTER PO BOX 713086 COLUMBUS, OH 43271	31-0621866		50,600.	0.			PATIENT ASSISTANCE
SOUTHERN OH MEDICAL CENTER 1248 KINNEYS LANE PORTSMOUTH, OH 45662	31-0678022		14,547.	0.			PATIENT ASSISTANCE
GREENE MEMORIAL HOSPITAL PO BOX 715254 COLUMBUS, OH 43271	31-0809436		8,694.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMATOLOGY AND ONCOLOGY 495 COOPER RD STE. 225 WESTERVILLE, OH 43081	31-0957876		40,225.	0.			PATIENT ASSISTANCE
RETINA PHYSICIANS & SURGEONS INC 89 SYLVANIA DR DAYTON, OH 45440	31-1011691		28,572.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY CARE PO BOX 641174 CINCINNATI, OH 45264	31-1106418		623,523.	0.			PATIENT ASSISTANCE
MIDWEST RETINA 6655 POST RD DUBLIN, OH 43016	31-1116017		32,910.	0.			PATIENT ASSISTANCE
MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43219	31-1141868		14,164.	0.			PATIENT ASSISTANCE
ALLIANCE PHYSICIANS INC. PO BOX 71-1808 COLUMBUS, OH 43271	31-1175717		58,721.	0.			PATIENT ASSISTANCE
MICHAEL PORDY MD INC 4760 E GALBRAITH RD # 114 CINCINNATI, OH 45236	31-1284755		12,927.	0.			PATIENT ASSISTANCE
JAMES CANCER HOSP PO BOX 643662 PITTSBURGH, PA 15264	31-1322863		13,755.	0.			PATIENT ASSISTANCE
ELAINE A BEED, MD INC 10172 WINDSOR WAY POWELL, OH 43065	31-1350566		9,285.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONC HEM CONSULTANTS OF SE OH, INC 751 FOREST AVE #201 ZANESVILLE, OH 43701	31-1418514		21,751.	0.			PATIENT ASSISTANCE
COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		113,218.	0.			PATIENT ASSISTANCE
FAIRFIELD HEALTHCARE PROFESSIONALS P.O.BOX 2563 LANCASTER, OH 43130	31-1425884		26,399.	0.			PATIENT ASSISTANCE
MT CARMEL HEALTH SYSTEM LOCKBOX 931072 CLEVELAND, OH 44193	31-1439334		5,950.	0.			PATIENT ASSISTANCE
THE RETINA GROUP, INC PO BOX L 2861 COLUMBUS, OH 43260	31-1460051		69,611.	0.			PATIENT ASSISTANCE
CINCINNATI EYE INSTITUTE P O BOX 633854 CINCINNATI, OH 45263	31-1473421		70,559.	0.			PATIENT ASSISTANCE
G.O.E.S PHYSICIANS, INC 2330 E HIGH ST SPRINGFIELD, OH 45505	31-1499979		7,889.	0.			PATIENT ASSISTANCE
ARVIND B SHAH MD, INC 401 DIVISION ST # 100 CHARLESTON, WV 25309	31-1547442		15,447.	0.			PATIENT ASSISTANCE
UNIV OF TN MEDICAL CTR PO BOX 440164 NASHVILLE, TN 37244	31-1626179		151,427.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREMIER HEALTHCARE ASSOCIATES 7702 E PARHAM RD # 101 RICHMOND, VA 23294	31-1769212		10,376.	0.			PATIENT ASSISTANCE
ADENA HEALTH SYSTEM 272 HOSPITAL RD CHILLICOTHE, OH 45601	31-4379443		40,871.	0.			PATIENT ASSISTANCE
MARIETTA MEMORIAL HOSPITAL 401 MATTHEW ST MARIETTA, OH 45750	31-4379509		10,843.	0.			PATIENT ASSISTANCE
THE RETINA CENTER 748 STATE ST MEDFORD, OR 97504	32-0020235		57,478.	0.			PATIENT ASSISTANCE
NORTHERN MI HEMATOLOGY ONCOLOGY 416 CONNABLE AVE PETOSKEY, MI 49770	32-0020293		59,004.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF OK LOCK BOX 20526 OKLAHOMA CITY, OK 73156	32-0044441		20,004.	0.			PATIENT ASSISTANCE
MERCY DEFIANCE CLINIC 1400 E SECOND ST DEFIANCE, OH 43512	32-0350047		7,927.	0.			PATIENT ASSISTANCE
VALLEY RETINA ASSOCIATES MEDICAL GROUP - 16500 VENTURA BLVD # 250 - ENCINO, CA 91436	32-0364437		23,564.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES 514 N PROSPECT AVE 4TH FLOOR REDONDO BEACH, CA 90277	33-0004735		6,542.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TORRANCE MEMORIAL PHY NETWORK 514 N PROSPECT AVE 4TH FL REDONDO BEACH, CA 90277	33-0073515		18,371.	0.			PATIENT ASSISTANCE
KOUSAY AL-KOURAINY, MD 480 4TH AVE # 409 CHULA VISTA, CA 91910	33-0108259		54,343.	0.			PATIENT ASSISTANCE
ST JUDE MEDICAL GROUP PO BOX 31001-1920 PASADENA, CA 91110	33-0185031		97,732.	0.			PATIENT ASSISTANCE
VIR K. NANDA, MD 12998 HESPERIA RD # 204 VICTORVILLE, CA 92395	33-0324608		6,482.	0.			PATIENT ASSISTANCE
ORANGE COAST ONCOLOGY HEMATOLOGY 17500 RED HILL AVE #250 IRVINE, CA 92614	33-0451980		9,817.	0.			PATIENT ASSISTANCE
SABINA WALLACH MD 9850 GENESEE AVE # 400 LA JOLLA, CA 92037	33-0524074		11,387.	0.			PATIENT ASSISTANCE
PACIFIC SHORES MEDICAL GROUP 1043 ELM AVE #104 LONG BEACH, CA 90813	33-0553940		130,067.	0.			PATIENT ASSISTANCE
CANCER CTR ONCOLOGY MED 5555 GROSSMONT CTR DR LA MESA, CA 91942	33-0565963		251,736.	0.			PATIENT ASSISTANCE
RIVERSIDE MEDICAL CLINIC 3660 ARLINGTON AVE RIVERSIDE, CA 92506	33-0587303		49,958.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC CANCER MEDICAL CENTER 1801 W ROMNEYA # 203 ANAHEIM, CA 92801	33-0588910		13,914.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC. OF SAN DIEGO - 3075 HEALTH CENTER DR # 102 - SAN DIEGO, CA 92123	33-0590652		82,797.	0.			PATIENT ASSISTANCE
SOUTHERN CA DESERT RETINA CONSULTANTS - 340 S FARRELL DR #A105 - PALM SPRINGS, CA 92262	33-0592019		6,757.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		221,116.	0.			PATIENT ASSISTANCE
BEAVER MEDICAL GROUP PO BOX 2200 REDLANDS, CA 92373	33-0645967		25,327.	0.			PATIENT ASSISTANCE
CRESCENT HEALTHCARE INC 2995 MCMILLIAN AVE STE 196 SAN LUIS OBISPO, CA 93401	33-0726408		22,460.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SOUTHERN CA 6840 INDIANA AVE # 120 RIVERSIDE, CA 92506	33-0926562		15,719.	0.			PATIENT ASSISTANCE
MINCH . FONG, MD., INC 24953 PASEO DE VALENCIA 25B LAGUNA HILLS, CA 92653	33-0942301		6,753.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPROSIS MEDICAL CENTER - 5451 LA PALMA AVE # 25 - LA PALMA, CA 90623	33-0974721		14,096.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LALITA PANDIT, MD 11160 WARNER AVE #417 FOUNTAIN VALLEY, CA 92708	33-1035337		17,566.	0.			PATIENT ASSISTANCE
ST JOSEPH HEALTH CENTER PO BOX 636458 CINCINNATI, OH 45263	34-0505560		38,109.	0.			PATIENT ASSISTANCE
AKRON GENERAL MEDICAL CTR PO BOX 715228 COLUMBUS, OH 43271	34-0714478		17,287.	0.			PATIENT ASSISTANCE
AULTMAN INFUSION SERV 2821 WOODLAWN AVE NW CANTON, OH 44708	34-0714538		21,038.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC PO BOX 931058 CLEVELAND, OH 44193	34-0714585		29,404.	0.			PATIENT ASSISTANCE
SUMMA HEALTH SYSTEM 161 NORTH FORGE STREET #296 AKRON, OH 44304	34-0714755		7,798.	0.			PATIENT ASSISTANCE
SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY RD SCC MIDDLEBURG HEIGHTS, OH 44130	34-0753531		74,209.	0.			PATIENT ASSISTANCE
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		50,413.	0.			PATIENT ASSISTANCE
NORTH CANTON MEDICAL FNDTN PO BOX 74793 CLEVELAND, OH 44194	34-1088530		89,624.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAHONING VALLEY HEMA ONC PO BOX 8500-6536 PHILADELPHIA , PA 19178	34-1105439		182,486.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOC 2213 CHERRY ST # 400 TOLEDO, OH 43608	34-1196311		386,141.	0.			PATIENT ASSISTANCE
TRI-COUNTY HEMATOLOGY& ONCOLOGY PO BOX 36660 CANTON, OH 44735	34-1294692		276,257.	0.			PATIENT ASSISTANCE
FAIRVIEW EYE CENTER 21375 LORAIN RD FAIRVIEW PARK, OH 44126	34-1311807		6,135.	0.			PATIENT ASSISTANCE
CLEVELAND UROLOGY ASSOC PO BOX 643539 CINCINNATI, OH 45264	34-1316840		5,177.	0.			PATIENT ASSISTANCE
VITREO RETINAL CONSULTANTS, INC 4676 DOUGLAS CIR CANTON, OH 44718	34-1390523		6,015.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF CLEVELAND 3401 ENTERPRISE PKWY #300 BEACHWOOD, OH 44122	34-1411937		217,292.	0.			PATIENT ASSISTANCE
SOUTHWEST UROLOGY 6900 PEARL RD 2ND FLOOR CLEVELAND, OH 44130	34-1509612		5,052.	0.			PATIENT ASSISTANCE
UNIVERSITY HOSPITALS OF CLEVELAND PO BOX 94688 CLEVELAND, OH 44194	34-1567805		5,097.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERT M STERN MD INC 29101 HEALTH CAMPUS DR # 340 WESTLAKE, OH 44145	34-1570257		7,036.	0.			PATIENT ASSISTANCE
BLOOD & CANCER CENTER INC 3695 A BOARDMAN CANFIELD RD CANFIELD, OH 44406	34-1588272		171,798.	0.			PATIENT ASSISTANCE
ALLERGY DIAGNOSTIC SYSTEMS 24400 HIGHPOINT RD # 1 BEACHWOOD, OH 44122	34-1638209		9,810.	0.			PATIENT ASSISTANCE
DRS MUBASHIR, MARQUINEZ & REHMAN, INC - 224 W EXCHANGE ST - AKRON, OH 44302	34-1733317		19,970.	0.			PATIENT ASSISTANCE
THE RETINA GRP OF NE OHIO INC 75 ARCH ST #302 AKRON, OH 44304	34-1760572		128,058.	0.			PATIENT ASSISTANCE
GABRIAL CANCER CENTER 4875 HIGBEE AVE NW CANTON, OH 44718	34-1769608		19,840.	0.			PATIENT ASSISTANCE
PREMIER PHYSICIANS CENTER PO BOX 74692 CLEVELAND, OH 44194	34-1783789		12,847.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC 1455 HARRISON AVE NW # 105 CANTON, OH 44708	34-1806921		7,267.	0.			PATIENT ASSISTANCE
WOOSTER CLEVELAND CLINIC PO BOX 931087 CLEVELAND, OH 44193	34-1855775		8,025.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMDEDICA CENTRAL PHYSICIANS PO BOX 11043 BELFAST, ME 04915	34-1881137		7,778.	0.			PATIENT ASSISTANCE
MORNINGSTAR HEM/ONC INC 2600 6TH ST SW CANTON, OH 44710	34-1920787		13,072.	0.			PATIENT ASSISTANCE
THE OAK CLINIC PO BOX 131886 HOUSTON, TX 77219	34-1930683		21,495.	0.			PATIENT ASSISTANCE
FLOWER HOSPITAL P O BOX 632280 CINCINNATI, OH 45263	34-4428794		7,044.	0.			PATIENT ASSISTANCE
WOOSTER COMMUNITY HOSPITAL PO BOX 714537 COLUMBUS, OH 43271	34-6003129		12,846.	0.			PATIENT ASSISTANCE
DEACONESS HOSPITAL 421 CHESTNUT STREET EVANSVILLE, IL 47713	35-0593390		15,343.	0.			PATIENT ASSISTANCE
UNION HOSPITAL INC PO BOX 6190 INDIANAPOLIS, IN 46206	35-0876396		9,273.	0.			PATIENT ASSISTANCE
FAYETTE REGIONAL HEALTH SERVICES 1941 VIRGINIA AVE CONNERSVILLE, IN 47331	35-0900741		10,000.	0.			PATIENT ASSISTANCE
MEMORIAL HOSP & HLTH CARE CTR PO BOX 150 JASPER, IN 47547	35-0985964		5,674.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANCOCK REGIONAL HOSPITAL 801 N STATE STREET GREENFIELD, IN 46140	35-1092610		6,336.	0.			PATIENT ASSISTANCE
COLUMBUS REGIONAL HOSP CANCER CTR 2400 E 17TH ST COLUMBUS, IN 47201	35-1129669		37,931.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES, P.C. 8902 N MERIDIAN ST # 108 INDIANAPOLIS, IN 46260	35-1373436		12,134.	0.			PATIENT ASSISTANCE
FORT WAYNE MEDICAL ONCOLOGY AND HEMATOLOGY - 11143 PARKVIEW PLZ DR #100 - FORT WAYNE, IN 46845	35-1400631		580,915.	0.			PATIENT ASSISTANCE
THERAPY ASSOCIATES PO BOX 2368 INDIANAPOLIS, IN 46206	35-1415104		10,728.	0.			PATIENT ASSISTANCE
NORTHERN IN NEUROLOGICAL INST 521 E 86TH AV #Z MERRILLVILLE, IN 46410	35-1458053		6,938.	0.			PATIENT ASSISTANCE
TRI-STATE OPHTHALMOLOGY 350 W COLUMBIA ST # 250 EVANSVILLE, IN 47710	35-1462413		30,708.	0.			PATIENT ASSISTANCE
FIRST UROLOGY 3431 SOLUTION CENTER CHICAGO, IL 60677	35-1488175		7,373.	0.			PATIENT ASSISTANCE
JAMES A FOUNTAIN MD 8704 N MERIDIAN ST INDIANAPOLIS, IN 46260	35-1497551		12,316.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNITI MEDICAL CORPORTATION 200 EAST 89TH AVE #2A MERRILLVILLE, IN 46410	35-1529228		38,897.	0.			PATIENT ASSISTANCE
HEMATOLOGY - ONCOLOGY OF IN 8301 HARCOURT RD #200 INDIANAPOLIS, IN 46260	35-1536125		9,772.	0.			PATIENT ASSISTANCE
PULMONARY SPECIALISTS OF NW INDIANA - PO BOX 153 - BEDFORD PARK, IL 60499	35-1627895		17,951.	0.			PATIENT ASSISTANCE
MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		285,440.	0.			PATIENT ASSISTANCE
RETINAL INSTITUTE PO BOX 549 WABASH, IN 46992	35-1845786		28,041.	0.			PATIENT ASSISTANCE
ELKHART CLINIC LLC P O BOX 2968 ELKHART, IN 46515	35-1911857		8,585.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY OF SW IN PO BOX 3089 EVANSVILLE, IN 46515	35-1925136		42,967.	0.			PATIENT ASSISTANCE
CLARION HEALTH PARTNERS 2212 RELIABLE PARKWAY CHICAGO, IL 60686	35-1955872		18,025.	0.			PATIENT ASSISTANCE
LUTHERAN HOSPITAL OF IN PO BOX 11729 FORT WAYNE, IN 46860	35-1963748		17,848.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY RETINAL SURGEONS PC 7900 WEST JEFFERSON #300 FORT WAYNE, IN 46804	35-1971489		11,019.	0.			PATIENT ASSISTANCE
UROLOGY OF INDIANA LLC PO BOX 6069 DEPT 14 INDIANAPOLIS, IN 46206	35-1998209		12,436.	0.			PATIENT ASSISTANCE
EYE SURGEONS OF INDIANA PC 8103 CLEARVISTA PARKWAY INDIANAPOLIS, IN 46256	35-2020403		11,774.	0.			PATIENT ASSISTANCE
IMA INC 550 LANDMARK AVE BLOOMINGTON, IN 47403	35-2045239		8,858.	0.			PATIENT ASSISTANCE
AMERICAN HEALTH NETWORK 15397 STONY CREEK WAY #101 NOBLESVILLE, IN 46060	35-2108729		116,580.	0.			PATIENT ASSISTANCE
FORT WAYNE RETINA PC 7305 W JEFFERSON BLVD FORT WAYNE, IN 46804	35-2115519		12,784.	0.			PATIENT ASSISTANCE
JOSEPH BOWEN MD LLC 1075 CHASE PKWY SUITE A WATERBURY, CT 06708	35-2191169		6,077.	0.			PATIENT ASSISTANCE
THE RETINA GROUP OPHTHAMOLOGY 6262 E BROADWAY RD #106 MESA, AZ 85206	35-2192294		5,664.	0.			PATIENT ASSISTANCE
CAROLINA BLOOD & CANCER CARE 1583 HEALTHCARE DR ROCK HILL, SC 29732	35-2221941		17,914.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT LAUDERDALE EYE INSTITUTE PO BOX 39209 FORT LAUDERDALE, FL 33339	35-2308681		5,995.	0.			PATIENT ASSISTANCE
OREGON RETINA SPECIALIST LLC 2859 STATE ST #103 MEDFORD, OR 97504	35-2323010		5,469.	0.			PATIENT ASSISTANCE
DREW MEMORIAL HOSPITAL 778 SCOGIN DR MONTICELLO, AR 71655	35-2414105		5,510.	0.			PATIENT ASSISTANCE
MT SINAI HOSPITAL MEDICAL CENTER 26467 NETWORK PLACE CHICAGO, IL 60673	36-1509000		33,872.	0.			PATIENT ASSISTANCE
PALOS COMMUNITY HOSPITAL 12251 S 80TH AVE PALOS HEIGHTS, IL 60463	36-2169179		6,702.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL MEDICAL CENTER ONCOLOGY - PO BOX 97171 - CHICAGO, IL 60678	36-2170152		8,872.	0.			PATIENT ASSISTANCE
DUPAGE MEDICAL GROUP LTD 1860 PAYSAPHERE CIRCLE CHICAGO, IL 60674	36-2657618		27,601.	0.			PATIENT ASSISTANCE
TRINITY MEDICAL CENTER PO BOX 7265 DES MOINES, IA 50309	36-2739299		7,783.	0.			PATIENT ASSISTANCE
GENEVA EYE CLINIC 1000 RANDALL RD #100 GENEVA, IL 60134	36-2892051		8,883.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS RETINA ASSOCIATES 71 WEST 156TH #400 DIXMOOR, IL 60426	36-2970624		116,230.	0.			PATIENT ASSISTANCE
KORATHU THOMAS MD 2222 W DIVISION ST #210 CHICAGO, IL 60622	36-3136089		8,990.	0.			PATIENT ASSISTANCE
FOX VALLEY HEMATOLOGY ONCOLOGY 1710 N RANDALL RD # 300 ELGIN, IL 60123	36-3138920		13,508.	0.			PATIENT ASSISTANCE
NORTHWEST ONCOLOGY & HEMATOLOGY 3701 ALGONQUIN RD # 900 ROLLING MEADOWS, IL 60008	36-3395596		10,469.	0.			PATIENT ASSISTANCE
ASHBURN FOOT & ANKLE 8620 S PULASKI RD CHICAGO, IL 60652	36-3458210		5,703.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 2425 W. 22ND STREET#207 OAK BROOK, IL 60523	36-3729867		6,594.	0.			PATIENT ASSISTANCE
NORTHERN ILLINOIS RETINA 4855 E STATE ST ROCKFORD, IL 61108	36-3734974		44,149.	0.			PATIENT ASSISTANCE
METRO INFECTIOUS DISEASE CONSULTANTS, LLC - 901 MCCLINTOCK DR #202 BURR RIDGE, IL 60527	36-3966745		38,876.	0.			PATIENT ASSISTANCE
ILLINOIS CANCER SPECIALISTS 3610 PAYSAPHERE CIRCLE CHICAGO, IL 60674	36-3980044		20,437.	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
GARY FINKELSTEIN MD EYE ASSOCIATES S.C. - 102 W ELM ST - STREATOR, IL 61364	36-4091703		5,242.	0.			PATIENT ASSISTANCE
PRONGER SMITH PO BOX 789 TINLEY PARK, IL 60477	36-4121705		10,383.	0.			PATIENT ASSISTANCE
BLAKE HORIO MD LTD PO BOX 643 OAK BROOK, IL 60522	36-4166076		21,000.	0.			PATIENT ASSISTANCE
ADVANCED CANCER CLINIC 2222 W DIVISION ST #215 CHICAGO, IL 60622	36-4188969		26,713.	0.			PATIENT ASSISTANCE
JOON KIM MD 925 HOFFNER DR GRAYS LAKE, IL 60030	36-4243383		5,174.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALISTS-OALMILL MED CTR - 1700 LUTHER LN FLOOR 2 - PARK RIDGE, IL 60068	36-4380012		18,753.	0.			PATIENT ASSISTANCE
ONCOLOGY PLUS, INCORPORATED 1070 EAST BRANDON BLVD BRANDON, FL 33511	36-4435924		47,077.	0.			PATIENT ASSISTANCE
LEE CANCER CLINIC LLC 12781 WORLD PLAZA LN #1 FORT MYERS, FL 33907	36-4544554		8,931.	0.			PATIENT ASSISTANCE
MEMORIAL MED CTR PO BOX 19287 SPRINGFIELD, IL 62794	37-0661220		20,000.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD CLINIC PO BOX 19260 SPRINGFIELD, IL 62794	37-0701328		23,556.	0.			PATIENT ASSISTANCE
MUHAMMAD ZAFAR MD 122 SOUTH MAIN ST FLANAGAN, IL 61740	37-1036154		8,471.	0.			PATIENT ASSISTANCE
MARION EYE CENTER LTD 1200 W DEYOUNG ST MARION, IL 62959	37-1073951		5,909.	0.			PATIENT ASSISTANCE
MID IL HEMATOLOGY AND ONCOLOGY ASSOCIATES - 407 E VERNON AVE # 104 - NORMAL, IL 61761	37-1096341		7,138.	0.			PATIENT ASSISTANCE
CARLE FOUNDATION HOSPITAL PO BOX 6002 URBANA, IL 61803	37-1188284		5,040.	0.			PATIENT ASSISTANCE
ONCOLOGY-HEMATOLOGY ASSOC OF CENTRAL IL - 8940 N. WOOD SAGE RD - PEORIA, IL 61615	37-1331017		233,048.	0.			PATIENT ASSISTANCE
YAGNESH V OZA, MD PO BOX 2067 MOUNT VERNON, IL 62864	37-1343746		5,481.	0.			PATIENT ASSISTANCE
FLORIDA RETINA & VITREOUS CENTER 1170 S SEMORAN BLVD # C AZALEA PARK, FL 32807	37-1476323		5,436.	0.			PATIENT ASSISTANCE
UNIVERSITY OF IL AT CHICAGO 506 S. WRIGHT 209 URBANA, IL 61801	37-6000511		15,874.	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
WEST SHORE MEDICAL CENTER 1465 E PARKDALE AVE MANISTEE, MI 49660	38-0350304		15,705.	0.			PATIENT ASSISTANCE
METROPOLITAN HOSPITAL PO BOX 159 GRAND RAPIDS, MI 49501	38-0593405		10,884.	0.			PATIENT ASSISTANCE
MID MICHIGAN MEDICAL CTR 4005 ORCHARD DR MIDLAND, MI 48670	38-0833014		26,003.	0.			PATIENT ASSISTANCE
HENRY FORD HOSPITAL PO BOX 670884 DETROIT, MI 48267	38-1357020		5,981.	0.			PATIENT ASSISTANCE
ST JOHN HOSPITAL HEALTH SYSTEM 3187 SOLUTION CENTER CHICAGO, IL 60677	38-1359063		30,199.	0.			PATIENT ASSISTANCE
MUNSON MEDICAL CTR PO BOX 1131 TRAVERSE CITY, MI 49685	38-1362830		39,330.	0.			PATIENT ASSISTANCE
PONTIAC OSTEOPATHIC HOSPITAL 8172 RELIABLE PKWY CHICAGO, IL 60686	38-1428164		8,599.	0.			PATIENT ASSISTANCE
INGHAM REGIONAL MEDICAL CENTER 401 W GREENLAWN AVENUE LANSING, MI 48910	38-1434090		10,216.	0.			PATIENT ASSISTANCE
WILLIAM BEAUMONT HOSPITAL PO BOX 5042 TROY, MI 48007	38-1459362		11,225.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANSING OPHTHALMOLOGY 2001 COOLIDGE RD EAST LANSING , MI 48823	38-1818892		8,707.	0.			PATIENT ASSISTANCE
MICHIGAN INSTITUTE FOR NEUROLOGICAL DISORDERS - 28595 ORCHARD LAKE RD - FARMINGTON HILLS, MI 48334	38-1889896		11,973.	0.			PATIENT ASSISTANCE
WILKINSON EYE CENTER 44555 WOODWARD AVE # 203 PONTIAC, MI 48341	38-1903789		13,681.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL 39650 ORCHARD HILL PL#200 NOVI, MI 48375	38-1946761		935,057.	0.			PATIENT ASSISTANCE
MICHIGAN INSTITUTE OF UROLOGY 20952 12 MILE RD # 200 ST CLR SHORES, MI 48081	38-1962231		9,589.	0.			PATIENT ASSISTANCE
ALLEGIANCE HEALTH DEPT 64787 DRAWER 64000 DETROIT, MI 48264	38-2027689		37,503.	0.			PATIENT ASSISTANCE
SINGH & ARORA ONCOLOGY HEMATOLOGY 4100 BEECHER RD FLINT, MI 48532	38-2199193		27,943.	0.			PATIENT ASSISTANCE
GENESEE HEMATOLOGY ONCOLOGY 302 KENSINGTON AVE FLINT, MI 48503	38-2278871		73,843.	0.			PATIENT ASSISTANCE
UROLOGIC CONSULTANTS PC 25 MICHIGAN ST NE SITE 3300 GRAND RAPIDS, MI 49503	38-2285194		16,311.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RAPIDS OPHTHALMOLOGY 750 E BELTLINE GRAND RAPIDS, MI 49525	38-2394920		8,713.	0.			PATIENT ASSISTANCE
ALAN W SOLWAY MD 32410 FIVE MILE RD # 102 LIVONIA, MI 48154	38-2626708		12,194.	0.			PATIENT ASSISTANCE
RED CEDAR ONCOLOGY 1550 WATERTOWER PL #500 EAST LANSING, MI 48823	38-2744171		7,308.	0.			PATIENT ASSISTANCE
SPECTRUM HEALTH REED CITY HOSP PO BOX K GRAND RAPIDS, MI 49501	38-2770076		8,289.	0.			PATIENT ASSISTANCE
CANCER & HEMATOLOGY CTR OF WESTERN MICHIGAN - PO BOX 30516 DEPT 6052A - LANSING, MI 48909	38-2777354		55,462.	0.			PATIENT ASSISTANCE
DICKINSON COUNTY HEALTHCARE PO BOX 2098 KINGSFORD, MI 49802	38-2780429		7,805.	0.			PATIENT ASSISTANCE
ALLERGY & ASTHMA ASSOCIATES OF MICHIGAN - 3600 W 13 MILE RD - ROYAL OAK, MI 48073	38-2904386		18,367.	0.			PATIENT ASSISTANCE
GRAND VIEW HEALTH SYSTEM N10561 GRAND VIEW LANE IRONWOOD, MI 49938	38-2908586		6,603.	0.			PATIENT ASSISTANCE
BAY EYE CARE CTR 116 N TUSCOLA RD BAY CITY, MI 48708	38-2949609		8,238.	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
VITREO RETINAL ASSOCIATES PC 2505 EAST PARIS AVE SUITE 100 GRAND RAPIDS, MI 49546	38-2967858		31,155.	0.			PATIENT ASSISTANCE
SHORES RHEUMATOLOGY 29200 HARPER AVE SAINT CLAIR SHORES, MI 48081	38-3022841		6,882.	0.			PATIENT ASSISTANCE
TLC EYE CARE AND LASER CENTERS 2723 S STATE ST #220 ANN ARBOR, MI 48104	38-3160340		26,623.	0.			PATIENT ASSISTANCE
ST JOSEPH MERCY OAKLAND DEPT CH 10479 PALATINE, IL 60055	38-3176536		9,581.	0.			PATIENT ASSISTANCE
CEDAR RUN EYE CTR 3830 W FRONT ST TRAVERSE CITY, MI 49684	38-3179940		6,493.	0.			PATIENT ASSISTANCE
ANDERSON EYE ASSOCIATES PO BOX 5649 SAGINAW, MI 48603	38-3221412		158,630.	0.			PATIENT ASSISTANCE
MERCY CANCER CENTER-CADILLAC 400 HOBART ST CADILLAC, MI 49601	38-3229575		8,018.	0.			PATIENT ASSISTANCE
SHORELINE OPHTHALMOLOGY 1266 E SHERMAN BLVD MUSKEGON, MI 49444	38-3245641		12,909.	0.			PATIENT ASSISTANCE
MID MICHIGAN KIDNEY SPECIALISTS 1717 E MICHIGAN AVE # A LANSING, MI 48912	38-3267121		41,614.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE CANCER & BLOOD DISEASES 302 KENSINGTON AVE FLINT, MI 48503	38-3285515		51,715.	0.			PATIENT ASSISTANCE
ARTHRITIS EDUCATION AND TREATMENT CTR - 1155 E PARIS AVE # 100 - GRAND RAPIDS, MI 49546	38-3421145		5,512.	0.			PATIENT ASSISTANCE
EAST CENTRAL ONCOLOGY ASSOCIATES 4011 ORCHARD DR #1000 MIDLAND, MI 48640	38-3441275		5,565.	0.			PATIENT ASSISTANCE
INFUSION ASSOCIATES 3230 EAGLE PARK DR NE # 101 GRAND RAPIDS, MI 49525	38-3515680		7,800.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY PC - 5400 MACKINAW # 4200 - SAGINAW, MI 48604	38-3553403		35,354.	0.			PATIENT ASSISTANCE
ALAA OWAINATI, MD 43700 WOODWARD AVE #112 BLOOMFIELD HILLS, MI 48302	38-3561543		9,934.	0.			PATIENT ASSISTANCE
MIDWEST EYE INSTITUTE 201 PENNSYLVANIA PKWY INDIANAPOLIS, IN 46280	38-3642669		10,783.	0.			PATIENT ASSISTANCE
COMPASSIONATE CANCER CARE 18111 BROOKHURST ST #6100 FOUNTAIN VALLEY, CA 92708	38-3650060		32,450.	0.			PATIENT ASSISTANCE
ARTHRITIS CARE OF MICHIANA 100 NAVARRE PL # 5570 SOUTH BEND, IN 46601	38-3650151		22,120.	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
ST. ANTHONY HOSPITAL PO BOX 911400 PASADENA, CA 91110	38-3769889		6,073.	0.			PATIENT ASSISTANCE
SHARON PENNSYLVANIA HOSPITAL 8005 COLLECTION CENTER DR CHICAGO, IL 60693	38-3920098		14,761.	0.			PATIENT ASSISTANCE
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 1500 E MEDICAL CENTER DR BLDG 358 - ANN ARBOR, MI 48109	38-6006309		6,743.	0.			PATIENT ASSISTANCE
MID MICHIGAN MEDICAL CENTER 4000 WELLNESS DR MIDLAND, MI 48670	38-6020434		15,834.	0.			PATIENT ASSISTANCE
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		40,976.	0.			PATIENT ASSISTANCE
AURORA HEALTH CARE METRO INC 1055 N MAYFAIR RD #300 WAUWATOSA, WI 53226	39-0806181		77,818.	0.			PATIENT ASSISTANCE
AURORA LAKELAND MEDICAL CENTER 1055 N MAYFAIR RD #300 MILWAUKEE, WI 53226	39-0806347		6,298.	0.			PATIENT ASSISTANCE
HOLY FAMILY MEMORIAL INC PO BOX 2170 MANITOWOC, WI 54221	39-0806395		5,899.	0.			PATIENT ASSISTANCE
WESTFIELDS HOSPITAL 535 HOSPITAL RD NEW RICHMOND, WI 54017	39-0808442		5,000.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT HOSPITAL 36540 TREASURY CENTER CHICAGO, IL 60694	39-0817529		5,175.	0.			PATIENT ASSISTANCE
ST FRANCIS HOSPITAL BOX 860007 MINNEAPOLIS, MN 55486	39-0907740		20,352.	0.			PATIENT ASSISTANCE
WAUKESHA MEMORIAL HOSP 725 AMERICAN AVE VERNON, WI 53188	39-0910727		7,361.	0.			PATIENT ASSISTANCE
AURORA SHEBOYGAN MEM PO BOX 8940 GREEN BAY, WI 54308	39-0930748		13,142.	0.			PATIENT ASSISTANCE
EYE CLINIC OF WI 614 N 1ST ST WAUSAU, WI 54402	39-1093716		8,386.	0.			PATIENT ASSISTANCE
CHIPPEWA VALLEY EYE CLINIC 2715 DAMON ST EAU CLAIR, WI 54701	39-1138126		18,747.	0.			PATIENT ASSISTANCE
ASPIRUS HOSPITAL PO BOX 1008 WAUSAU, WI 54402	39-1138241		5,108.	0.			PATIENT ASSISTANCE
GREEN BAY ONCOLOGY PO BOX 13453 GREEN BAY, WI 54307	39-1314853		110,511.	0.			PATIENT ASSISTANCE
EYE CARE SPECIALISTS 735 W WISCONSIN AVE STE 400 MILWAUKEE, WI 53233	39-1344972		7,604.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SUBURBAN CTR FOR ARTHRITIS 601 N BARKER RD # 110 BROOKFIELD, WI 53045	39-1418162		60,058.	0.			PATIENT ASSISTANCE
RETINA AND VITREOUS CONSULTANTS OF WISCONSIN - 2600 N MAYFAIR RD #901 - MILWAUKEE, WI 53226	39-1439215		51,819.	0.			PATIENT ASSISTANCE
AURORA ADVANCED HEALTHCARE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1595302		17,098.	0.			PATIENT ASSISTANCE
AURORA MEDICAL GROUP PO BOX 979 SHEBOYGAN, WI 53082	39-1678306		16,852.	0.			PATIENT ASSISTANCE
FOX VALLEY HEMATOLOGY & ONCOLOGY 900 E GRANT ST APPLETON, WI 54911	39-1682233		25,368.	0.			PATIENT ASSISTANCE
RHEUMATIC DISEASE CENTER 7080 N PORT WASHINGTON RD MILWAUKEE, WI 53217	39-1713075		5,762.	0.			PATIENT ASSISTANCE
VALLEY EYE ASSOCIATES 21 PARK PLACE APPLETON, WI 54914	39-1791932		8,385.	0.			PATIENT ASSISTANCE
DOHMEN LIFE SCIENCE SERVICES 75 REMITTANCE DR STE 6687 CHICAGO, IL 60675	39-1821626		9,217.	0.			PATIENT ASSISTANCE
UW HEALTH EYE CLINIC DRAWER 78864 MILWAUKEE, WI 53278	39-1824445		6,303.	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
UNIVERSITY OF WI HOSPITALS & CLINICS - DRAWER #853 - MILWAUKEE, WI 53278	39-1835630		5,475.	0.			PATIENT ASSISTANCE
NORTHEAST WISCONSIN RETINA 200 THEDA CLARK PLAZA #110 NEENAH, WI 54956	39-1842462		32,208.	0.			PATIENT ASSISTANCE
BAY CARE GREEN BAY EYE CLINIC 2253 W MASON ST #100 GREEN BAY, WI 54307	39-1943214		18,196.	0.			PATIENT ASSISTANCE
MEMPHIS EYE CLINIC 6029 WALNUT GROVE RD #101 MEMPHIS, TN 38120	39-2067210		7,000.	0.			PATIENT ASSISTANCE
FROEDTERT MEMORIAL LUTHERAN HOSPITAL - PO BOX 3202 - MILWAUKEE, WI 53201	39-6105970		32,038.	0.			PATIENT ASSISTANCE
ESSENTIA HEALTH PO BOX 1450 NW 6026 MINNEAPOLIS, MN 55485	41-0695602		15,832.	0.			PATIENT ASSISTANCE
HUBERT H HUMPHREY CANCER CTR 3435 W BROADWAY # 1135 ROBBINSDALE, MN 55422	41-0729979		9,384.	0.			PATIENT ASSISTANCE
UNIV MN CTR, FAIRVIEW PO BOX 147 MINNEAPOLIS, MN 55440	41-0991680		6,540.	0.			PATIENT ASSISTANCE
THE MINNEAPOLIS CLINIC OF NEUROLOGY - PO BOX 86 - MINNEAPOLIS, MN 55486	41-0999094		7,781.	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
ASSOCIATED EYE CARE 1719 TOWER DR # 100 STILLWATER, MN 55082	41-1000647		9,182.	0.			PATIENT ASSISTANCE
THE RETINA CENTER PA 2485 MAPLEWOOD DR N SUITE 213 MAPLEWOOD, MN 55109	41-1535029		16,827.	0.			PATIENT ASSISTANCE
VITREO RETINAL SURGERY MN CENTER 7760 FRANCE AVE S #310 MINNEAPOLIS, MN 55435	41-1608615		82,038.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY CONSULTANTS - 7250 FRANCE AVE S # 215 - EDINA, MN 55435	41-1774839		6,362.	0.			PATIENT ASSISTANCE
MINNESOTA ONCOLOGY 2550 UNIVERSITY AVE W #110N SAINT PAUL, MN 55114	41-1793418		90,924.	0.			PATIENT ASSISTANCE
SUNCOAST RETINA CONSULTANTS 3280 N MCMULLEN BOOTH RD STE 120 CLEARWATER, FL 33761	41-2104585		17,752.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF NORTH FL PO BOX 674377 DALLAS, TX 75267	41-2152274		97,221.	0.			PATIENT ASSISTANCE
MILLENNIUM EYE CARE CL4480 PO BOX 95000 PHILADELPHIA, PA 19195	41-2257491		55,622.	0.			PATIENT ASSISTANCE
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403	42-0698295		5,397.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLFE EYE CLINIC 309 EAST CHURCH ST MARSHALLTOWN, IA 50158	42-0954581		123,538.	0.			PATIENT ASSISTANCE
EYE SURGEONS ASSOCIATES PC 777 TANGLEFOOT LN BETTENDORF, IA 52722	42-1160748		29,841.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY & HEMATOLOGY 1221 PLEASANT ST # 100 DES MOINES, IA 50309	42-1163076		58,700.	0.			PATIENT ASSISTANCE
MAUER EYE CENTER PC 2515 CYCLONE DR WATERLOO, IA 50701	42-1339248		5,212.	0.			PATIENT ASSISTANCE
IOWA EYE PC 1650 1ST AVE NE CEDAR RAPIDS, IA 52402	42-1369804		8,209.	0.			PATIENT ASSISTANCE
IOWA RETINA CONSULTANTS 1501 50TH ST #133 WEST DES MOINES, IA 50266	42-1377502		6,570.	0.			PATIENT ASSISTANCE
CEDAR VALLEY MEDICAL SPECIALISTS, PC - 4150 KIMBALL AVE - WATERLOO, IA 50701	42-1417307		104,284.	0.			PATIENT ASSISTANCE
WADZINSKI EYE CLINIC 5855 SUNNYBROOK DR SIOUX CITY, IA 51106	42-1450176		6,457.	0.			PATIENT ASSISTANCE
HEARTLAND ONCOLOGY & HEMATOLOGY ONE EDMUNDSON PL COUNCIL BLUFFS, IA 51503	42-1493891		8,942.	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
CENTRAL FLORIDA EYE INSTITUTE 3133 SW 32 AVE OCALA, FL 34474	42-1621290		11,936.	0.			PATIENT ASSISTANCE
HENNEPIN COUNTY MED CTR PO BOX 1238 MINNEAPOLIS, MN 55440	42-1707837		8,175.	0.			PATIENT ASSISTANCE
BAKERSFIELDS HEMATOLOGY ONCOLOGY 9800 BRIMHALL RD BAKERSFIELD, CA 93312	42-1727030		14,553.	0.			PATIENT ASSISTANCE
ST JOHNS MEDICAL CTR PO BOX 18057-B SAINT LOUIS, MO 63150	43-0653493		26,430.	0.			PATIENT ASSISTANCE
SITEMAN CANCER CNTR WEST PO BOX 504875 SAINT LOUIS, MO 63150	43-0653611		48,164.	0.			PATIENT ASSISTANCE
ST LOUIS UNIVERSITY CANCER CTR PO BOX 18535M SAINT LOUIS, MO 63195	43-0654872		5,973.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS LTD PO BOX 60394 ST LOUIS, MO 63160	43-0913832		113,828.	0.			PATIENT ASSISTANCE
ARTHRITIS CONSULTANTS 522 N NEW BALLAS RD SAINT LOUIS, MO 63141	43-0947490		6,155.	0.			PATIENT ASSISTANCE
JEFFERSON CITY MEDICAL GROUP PO BOX 104240 JEFFERSON CITY, MO 65110	43-0954586		25,995.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABATES EYE CENTER PO BOX 26425 KANSAS CITY, MO 64196	43-0955525		5,015.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL WASHINGTON PO BOX 502385 SAINT LOUIS, MO 63150	43-1066883		21,969.	0.			PATIENT ASSISTANCE
COUNTY ONCOLOGISTS PO BOX 78399 SAINT LOUIS, MO 63178	43-1210038		16,309.	0.			PATIENT ASSISTANCE
ST LOUIS ONCOLOGY ASSOCIATES INC 10012 KENNERLY RD # 100 SAINT LOUIS, MO 63128	43-1240180		6,335.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF MO 201 W BROADWAY BLDG 5B COLUMBIA, MO 65203	43-1289321		52,648.	0.			PATIENT ASSISTANCE
ST LOUIS CANCER CARE PO BOX 60450 SAINT LOUIS, MO 63160	43-1369550		26,818.	0.			PATIENT ASSISTANCE
CATARACT & EYE DISEASE SPECS 3889 VETERANS MEMORIAL PKWY SAINT PETERS, MO 63376	43-1444392		10,709.	0.			PATIENT ASSISTANCE
MERCY CLINIC SPRINGFIELD COMMUNITIES - PO BOX 505164 - SAINT LOUIS, MO 63150	43-1560263		49,648.	0.			PATIENT ASSISTANCE
SITEMAN CANCER CENTER 150 ENTRANCE WAY SAINT PETERS, MO 63376	43-1681957		11,923.	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
SIGNATURE MEDICAL GROUP INC 12639 OLD TESSON RD STE # 115 SAINT LOUIS, MO 63128	43-1696710		16,696.	0.			PATIENT ASSISTANCE
FREEMAN HEALTH SYSTEM 1102 W 32ND ST JOPLIN, MO 64804	43-1704371		26,443.	0.			PATIENT ASSISTANCE
SSM DEPAUL HEALTH CENTER PO BOX 503602 SAINT LOUIS, MO 63150	43-1704972		13,777.	0.			PATIENT ASSISTANCE
MISSOURI CANCER ASSOCIATES 2372 PAYSHERE CIRCLE CHICAGO, IL 60674	43-1763016		20,824.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF ST LOUIS 1224 GRAHAM RD #3011 FLORISSANT, MO 63031	43-1842211		10,667.	0.			PATIENT ASSISTANCE
RETINAL ASSOCIATES 1265 E PRIMROSE SPRINGFIELD, MO 65804	43-1842769		30,248.	0.			PATIENT ASSISTANCE
CLAYTON MEDICAL 6400 CLAYTON RD SUITE 110 SAINT LOUIS, MO 63117	43-1907813		7,553.	0.			PATIENT ASSISTANCE
MERCY ARCH HEMATOLOGY ONCOL. 607 S NEW BALLAS RD # 3300 SAINT LOUIS, MO 63141	43-1927040		15,298.	0.			PATIENT ASSISTANCE
S CO HEMATOLOGY & ONCOLOGY PO BOX 210337 CHULA VISTA, CA 91921	43-1986447		56,029.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCED CARE SCRIPTS DEPT # 862 PO BOX 850001 ORLANDO, FL 32885	43-2080503		7,684.	0.			PATIENT ASSISTANCE
CAPITAL REGION MEDICAL CENTER 1432 SOUTHWEST BLVD JEFFERSON CITY, MO 65109	44-0546366		38,566.	0.			PATIENT ASSISTANCE
MERCY CANCER AND HEMATOLOGY PO BOX 504274 SAINT LOUIS, MO 63150	44-0552485		98,504.	0.			PATIENT ASSISTANCE
L E COX MEDICAL CTRS 1423 N JEFFERSON SPRINGFIELD, MO 65802	44-0577118		38,683.	0.			PATIENT ASSISTANCE
OZARKS MEDICAL CTR PO BOX 1100 WEST PLAINS, MO 65775	44-6005758		6,916.	0.			PATIENT ASSISTANCE
ROGER MARIS CANCER CENTER 801 BROADWAY N FARGO, ND 58102	45-0226909		5,242.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS LTD 2345 25TH ST SOUTH FARGO, ND 58103	45-0408552		9,157.	0.			PATIENT ASSISTANCE
CACHE VALLEY CANCER TREATMENT & RESEARCH CLINIC - 1281 N 600 E - LOGAN, UT 84341	45-0486684		26,271.	0.			PATIENT ASSISTANCE
RUBEN A GRIGORIAN MD PC 250 STATE FARM PARKWAY BIRMINGHAM, AL 35209	45-1063367		13,874.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFREY J. FULLER, MD PC 250 STATE FARM PKWY BIRMINGHAM, AL 35209	45-1222579		15,533.	0.			PATIENT ASSISTANCE
OAKLAND MEDICAL GROUP 27301 DEQUINDRE #314 MADISON HEIGHTS, MI 48071	45-1674932		23,261.	0.			PATIENT ASSISTANCE
NORTH OAKS MEDICAL CENTER LLC PO BOX 1609 HAMMOND, LA 70404	45-1834769		5,095.	0.			PATIENT ASSISTANCE
SALEM RHEUMATOLOGY LLC 960 LIBERTY ST SE # 200 SALEM, OR 97302	45-2137183		14,743.	0.			PATIENT ASSISTANCE
BUX MONT ONCOLOGY HEMATOLOGY 915 LAWN AVE SELLERSVILLE, PA 18960	45-2552343		817,038.	0.			PATIENT ASSISTANCE
THE GHOSH CENTER 1951 51ST ST NE CEDAR RAPIDS, IA 52402	45-2581371		6,646.	0.			PATIENT ASSISTANCE
THE CHRIST HOSPITAL MEDICAL SPECIALIST 2 - PO BOX 637627 - CINCINNATI, OH 45263	45-2681845		50,739.	0.			PATIENT ASSISTANCE
TEXAS HEALTH HUGULEY PO BOX 951572 DALLAS, TX 75395	45-2694620		5,150.	0.			PATIENT ASSISTANCE
FAMILY CANCER CENTER FOUNDATION PO BOX 741799 ATLANTA, GA 30374	45-2842963		19,188.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTRAVENE LLC 2215 LANDOVER PLACE LYNCHBURG, VA 24501	45-3049735		65,643.	0.			PATIENT ASSISTANCE
CENTRAL FLORIDA CANCER & BLOOD CTR PO BOX 1988 OCALA, FL 34478	45-3262814		5,978.	0.			PATIENT ASSISTANCE
INTEGRITY ONCOLOGY FOUNDATION INC PO BOX 5138 MEMPHIS, TN 38101	45-3303687		28,014.	0.			PATIENT ASSISTANCE
DCHS MEDICAL FOUNDATION DEPT 34931 PO BOX 39000 SAN FRANCISCO, CA 94139	45-3691852		18,830.	0.			PATIENT ASSISTANCE
MOBILE MEDICAL CONSULTANTS PO BOX 1536 MANDENVILLE, LA 70470	45-3913774		6,035.	0.			PATIENT ASSISTANCE
HUDSON HEMATOLOGY 377 JERSEY AVE JERSEY CITY, NJ 07306	45-4211891		19,262.	0.			PATIENT ASSISTANCE
WINTHROP UROLOGY PC 700 HICKSVILLE RD #204 BETHPAGE, NY 11714	45-4440389		21,709.	0.			PATIENT ASSISTANCE
TERRENCE FOLEY MD INC 7527 FREDLE DR CONCORD TWP, OH 44077	45-4522761		11,619.	0.			PATIENT ASSISTANCE
JAHLNE EYE ASSOCIATES 210 W CHESTER PIKE STE# 310 HAVERTOWN, PA 19083	45-4685955		11,613.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH ONCOLOGY PC PO BOX 602754 CHARLOTTE, NC 28260	45-4759270		19,059.	0.			PATIENT ASSISTANCE
CRYSTAL MEDICAL GROUP 310 CENTRAL AVE #106 EAST ORANGE, NJ 07018	45-4863386		7,509.	0.			PATIENT ASSISTANCE
MIDWEST REG ALLERGY ASTHMA ART AND OST CTR - 1027 S MAIN ST # 202 - JOPLIN, MO 64801	45-4901181		18,175.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOCIATES 327 MEDICAL PARK DRIVE BRIDGEPORT, WV 26330	45-4915866		6,045.	0.			PATIENT ASSISTANCE
PROGRESSIVE VISION INSTITUTE OF ALLENTOWN - 201 E LAUREL BLVD - POTTSVILLE, PA 17901	45-5039203		5,028.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY SOLUTIONS OF TALLAHASSEE - 2617 MITCHAM DR #101 - TALLAHASSEE, FL 32308	45-5170842		24,369.	0.			PATIENT ASSISTANCE
REGIONAL MED ONCOLOGY CTR 2624 ORTHO DR WILSON, NC 27893	45-5189279		41,360.	0.			PATIENT ASSISTANCE
VITREORETINAL SPECIALISTS PLC 9400 S SAGINAW RD # D GRAND BLANC, MI 48439	45-5263774		5,233.	0.			PATIENT ASSISTANCE
MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43219	45-5395632		170,473.	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
CANCER SPEC OF N FL -BAPTIST DOWNTOWN - 1235 SAN MARCO BLVD #202 - JACKSONVILLE, FL 32207	45-5523028		375,265.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY OF SOUTH TX 2344 LAGUNA DEL MAR CT STE 104 LAREDO, TX 78041	45-5552111		13,918.	0.			PATIENT ASSISTANCE
OREGON RETINA 1550 OAK ST STE 4 EUGENE, OR 97401	45-5560377		13,108.	0.			PATIENT ASSISTANCE
RETINA SPECIALISTS NW PLLC 33915 1ST WAY S # 120 FEDERAL WAY, WA 98003	45-5618108		10,944.	0.			PATIENT ASSISTANCE
AVERA MCKENNAN HOME INFUSION 1020 SOUTH CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		14,363.	0.			PATIENT ASSISTANCE
BLACKHILLS REGIONAL EYE INSTITUTE 2800 3RD ST RAPID CITY, SD 57701	46-0461540		22,770.	0.			PATIENT ASSISTANCE
SLINGSBY & WRIGHT EYE CARE LLC 240 MINNESOTA ST RAPID CITY, SD 57701	46-0461850		5,726.	0.			PATIENT ASSISTANCE
WILLIAM P MAIER PC 633 E 11TH AVE EUGENE, OR 97401	46-0485850		10,261.	0.			PATIENT ASSISTANCE
NSH CANCER PROFESSIONAL G LLC 1000 JOHNSON FERRY RD ATLANTA, GA 30342	46-0676654		214,068.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN CANCER CENTERS PO BOX 2536 SAN ANTONIO, TX 78299	46-0829574		32,864.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY SERVICES OFFICE 3737 SAN DIMAS ST # 101 BAKERSFIELD, CA 93301	46-0910853		16,287.	0.			PATIENT ASSISTANCE
ARTHRITIS CLINIC OF CENTRAL TX, PLLC - 1340 WONDER WORLD DR BLDG 2 #2203 - SAN MARCOS, TX 78666	46-1051939		5,023.	0.			PATIENT ASSISTANCE
HEALTH FIRST MEDICAL GROUP, LLC 1223 GATEWAY DR MELBOURNE, FL 32901	46-1243081		142,878.	0.			PATIENT ASSISTANCE
MS CENTER OF NEBRASKA 575 FALLBROOK BLVD LINCOLN, NE 68521	46-1284944		6,164.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE, PLLC 4300 TALBOT RD S STE 201 RENTON, WA 98055	46-1427591		19,116.	0.			PATIENT ASSISTANCE
MIAMI HEMATOLOGY AND ONCOLOGY ASSOCIATES LLC - 1521 ALTON RD #900 - MIAMI BEACH, FL 33139	46-1569678		25,837.	0.			PATIENT ASSISTANCE
RETINA MACULA SPECIALISTS OF MIAMI 351 NW 42ND AVE #501 MIAMI, FL 33126	46-1758367		20,449.	0.			PATIENT ASSISTANCE
HORIZON BIOADVANCE PO BOX 4699 LA FAYETTE, IN 47903	46-1776803		5,805.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINNACLE ONCOLOGY OKLAHOMA PO BOX 678453 DALLAS, TX 75267	46-1820696		15,946.	0.			PATIENT ASSISTANCE
ELLISON, WALTON & BYRNE 2142 W BROAD ST ATHENS, GA 30606	46-2091392		52,713.	0.			PATIENT ASSISTANCE
ADVANCED UROLOGY INST PO BOX 13067 BELFAST, ME 04915	46-2439971		21,296.	0.			PATIENT ASSISTANCE
ALABAMA PROVIDENCE HEALTHCARE PO BOX 850489 MOBILE, AL 36685	46-2847744		13,003.	0.			PATIENT ASSISTANCE
DALE BROWN 250 STATE FARM PARKWAY BIRMINGHAM, AL 35209	46-3351170		8,305.	0.			PATIENT ASSISTANCE
DUNDY COUNTY HOSPITAL INFUSION CENTER - PO BOX 626 - BENKELMAN, NE 69021	47-0487831		11,236.	0.			PATIENT ASSISTANCE
EYE SURGICAL ASSOCIATES 1710 S 70TH ST LINCOLN, NE 68506	47-0626698		78,654.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOCIATES PC 8303 DODGE ST #225 OMAHA, NE 68114	47-0626996		21,483.	0.			PATIENT ASSISTANCE
J C WELCH OPHTHALMOLOGY PC 2115 N KANSAS AVE # 104 HASTINGS, NE 68901	47-0717975		5,410.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMATOLOGY ONCOLOGY CONSULTANTS PO BOX 641850 OMAHA, NE 68164	47-0770654		30,401.	0.			PATIENT ASSISTANCE
MIDWEST EYE CARE 4353 DODGE ST OMAHA, NE 68137	47-0805428		35,111.	0.			PATIENT ASSISTANCE
HEARTLAND HEMATOLGY & ONCOLOGY 412 W 42ND ST KEARNEY, NE 68845	47-0833506		30,676.	0.			PATIENT ASSISTANCE
OMAHA EYE & LASER INST 11606 NICHOLAS ST # 200 OMAHA, NE 68154	47-0842184		8,490.	0.			PATIENT ASSISTANCE
OCALA ONCOLOGY 433 SW 10TH ST OCALA, FL 34474	47-0872321		52,298.	0.			PATIENT ASSISTANCE
STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVE TOPEKA, KS 66604	48-0543789		19,864.	0.			PATIENT ASSISTANCE
GOODLAND REGIONAL MEDICAL CENTER 220 W 2ND GOODLAND, KS 67735	48-0725111		6,417.	0.			PATIENT ASSISTANCE
VITREO RETINAL CONSULTANTS SURGEONS PA - 530 N LORRAINE - WICHITA, KS 67214	48-0817150		117,353.	0.			PATIENT ASSISTANCE
CENTRAL CARE, PA PO BOX 256 SALINA, KS 67402	48-1125116		234,590.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOWERY CLINIC PO BOX 260 SALINA, KS 67402	48-1145374		18,689.	0.			PATIENT ASSISTANCE
SALINA REGIONAL HEALTH CENTER 501 S SANTA FE SALINA, KS 67401	48-1169103		22,153.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT OF NORTHEAST KANSAS PA - 619 SW CORPORATE VIEW - TOPEKA, KS 66615	48-1179898		12,448.	0.			PATIENT ASSISTANCE
CANCER CENTER OF KS PA PO BOX 1458 WICHITA, KS 67201	48-1181579		526,404.	0.			PATIENT ASSISTANCE
UNIV OF KS HOSP AUTH 1000 E 101 ST TERR KANSAS CITY, MO 64131	48-1202402		14,961.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES, PA PO BOX 414971 KANSAS CITY, MO 64141	48-1211774		97,924.	0.			PATIENT ASSISTANCE
KANSAS CITY UROLOGY CARE, PA PO BOX 802257 KANSAS CITY, MO 64180	48-1216340		54,399.	0.			PATIENT ASSISTANCE
WICHITA UROLOGY GROUP 2626 N WEBB RD WICHITA, KS 67226	48-1253013		6,821.	0.			PATIENT ASSISTANCE
BIOSCRIPT INFUSION SERVICES 14478 COLLECTIONS CENTER DR CHICAGO, IL 60693	48-1283527		6,122.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD & CANCER CTR OF TX 825 MEDICAL DR TYLER, TX 75701	48-1285510		28,050.	0.			PATIENT ASSISTANCE
CENTRAL MINNESOTA RETINA SPECIALISTS PLLC - 2330 TROOP DR # 104 - SARTELL, MN 56377	50-0010471		15,914.	0.			PATIENT ASSISTANCE
TUNNELL CANCER CENTER BEEBE HEALTHCARE PHILADELPHIA, PA 19182	51-0067938		11,702.	0.			PATIENT ASSISTANCE
NANTICOKE CANCER CARE PO BOX 824318 PHILADELPHIA, PA 19182	51-0069243		10,000.	0.			PATIENT ASSISTANCE
CHRISTIANA CARE HEALTH SERVICES, INC. - PO BOX 2653 - WILMINGTON, DE 19805	51-0103684		11,454.	0.			PATIENT ASSISTANCE
SHEPARD MS CENTER PO BOX 102421 ATLANTA, GA 30368	51-0141601		5,000.	0.			PATIENT ASSISTANCE
COMMUNITY HOSPITAL PO BOX 1540 GREELEY, CO 80632	51-0147309		7,835.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY & ONCOLOGY PA 4701 OGLETOWN STANTON RD # 2400 NEWARK, DE 19713	51-0263837		8,837.	0.			PATIENT ASSISTANCE
DELAWARE EYE INSTITUTE 18791 JOHN J WILLIAMS DEWEY BEACH, DE 19971	51-0324524		9,178.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASTHMA AND ALLERGY CARE OF DE 1941 LIMESTONE RD WILMINGTON, DE 19808	51-0362371		5,885.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY HEMATOLOGY CONSULTANTS PA - 4701 OGLETOWN STANTON RD # 3400 - NEWARK, DE 19713	51-0384913		18,370.	0.			PATIENT ASSISTANCE
ATLANTIC UROLOGY CLINICS LLC PO BOX 602460 CHARLOTTE, NC 28260	51-0570029		50,677.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF ORANGE COUNTY PO BOX 572528 SALT LAKE CITY, UT 84157	51-0665933		13,554.	0.			PATIENT ASSISTANCE
FREDERICK MEMORIAL HOSPITAL 400 WEST SEVENTH ST FREDERICK, MD 21701	52-0591612		10,247.	0.			PATIENT ASSISTANCE
ST AGNES HOSPITAL PO BOX 24216 ARBUTUS, MD 21227	52-0591657		6,927.	0.			PATIENT ASSISTANCE
JOHN HOPKINS UNVERSITY PO BOX 64474 BALTIMORE, MD 21264	52-0595110		22,523.	0.			PATIENT ASSISTANCE
PENINSULA EYE CENTER PA 101 MILFORD ST SALISBURY, MD 21804	52-0974706		7,282.	0.			PATIENT ASSISTANCE
WASHINGTON ONCOLOGY/HEMATOLOGY 2141 K ST NW # 707 WASHINGTON, DC 20037	52-1229598		7,085.	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
MID ATLANTIC RETINA PO BOX 972 BRYN MAWR, PA 19010	52-1249671		189,933.	0.			PATIENT ASSISTANCE
UPPER CHESAPEAKE MEDICAL CTR PO BOX 418670 BOSTON, MA 02241	52-1253920		6,764.	0.			PATIENT ASSISTANCE
OMNI EYE SPECIALISTS 2925 LORD BALTIMORE DR BALTIMORE, MD 21244	52-1417115		11,564.	0.			PATIENT ASSISTANCE
CHESAPEAKE ONCOLOGY HEMATOLOGY ASSOC - 3001 S HANOVER ST - BALTIMORE, MD 21225	52-1480363		45,181.	0.			PATIENT ASSISTANCE
SHADY GROVE ADVENTIST HOSPITAL PO BOX 62153 BALTIMORE, MD 21264	52-1532556		15,000.	0.			PATIENT ASSISTANCE
RETINA GROUP OF WASHINGTON, P.C. 7501 GREENWAY CTR DR #300 GREENBELT, MD 20770	52-1570295		20,312.	0.			PATIENT ASSISTANCE
BALTIMORE WASHINGTON PROFESSIONAL SERVICES - PO BOX 64584 - BALTIMORE, MD 21264	52-1655640		5,965.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER & HEMATOLOGY SPECIALISTS - 705 WHITE HORSE RD # D-105 - VOORHEES, NJ 08043	52-1676914		29,967.	0.			PATIENT ASSISTANCE
ALPHA NEUROLOGY 27 NEW DORP LN STATEN ISLAND, NY 10306	52-1720823		9,991.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELMAN RETINA GROUP, PA 9114 PHILADELPHIA RD STE#310 ROSEDALE, MD 21237	52-1803322		26,208.	0.			PATIENT ASSISTANCE
CENTER FOR CANCER & BLOOD DISORDERS - 6420 ROCKLEDGE DR #4100 - BETHESDA, MD 20817	52-1840949		7,189.	0.			PATIENT ASSISTANCE
KLEIN & ASSOCIATES 346 MILL ST HAGERSTOWN, MD 21740	52-1850319		5,814.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF DELMARVA 1415 WESLEY DR SALISBURY, MD 21801	52-1862392		38,263.	0.			PATIENT ASSISTANCE
DAVID H SMITH MD PA 8221 TEAL DR # 301 EASTON, MD 21601	52-1934955		19,649.	0.			PATIENT ASSISTANCE
CUMBERLAND VALLEY RETINA CONSULTANTS - 1150 OPAL COURT - HAGERSTOWN, MD 21740	52-1946106		86,140.	0.			PATIENT ASSISTANCE
MORRISTOWN MEMORIAL HOSPITAL PO BOX 10219 NEWARK, NJ 07193	52-1958352		46,041.	0.			PATIENT ASSISTANCE
RETINA SPECIALISTS 6569 N CHARLES ST STE 605 BALTIMORE, MD 21204	52-1998865		10,620.	0.			PATIENT ASSISTANCE
KATZEN EYE GROUP 1209 YORK ROAD, SUITE 200 LUTHERVILLE, MD 21093	52-2000021		23,767.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDWARD J. GOLDMAN, MD PA 25 CROSSROADS DR # 412 OWINGS MILLS, MD 21117	52-2007600		10,438.	0.			PATIENT ASSISTANCE
ISABELLA MARTIRE MD 8343 CHERRY LN LAUREL, MD 20707	52-2007646		5,453.	0.			PATIENT ASSISTANCE
THOMAS SCHLESINGER MD 3536 MENDOCINO AVE # 380 SANTA ROSA, CA 95403	52-2085054		5,638.	0.			PATIENT ASSISTANCE
THE EYE CENTER OF NORTH FLORIDA 2500 MARTIN LUTHER KING JR BLVD PANAMA CITY, FL 32405	52-2107690		6,397.	0.			PATIENT ASSISTANCE
SEIDENBERG PROTZKO EYE ASSOCIATES 2023 PULASKI HWY. HAVRE DE GRACE, MD 21078	52-2115189		14,697.	0.			PATIENT ASSISTANCE
THE RETINA CARE CENTER 6115 FALLS RD # 300 BALTIMORE, MD 21209	52-2117156		70,498.	0.			PATIENT ASSISTANCE
CHESAPEAKE UROLOGY 25 CROSSROADS DR STE 306 OWINGS MILLS, MD 21117	52-2146172		140,288.	0.			PATIENT ASSISTANCE
BIRMINGHAM HEMATOLOGY & ONCOLOGY 500 OFFICE PARK DR # 400 BIRMINGHAM, AL 35223	52-2170293		117,222.	0.			PATIENT ASSISTANCE
ROLLA OPHTHALMOLOGY ASSOCIATES 720 SOUTH BISHOP AVE ROLLA, MO 65401	52-2182878		11,595.	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
THE GEORGE WASH UNIV MFA PO BOX 37056 BALTIMORE, MD 21297	52-2220700		14,897.	0.			PATIENT ASSISTANCE
CENTER FOR RETINAL DISEASES AND SURGERY LLC - 6420 ROCKLEDGE DR STE 4900 - BETHESDA, MD 20817	52-2268427		15,135.	0.			PATIENT ASSISTANCE
AUERBACH HEMATOLOGY ONCOLOGY 9110 PHILADELPHIA RD # 314 BALTIMORE, MD 21237	52-2343901		5,461.	0.			PATIENT ASSISTANCE
MARY WASHINGTON HOSPITAL 2300 FALL HILL # 313 FREDERICKSBURG, VA 22401	54-0519577		5,083.	0.			PATIENT ASSISTANCE
VISTAR EYE CENTER PO BOX 1789 ROANOKE, VA 24008	54-0853078		110,051.	0.			PATIENT ASSISTANCE
URO ASSOCS CHARLOTTESVILLE 155 RIVERBEND DR CHARLOTTESVILLE, VA 22911	54-0892025		5,436.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER INSTITUTE 6605 W BROAD ST #C RICHMOND, VA 23230	54-1066435		258,276.	0.			PATIENT ASSISTANCE
LYNCHBURG HEMATOLOGY ONCOLOGY CLINIC - 1701 THOMSON DR STE 200 - LYNCHBURG, VA 24501	54-1111445		66,714.	0.			PATIENT ASSISTANCE
UNIVERSITY OF VA HEALTH SERVICES FOUNDATION - PO BOX 9007 - CHARLOTTESVILLE, VA 22906	54-1124769		9,440.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA EYE CONSULTANTS 241 CORPORATE BLVD NORFOLK, VA 23502	54-1150779		26,029.	0.			PATIENT ASSISTANCE
VIRGINIA UROLOGY CTR, P.C. PO BOX 79437 BALTIMORE, MD 21279	54-1203530		12,081.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		21,957.	0.			PATIENT ASSISTANCE
RETINA AND VITREOUS CTR PC 968 COLONIAL RD # 105 VIRGINIA BEACH, VA 23454	54-1406743		31,558.	0.			PATIENT ASSISTANCE
HEM ONC ASSOC OF FREDERICKSBURG 231 PARK HILL DR FREDERICKSBURG, VA 22041	54-1441458		23,317.	0.			PATIENT ASSISTANCE
AUGUSTA HEALTH CARE PO BOX 1000 FISHERSVILLE, VA 22939	54-1453954		9,781.	0.			PATIENT ASSISTANCE
HAMPTON ROADS EYE ASSOCIATES 11800 ROCK LANDING DR NEWPORT NEWS, VA 23606	54-1519724		47,913.	0.			PATIENT ASSISTANCE
SENTARA NORFOLK GENERAL HOSPITAL PO BOX 79603 BALTIMORE, MD 21279	54-1547408		5,862.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 190 CAMPUS BLVD # 320 WINCHESTER, VA 22601	54-1628131		5,510.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		33,656.	0.			PATIENT ASSISTANCE
VIRGINIA ONCOLGY ASSOCIATES 5900 LAKE WRIGHT DR. SUITE 300 NORFOLK, VA 23502	54-1768662		207,855.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER SPECIALISTS, P.C. PO BOX 60609 CHARLOTTE, NC 28260	54-1795091		17,692.	0.			PATIENT ASSISTANCE
TIDEWATER EYE CENTER, PC 3235 ACADEMY AVE. #200 PORTSMOUTH, VA 23703	54-1890466		7,137.	0.			PATIENT ASSISTANCE
NEUROLOGY SPECIALISTS 6161 KEMPSVILLE CIRCLE # 315 NORFOLK, VA 23502	54-1911947		18,586.	0.			PATIENT ASSISTANCE
BLUE RIDGE CANCER CARE - CHRISTIANSBURG - PO BOX 601507 - CHARLOTTE, NC 28260	54-1922084		169,637.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF VA 8700 STONY POINT PKWY #150 RICHMOND, VA 23235	54-1950215		100,483.	0.			PATIENT ASSISTANCE
SB KONDRAGUNTA LLC 34 MEDICAL PARK BLVD # G PETERSBURG, VA 23805	54-1989200		21,239.	0.			PATIENT ASSISTANCE
NATALIE A DOYLE MD PA 2806 B WOOTEN BLVD WILSON, NC 27893	54-2072308		10,177.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMETTO UROLOGY PA 1747 VILLAGE PARK DR ORANGEBURG, SC 29118	54-2081076		6,767.	0.			PATIENT ASSISTANCE
LEXINGTON ONCOLOGY ASSOC 2728 SUNSET BLVD # 402 WEST COLUMBIA, SC 29169	54-2107467		7,580.	0.			PATIENT ASSISTANCE
UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - PO BOX 403059 - ATLANTA, GA 30384	54-6001796		60,115.	0.			PATIENT ASSISTANCE
WHEELING HOSPITAL 1 MEDICAL PARK STE# 202 WHEELING, WV 26003	55-0357057		20,797.	0.			PATIENT ASSISTANCE
CHARLESTON AREA MEDICAL CENTER PO BOX 3229 CHARLESTON, WV 25325	55-0526150		6,723.	0.			PATIENT ASSISTANCE
HUNTINGTON INTERNAL MEDICINE GROUP 5170 US RT 60 E HUNTINGTON, WV 25705	55-0578595		31,395.	0.			PATIENT ASSISTANCE
WEST VIRGINIA UNIVERSITY HOSPITALS, INC - 1 MEDICAL CENTER DR - MORGANTOWN, WV 26506	55-0643304		5,300.	0.			PATIENT ASSISTANCE
SUSHIL MEHROTRA MD INC 2101 JACOB ST # 302 WHEELING, WV 26003	55-0646908		6,632.	0.			PATIENT ASSISTANCE
HIGHLANDS CANCER CENTER 122 ST CHRISTOPHER DR ASHLAND, KY 41101	55-0667743		18,936.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CABELL HUNTINGTON HOSPITAL 1340 HAL GREER BLVD HUNTINGTON, WV 25701	55-0675666		10,000.	0.			PATIENT ASSISTANCE
BECKLEY ONCOLOGY ASSOCIATES 275 DRY HILL RD BECKLEY, WV 25801	55-0699734		57,616.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS PO BOX 3970 CHARLESTON, WV 25339	55-0703678		31,609.	0.			PATIENT ASSISTANCE
CRAIG MORGAN, MD 1611 13TH AVE HUNTINGTON, WV 25701	55-0726025		135,011.	0.			PATIENT ASSISTANCE
REGIONAL EYE ASSOCIATES INC 1255 PINEVIEW DR MORGANTOWN, WV 26505	55-0740986		22,113.	0.			PATIENT ASSISTANCE
PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE #15 FAIRMONT, WV 26554	55-0763359		28,375.	0.			PATIENT ASSISTANCE
EDWARD WAGNER MD 25500 RANCHO NIGUEL RD #240 LAGUNA NIGUEL, CA 92677	55-7297661		45,515.	0.			PATIENT ASSISTANCE
CHARLOTTE MEDICAL CENTER PO BOX 602242 CHARLOTTE, NC 28260	56-0529945		35,839.	0.			PATIENT ASSISTANCE
RANDOLPH HOSPITAL PO BOX 1048 ASHEBORO, NC 27204	56-0530234		25,473.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION HOSPITALS, INC PO BOX 751177 CHARLOTTE, NC 28275	56-0532141		10,417.	0.			PATIENT ASSISTANCE
HIGH POINT REGIONAL HEALTH SYSTEM 601 N ELM ST HIGH POINT, NC 27262	56-0532309		63,999.	0.			PATIENT ASSISTANCE
PARK RIDGE HOSPITAL PO BOX 601556 CHARLOTTE, NC 28260	56-0543246		40,476.	0.			PATIENT ASSISTANCE
NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	56-0552787		28,437.	0.			PATIENT ASSISTANCE
NHRMC 2131 S 17TH STREET WILMINGTON, NC 28402	56-0887181		5,840.	0.			PATIENT ASSISTANCE
FORSYTH MEMORIAL HOSPITAL, INC PO BOX 75216 CHARLOTTE, NC 28275	56-0928089		70,888.	0.			PATIENT ASSISTANCE
PINEHURST MEDICAL CLINIC PO BOX 63283 CHARLOTTE, NC 28263	56-0942980		32,490.	0.			PATIENT ASSISTANCE
SALISBURY UROLOGICAL CLINIC 911 W. HENDERSON ST. 110 SALISBURY, NC 28144	56-0944809		12,582.	0.			PATIENT ASSISTANCE
CABARRUS EYE CENTER 201 LEPHILLIP COURT NE CONCORD, NC 28025	56-0947951		19,652.	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
GRAYSTONE OPHTHAMOLOGY PO BOX 3445 HICKORY, NC 28603	56-0962483		25,442.	0.			PATIENT ASSISTANCE
KINSTON MEDICAL SPECIALISTS 701 DOCTORS DRIVE #N KINSTON, NC 28501	56-0986098		10,413.	0.			PATIENT ASSISTANCE
ROWAN DIAGNOSTIC CLINIC P.A. 611 MOCKSVILLE AVE SALISBURY, NC 28144	56-0988429		7,679.	0.			PATIENT ASSISTANCE
DUKE UNIVERSITY MEDICAL CENTER PO BOX 900002 RALEIGH, NC 27675	56-1029437		5,041.	0.			PATIENT ASSISTANCE
MORGANTON EYE PHYSICIANS, PA 335 E PARKER RD MORGANTON, NC 28655	56-1109834		18,472.	0.			PATIENT ASSISTANCE
UNC HOSPITAL PO BOX 71060 CHARLOTTE, NC 28272	56-1118388		6,062.	0.			PATIENT ASSISTANCE
CAROLINA EYE ASSOCIATES 2170 MIDLAND RD SOUTHERN PINES, NC 28387	56-1183309		109,847.	0.			PATIENT ASSISTANCE
CAPE FEAR PODIATRY ASSOCIATES, PA 1738 METROMEDICAL DR FAYETTEVILLE, NC 28304	56-1245721		12,478.	0.			PATIENT ASSISTANCE
ALLERGY PARTNERS OF CENTRAL IN PO BOX 2227 SKYLAND, NC 28776	56-1249571		11,969.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		5,060.	0.			PATIENT ASSISTANCE
NORTH CAROLINA EYE EAR NOSE AND THROAT - PO BOX 5659 - BELEFAST, ME 04915	56-1288767		23,069.	0.			PATIENT ASSISTANCE
MECKLENBURG NEUROLOGICAL 1900 SCOTT AVE CHARLOTTE, NC 28203	56-1295421		8,582.	0.			PATIENT ASSISTANCE
CAROLINA OPHTHALMOLOGY PA PO BOX 2300 HENDERSONVILLE, NC 28793	56-1310375		34,332.	0.			PATIENT ASSISTANCE
PINEHURST NEUROLOGY PO BOX 1749 PINEHURST, NC 28370	56-1390310		7,824.	0.			PATIENT ASSISTANCE
CAROLINAS MEDICAL CTR PO BOX 32861 CHARLOTTE, NC 28232	56-1398929		8,486.	0.			PATIENT ASSISTANCE
CAROMONT MEDICAL GRP/ARTHRITIS & OSTEOPOROSIS CTR - BOX 5168 - BELFAST, ME 04915	56-1479712		31,853.	0.			PATIENT ASSISTANCE
REX HEMATOLOGY & ONCOLOGY ASSOC. 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	56-1509260		55,162.	0.			PATIENT ASSISTANCE
RUTHERFORD INTERNAL MEDICINE PO BOX 602148 CHARLOTTE, NC 28260	56-1667838		15,204.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN MEDICAL ONCOLOGY CENTER - 203 COX BLVD - GOLDSBORO, NC 27534	56-1711669		346,276.	0.			PATIENT ASSISTANCE
MURPHY MEDICAL CENTER 3990 US HWY 64 E ALT MURPHY, NC 28906	56-1844262		8,396.	0.			PATIENT ASSISTANCE
BIOLOGIC INC 120 WESTON OAKS CT CARY, NC 27513	56-1861614		7,982.	0.			PATIENT ASSISTANCE
GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		92,189.	0.			PATIENT ASSISTANCE
CHARLOTTE EENT ASSOC 6035 FAIRVIEW RD CHARLOTTE, NC 28216	56-1896112		85,655.	0.			PATIENT ASSISTANCE
CORNERSTONE HEALTH CARE PO BOX 896050 CHARLOTTE, NC 28289	56-1935767		56,055.	0.			PATIENT ASSISTANCE
FIRST HEALTH OUTPATIENT CANCER CENTER - PO BOX 8500 - PINEHURST, NC 28374	56-1936354		10,764.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY & ONCOLOGY 4101 MACON POND RD RALEIGH, NC 27609	56-1938316		157,560.	0.			PATIENT ASSISTANCE
THE BLOOD & CANCER CLINIC 1565 PURDUE DR # 301 FAYETTEVILLE, NC 28303	56-1951959		12,819.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT HEALTHCARE SPEC 766 HARTNESS RD STATESVILLE, NC 28677	56-1965983		24,210.	0.			PATIENT ASSISTANCE
WESTERN CAROLINA RETINAL ASSOC 8 MEDICAL PARK DRIVE ASHEVILLE, NC 28803	56-1967404		56,256.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 4414 LAKE BOONE TRL # 302 RALEIGH, NC 27607	56-2043271		202,417.	0.			PATIENT ASSISTANCE
HORIZON EYE CARE PO BOX 60160 CHARLOTTE, NC 28260	56-2052180		51,556.	0.			PATIENT ASSISTANCE
SAAD UPSTATE NEUROLOGY PO BOX 2716 COLUMBIA, SC 29202	56-2053696		18,273.	0.			PATIENT ASSISTANCE
COASTAL CAROLINA HEALTH CARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		59,677.	0.			PATIENT ASSISTANCE
DUKE UNIVERSITY MEDICAL CENTER PO BOX 751274 CHARLOTTE, NC 28275	56-2070036		16,050.	0.			PATIENT ASSISTANCE
URO SPEC OF THE CAROLINAS UNIV PO BOX 36488 CHARLOTTE, NC 28236	56-2107759		6,542.	0.			PATIENT ASSISTANCE
ALLIANCE UROLOGY 509 N ELAM AVE GREENSBORO, NC 27403	56-2140200		7,271.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA OF COASTAL CAROLINA 1801 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403	56-2162061		66,898.	0.			PATIENT ASSISTANCE
CAROLINA RHEUMATOLOGY 8220 NIGELS DR MYRTLE BEACH, SC 29572	56-2165138		6,053.	0.			PATIENT ASSISTANCE
ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD #100 CHARLOTTE, NC 28207	56-2179043		86,221.	0.			PATIENT ASSISTANCE
ARTHRITIS - OSTEOPOROSIS CONSULTANTS - PO BOX 63235 - CHARLOTTE, NC 28263	56-2202409		27,396.	0.			PATIENT ASSISTANCE
LAKE NORMAN HEMATOLOGY ONCOLOGY SPECIALISTS - 170 MEDICAL PARK RD - MOORESVILLE, NC 28117	56-2216617		35,546.	0.			PATIENT ASSISTANCE
CAROLINA UROLOGICAL ASSOC.WIN.SALEM - PO BOX 25866 - WINSTON SALEM, NC 27114	56-2227628		44,234.	0.			PATIENT ASSISTANCE
MEDICAL EYE ASSOCIATES 1707 MEDICAL PARK DR W # 1 WILSON, NC 27893	56-2236739		21,848.	0.			PATIENT ASSISTANCE
TAYLOR RETINA CENTER 1101 DRESSER CT RALEIGH, NC 27609	56-2261355		17,310.	0.			PATIENT ASSISTANCE
MECKLENBURG MEDICAL GROUP PO BOX 60063 CHARLOTTE, NC 28260	56-2274416		35,942.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT VALLEY HOSPITAL REGIONAL CANCER CARE CENTER - BOX 3548 - SEATTLE, WA 98124	56-2392010		9,432.	0.			PATIENT ASSISTANCE
QUALIFY EYE CENTER 6 SAMARA CIR NORTHFIELD, NJ 08225	56-2398390		13,064.	0.			PATIENT ASSISTANCE
NORTHEAST RADIATION ONCOLOGY CENTER - 1110 MEADE ST - DUNMORE, PA 18512	56-2401588		5,520.	0.			PATIENT ASSISTANCE
TEXAS ARTHRITIS & RHEMATOLOGY PO BOX 8325 TYLER, TX 75711	56-2579363		6,180.	0.			PATIENT ASSISTANCE
BARNET DULANEY PERKINS EYE CENTER 4800 N 22ND STREET PHOENIX, AZ 85016	56-2589722		18,043.	0.			PATIENT ASSISTANCE
ARTHRITIS ASSOCIATES PA 4511 HORIZON HILL BLVD #150 SAN ANTONIO, TX 78229	56-2613565		11,457.	0.			PATIENT ASSISTANCE
HAYWOOD REGIONAL MEDICAL CTR PO BOX 369 CLYDE, NC 28721	56-6000535		20,020.	0.			PATIENT ASSISTANCE
LENIOR MEMORIAL HOSPITAL PO BOX 1678 KINSTON, NC 28502	56-6000674		9,318.	0.			PATIENT ASSISTANCE
SELF REGIONAL HEALTHCARE CANCER CTR - 1325 SPRING ST - GREENWOOD, SC 29646	57-0331865		7,334.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN INFUSION CENTER 2405 N FRASER ST GEORGETOWN, SC 29440	57-0341194		38,186.	0.			PATIENT ASSISTANCE
MCLEOD REGIONAL MEDICAL 555 E CHEVES ST FLORENCE, SC 29506	57-0370242		18,667.	0.			PATIENT ASSISTANCE
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		22,763.	0.			PATIENT ASSISTANCE
NEUROLOGY ASSOCIATES OF GREENVILLE 1130 GROVE RD GREENVILLE, SC 29605	57-0637705		10,407.	0.			PATIENT ASSISTANCE
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR #400 GREENVILLE, SC 29601	57-0702625		18,623.	0.			PATIENT ASSISTANCE
ANDERSON AREA CANCER CTR 2000 E GREENVILLE ST #5000 ANDERSON, SC 29621	57-0749974		15,187.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		124,671.	0.			PATIENT ASSISTANCE
SOUTH CAROLINA ONCOLOGY ASSOCIATES PO BOX 2046 WEST COLUMBIA, SC 29171	57-0787600		418,746.	0.			PATIENT ASSISTANCE
LEXINGTON MEDICAL SPECIALIST 110 E MEDICAL LANE # 140 WEST COLUMBIA, SC 29169	57-0874077		70,147.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSC RHEU BONE & JOINT CENTER 2125 CHARLIE HALL BLVD CHARLESTON, SC 29414	57-0935917		22,865.	0.			PATIENT ASSISTANCE
PALMETTO RETINA CENTER PO BOX 8864 RICHLAND, SC 29202	57-0955585		126,283.	0.			PATIENT ASSISTANCE
CAROLINA REGIONAL CANCER CTR 4708 OLEANDER DR MYRTLE BEACH, SC 29577	57-0956164		15,456.	0.			PATIENT ASSISTANCE
UROLOGY CENTER OF SPARTANBURG 391 SERPINTINE DRIVE STE #500 SPARTANBURG, SC 29303	57-0959374		13,839.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF CAROLINA 1126 GROVE RD GREENVILLE, SC 29605	57-0991865		49,139.	0.			PATIENT ASSISTANCE
INTERNAL MEDICINE OF GREENVILLE 1025 VERDAE BLVD # A GREENVILLE, SC 29607	57-1004971		28,676.	0.			PATIENT ASSISTANCE
BON SECOURS ST FRANCIS HOSPITAL PO BOX 751874 CHARLOTTE, NC 28275	57-1067254		6,000.	0.			PATIENT ASSISTANCE
CHARLESTON CANCER CTR 2910 TRICOM ST CHARLESTON, SC 29406	57-1071425		40,309.	0.			PATIENT ASSISTANCE
PALMETTO INFUSION SERVICES PO BOX 538476 ATLANTA, GA 30353	57-1085343		27,982.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY HOSPITAL AUTH PO BOX 931854 ATLANTA, GA 31193	57-1098556		116,578.	0.			PATIENT ASSISTANCE
SANTEE HEMATOLOGY ONCOLOGY 1105 N LAFAYETTE DR # A SUMTER, SC 29150	57-1111938		38,125.	0.			PATIENT ASSISTANCE
SPARTANBURG REGIONAL MED CTR PO BOX 2168 SPARTANBURG, SC 29304	57-6000934		165,514.	0.			PATIENT ASSISTANCE
GREENVILLE HOSPITAL SYSTEM-UNIV MED GRP - PO BOX 60087 - CHARLOTTE, NC 28260	57-6007863		24,425.	0.			PATIENT ASSISTANCE
EMORY CRAWFORD LONG HOSPITAL PO BOX 406864 ATLANTA, GA 30384	58-0566200		17,233.	0.			PATIENT ASSISTANCE
CANDLER HOSPITAL PO BOX 11407, DEPT. 1627 BIRMINGHAM, AL 35202	58-0593388		25,831.	0.			PATIENT ASSISTANCE
NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY # 500 GAINESVILLE, GA 30501	58-0656907		111,702.	0.			PATIENT ASSISTANCE
WEST GEORGIA EYE CARE CENTER 2616 WARM SPRINGS RD COLUMBUS, GA 31904	58-1075293		18,091.	0.			PATIENT ASSISTANCE
MARIETTA EYE CLINIC, PA PO BOX 932706 ATLANTA, GA 31193	58-1106424		36,302.	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
GEORGIA UROLOGY PA 1930 BRANNAN RD MCDONOUGH, GA 30253	58-1109444		23,914.	0.			PATIENT ASSISTANCE
EYE CONSULTANTS OF ATLANTA 3225 CUMBERLAND BLVD SE STE 900 ATLANTA, GA 30339	58-1129515		13,796.	0.			PATIENT ASSISTANCE
COLUMBUS FOOT CARE ASSOCIATES 1900 10TH AVE # 120 COLUMBUS, GA 31901	58-1302870		5,115.	0.			PATIENT ASSISTANCE
SUMMIT CANCER CARE 225 CANDLER DR SAVANNAH, GA 31405	58-1305331		40,869.	0.			PATIENT ASSISTANCE
CARROLLTON EYE CLINIC 158 CLINIC AVE CARROLLTON, GA 30117	58-1328687		16,018.	0.			PATIENT ASSISTANCE
ATHENS NEUROLOGICAL ASSOC 1086 1/2 BAXTER ST ATHENS, GA 30606	58-1330744		15,724.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS AND SURGEON 3025 BRECKNRIDGE BLVD #120 DULUTH, GA 30096	58-1374387		13,081.	0.			PATIENT ASSISTANCE
WEST GEORGIA PODIATRY ASSOCIATES 125 HISTORY DR CARROLLTON, GA 30117	58-1444698		8,569.	0.			PATIENT ASSISTANCE
AUGUSTA ONCOLOGY ASSOCIATES 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		164,484.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA RETINA PC 155 MEDICAL WAY #E RIVERDALE, GA 30274	58-1519372		471,462.	0.			PATIENT ASSISTANCE
HAMILTON MED CTR PO BOX 1168 DALTON, GA 30722	58-1519911		5,489.	0.			PATIENT ASSISTANCE
UNIVERSITY HOSPITAL 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103		15,126.	0.			PATIENT ASSISTANCE
MOSES H CONE MEM HOSP PO BOX 26580 GREENSBORO, NC 27415	58-1588823		8,338.	0.			PATIENT ASSISTANCE
PERIMETER ORTHOPEDICS PC 5673 PEACHTREE DUNWOODY RD #825 ATLANTA, GA 30342	58-1646346		6,645.	0.			PATIENT ASSISTANCE
NE GA MEDICAL CENTER INC 743 SPRING ST NE GAINESVILLE, GA 30501	58-1694098		12,765.	0.			PATIENT ASSISTANCE
BIOMEDICAL RESEARCH FOUNDATION PO BOX 38050 SHREVEPORT, LA 71133	58-1711612		75,346.	0.			PATIENT ASSISTANCE
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD # 200 RIVERDALE, GA 30274	58-1715376		19,935.	0.			PATIENT ASSISTANCE
PEACHTREE HEMATOLOGY ONCOLOGY 1800 HOWELL MILL RD NW #775 800 ATLANTA, GA 30318	58-1761689		39,509.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANNER MEDICAL CENTER/ CARROLLTON PO BOX 277368 ATLANTA, GA 30384	58-1790149		5,296.	0.			PATIENT ASSISTANCE
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE #102 DALTON, GA 30720	58-1793611		28,812.	0.			PATIENT ASSISTANCE
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR # 300 AUSTELL, GA 30106	58-1923818		297,587.	0.			PATIENT ASSISTANCE
PHOEBE PUTNEY MEM HOSP INC PO BOX 3770 ALBANY, GA 31706	58-1928247		20,546.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT 1400 WELLBROOK CIR NE # 100 CONYERS, GA 30012	58-1929590		11,208.	0.			PATIENT ASSISTANCE
CORAM HEALTHCARE CORP OF FL PO BOX 74789 CHICAGO, IL 60694	58-1949695		5,338.	0.			PATIENT ASSISTANCE
NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	58-1954432		509,573.	0.			PATIENT ASSISTANCE
CORAM HEALTHCARE CORP OF NV INFUSION - PO BOX 74805 - CHICAGO, IL 60694	58-1972771		10,921.	0.			PATIENT ASSISTANCE
VILLAGE PODIATRY - WOODSTOCK 900 CIRCLE 75 PKWY ATLANTA, GA 30339	58-1994261		6,311.	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
GWINNETT MEDICAL CENTER PO BOX 1190 LAWRENCEVILLE, GA 30046	58-2002413		118,496.	0.			PATIENT ASSISTANCE
MEADOWS REGIONAL MEDICAL PO BOX 407 VIDALIA, GA 30475	58-2044503		12,414.	0.			PATIENT ASSISTANCE
INFUSION PARTNERS 2151 HIGHLAND AVE SUITE 360 BIRMINGHAM, AL 35205	58-2102954		12,350.	0.			PATIENT ASSISTANCE
THE LONG STREET CLINIC PO DRAWER 658 GAINESVILLE, GA 30503	58-2117020		34,906.	0.			PATIENT ASSISTANCE
THOMAS EYE GROUP 5671 PEACHTREE DUNWOODY RD # 400 ATLANTA, GA 30342	58-2209517		9,695.	0.			PATIENT ASSISTANCE
HARBIN CLINIC PO BOX 848290 BOSTON, MA 02284	58-2234927		68,312.	0.			PATIENT ASSISTANCE
SPALDING ONCOLOGY 230 D WEST COLLEGE ST GRIFFIN, GA 30224	58-2295975		5,891.	0.			PATIENT ASSISTANCE
TANNER MEDICAL CENTER PO BOX 277368 ATLANTA, GA 30384	58-2453303		26,725.	0.			PATIENT ASSISTANCE
PRECISION HEALTHCARE INC PO BOX 306075 NASHVILLE, TN 37214	58-2520108		7,739.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST #1B MACON, GA 31201	58-2537874		168,380.	0.			PATIENT ASSISTANCE
WOOLFSON EYE INSTITUTE 800 MT VERNON HWY STE 125 ATLANTA, GA 30328	58-2559300		8,794.	0.			PATIENT ASSISTANCE
COLUMBUS MEDICAL ONCOLOGY ASSOCIATES - 2121 WARMSPRINGS RD #A - COLUMBUS, GA 31904	58-2563754		12,303.	0.			PATIENT ASSISTANCE
SUBURBAN HEMATOLOGY ONCOLOGY 1700 TREE LANE RD # 490 SNELLVILLE, GA 30078	58-2590501		6,664.	0.			PATIENT ASSISTANCE
NORTH GEORGIA UROLOGY CENTER PO BOX 12237 BELFAST, ME 04915	58-2650795		20,000.	0.			PATIENT ASSISTANCE
SOUTH GEORGIA MED CTR PO BOX 0070 VALDOSTA, GA 31603	58-6004467		18,540.	0.			PATIENT ASSISTANCE
SACRED HEART HOSPITAL PO BOX 2728 PENSACOLA, FL 32513	59-0634434		182,626.	0.			PATIENT ASSISTANCE
MARTIN MEMORIAL CANCER CENTER INFUSION SUITE - 501 E OSCEOLA ST 3RD FL, # 302 - STUART, FL 34994	59-0637874		21,379.	0.			PATIENT ASSISTANCE
WATSON CLINIC KIDNEY CTR 1550 LAKELAND HILLS BLVD LAKELAND, FL 33805	59-0704934		81,367.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HOSPITAL DRAWER CS100990 ATLANTA, GA 30384	59-0791028		15,556.	0.			PATIENT ASSISTANCE
MEMORIAL HEALTH SYSTEMS INC 224 MEMORIAL MEDICAL PKWY DAYTONA BEACH, FL 32117	59-0973502		36,887.	0.			PATIENT ASSISTANCE
CENTER FOR HEMATOLOGY ONCOLOGY 801 MEADOWS RD STE 102 BOCA RATON, FL 33486	59-1006663		17,987.	0.			PATIENT ASSISTANCE
ST LUKES CATARACT & LASER INST PO BOX 918926 ORLANDO, FL 32891	59-1224512		20,121.	0.			PATIENT ASSISTANCE
SUNCOAST INTERNAL MEDICINE 13644 WALSINGHAM RD LARGO, FL 33774	59-1273247		12,072.	0.			PATIENT ASSISTANCE
OCALA EYE, PA 1500 SE MAGNOLIA EXT #206 OCALA, FL 34471	59-1363248		12,455.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF BOCA RATON 950 NW 13TH ST. BOCA RATON, FL 33486	59-1403353		7,998.	0.			PATIENT ASSISTANCE
FL EYE CLINIC 160 BOSTON AVE ALTAMONTE SPRINGS, FL 32701	59-1493386		6,736.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOCIATES OF FLORIDA - 2705 W SAINT ISABEL ST - TAMPA, FL 33607	59-1501675		79,375.	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
FLORIDA CLINICAL PRACTICE ASSOC PO BOX 918025 ORLANDO, FL 32891	59-1680273		7,817.	0.			PATIENT ASSISTANCE
BOND CLINIC PA 500 E CENTRAL AVE WINTER HAVEN, FL 33880	59-1867898		8,561.	0.			PATIENT ASSISTANCE
ROBERT BOISSONEAULT ONCOLOGY INST 2020 SE 17TH ST OCALA, FL 34471	59-1901972		6,940.	0.			PATIENT ASSISTANCE
STUART ONCOLOGY ASSOCIATES 501 E OSCEOLA ST 3RD FL, #301 STUART, FL 34994	59-2003116		108,974.	0.			PATIENT ASSISTANCE
FLORIDA RETINA INSTITUTE 2639 OAK ST JACKSONVILLE, FL 32204	59-2009089		49,840.	0.			PATIENT ASSISTANCE
MID-FL HEMATOLOY ONCOLOGY PA 2776 ENTEREPRISE RD # 100 ORANGE CITY, FL 32763	59-2021436		23,879.	0.			PATIENT ASSISTANCE
VITREO & RETINA ASSOC 4340 NEWBERRY RD # 202 GAINESVILLE, FL 32607	59-2046817		21,576.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SW FL 6901 INTERNATIONAL CTR BLVD FORT MYERS, FL 33912	59-2086792		85,117.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY CONSULTANTS 2501 N ORANGE AVE #381 ORLANDO, FL 32804	59-2109057		127,587.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERTO ARAUJO MD 3000 US HWY 19 HOLIDAY, FL 34691	59-2109527		6,485.	0.			PATIENT ASSISTANCE
WEST FLMEDICAL CENTER CLINIC PO BOX 11407 LOCK BOX 1328 BIRMINGHAM, AL 35246	59-2193856		7,756.	0.			PATIENT ASSISTANCE
SARASOTA RETINA INSTITUTE 3400 BEE RIDGE RD # 200 SARASOTA, FL 34239	59-2248237		10,652.	0.			PATIENT ASSISTANCE
URO-SURG ASSOCIATES PO BOX 862152 ORLANDO, FL 32886	59-2485899		22,414.	0.			PATIENT ASSISTANCE
UMDC-DEPT OF OPHTHALMOLOGY PO BOX 025809 MIAMI, FL 33102	59-2579838		18,131.	0.			PATIENT ASSISTANCE
ORLANDO FOOT & ANKLE CLINIC PO BOX 140233 ORLANDO, FL 32814	59-2580012		16,184.	0.			PATIENT ASSISTANCE
RETINAL EYE CARE ASSOC 4175 S CONGRESS AVE # V LAKE WORTH, FL 33461	59-2642150		9,614.	0.			PATIENT ASSISTANCE
ALLERGY ASSOCIATES 6294 1ST AVE N SAINT PETERSBURG, FL 33710	59-2643611		12,479.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT 1360 E VENICE AVE VENICE, FL 34285	59-2691910		19,783.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		68,320.	0.			PATIENT ASSISTANCE
OPHTALMIC CONSULTANTS 1700 S TUTTLE AVE SARASOTA, FL 34239	59-2726035		14,216.	0.			PATIENT ASSISTANCE
EMERALD COAST CANCER CENTER 1024 MAR WALT DR FORT WALTON BEACH, FL 32547	59-2877531		42,059.	0.			PATIENT ASSISTANCE
EAST FLORIDA EYE INSTITUTE PO BOX 896 STUART, FL 34995	59-2936142		8,301.	0.			PATIENT ASSISTANCE
BAY ONCOLOGY CENTER 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		15,948.	0.			PATIENT ASSISTANCE
VITREOUS AND RETINA CONSULTANTS 250 AVE K SW #200 WINTER HAVEN, FL 33880	59-3028408		86,566.	0.			PATIENT ASSISTANCE
JAMES H GUILDFORD MD 1500 N DIXIE HIGHTWAY #209 WEST PALM BEACH, FL 33401	59-3112172		5,491.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL CLINIC 38135 MARKET SQ ZEPHYRHILLS, FL 33542	59-3156212		21,089.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES OF CENTRAL BREVARD - 107 LONGWOOD AVE - ROCKLEDGE, FL 32955	59-3169766		181,223.	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
OMNI HEALTHCARE 95 BULLDOG BLVD #100 MELBOURNE, FL 32901	59-3169815		17,576.	0.			PATIENT ASSISTANCE
CITRUS HEMATOLOGY & ONCOLOGY 770 SE 5TH TER CRYSTAL RIVER, FL 34429	59-3208438		9,133.	0.			PATIENT ASSISTANCE
CANCER INSTITUTE OF FL 894 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	59-3214635		51,244.	0.			PATIENT ASSISTANCE
ORLICK BERGER KASPER MD PA 5800 49TH ST. N S109 SAINT PETERSBURG, FL 33709	59-3219393		65,806.	0.			PATIENT ASSISTANCE
H. LEE MOFFITT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-3238634		33,594.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES OF CENTRAL BRE - 107 LONGWOOD AVE - ROCKLEDGE, FL 32955	59-3268119		11,663.	0.			PATIENT ASSISTANCE
RAKESH ROHATGI MD 321 SE 29TH PL STE 102 OCALA, FL 34471	59-3329469		159,348.	0.			PATIENT ASSISTANCE
MAYO CLINIC 4500 SAN PABLO RD S JACKSONVILLE, FL 32224	59-3337028		5,262.	0.			PATIENT ASSISTANCE
MAGRUDER EYE INSTITUTE 1911 N MILLS AVE ORLANDO, FL 32803	59-3347759		18,794.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL ASSOC OF BREVARD 2290 W EAU GALLIE BLVD MELBOURNE, FL 32935	59-3360315		51,914.	0.			PATIENT ASSISTANCE
PINELLAS HEMATOLOGY AND ONCOLOGY 5000 PARK ST N #1017 SAINT PETERSBURG, FL 33709	59-3363610		82,938.	0.			PATIENT ASSISTANCE
SPACECOAST MED ASSOC 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		114,088.	0.			PATIENT ASSISTANCE
PHYSICIAN SURGICAL NETWORK 1020 W OAK ST KISSIMMEE, FL 34741	59-3370576		10,208.	0.			PATIENT ASSISTANCE
FLORIDA EYE CONSULTANTS 1995 W NASA BLVD STE 2 WEST MELBOURNE, FL 32904	59-3395074		97,625.	0.			PATIENT ASSISTANCE
TAMPA EYE CLINIC 3000 W MLK BLVD TAMPA, FL 33607	59-3395383		17,299.	0.			PATIENT ASSISTANCE
STUART J. KAUFMAN, M.D. & ASSOC. P.A. - 6329 GALL BLVD - ZEPHYRHILLS, FL 33542	59-3397752		8,194.	0.			PATIENT ASSISTANCE
THE EYE INSTITUTE OF WEST FLORIDA 148 13TH ST SW LARGO, FL 33770	59-3400241		16,679.	0.			PATIENT ASSISTANCE
OPHTHALMIC PARTNERS FL 111 N ORANGE AVE SUITE 110 ORLANDO, FL 32801	59-3419924		14,596.	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
ORLANDO ARTHRITIS INSTITUTE 58 WEST MICHIGAN ST ORLANDO, FL 32806	59-3470767		5,968.	0.			PATIENT ASSISTANCE
BRANDON EYE ASSOCIATES 1463 OAKFIELD DR STE 113 BRANDON, FL 33511	59-3479312		7,525.	0.			PATIENT ASSISTANCE
FLORIDA EYE CENTER 13602 N 46TH STREET TAMPA, FL 33613	59-3480874		10,925.	0.			PATIENT ASSISTANCE
RETINA SPECIALTY INSTITUTE 5150 NORTH DAVIS HWY PENSACOLA, FL 32503	59-3482386		103,307.	0.			PATIENT ASSISTANCE
ANTHONY SEBBA MD 36338 US HWY 19 N PALM HARBOR, FL 34684	59-3548577		5,230.	0.			PATIENT ASSISTANCE
CENTRAL FL CANCER INSTITUTE PO BOX 90758 LAKELAND, FL 33804	59-3569143		13,147.	0.			PATIENT ASSISTANCE
SOUTHEAST EYE INSTITUTE 9375 66TH ST N PINELLAS PARK, FL 33782	59-3587472		6,558.	0.			PATIENT ASSISTANCE
FERNANDO C MALAMUD, MD PA 2202 STATE AVE #111 PANAMA CITY, FL 32405	59-3639869		5,513.	0.			PATIENT ASSISTANCE
DAVID DRESNER, MD PA 603 7TH ST S # 560 SAINT PETERSBURG, FL 33701	59-3695009		65,622.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPACE COAST RHEUMATOLOGY 40 FORTENBERRY RD MERRITT ISLAND, FL 32952	59-3720851		8,106.	0.			PATIENT ASSISTANCE
HALIFAX REGIONAL ONCOLOGY CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	59-6001217		28,342.	0.			PATIENT ASSISTANCE
MEMORIAL REGIONAL HOSPITAL PO BOX 538488 ATLANTA, GA 30353	59-6014973		10,036.	0.			PATIENT ASSISTANCE
BAPTIST HEALTH - CORBIN 1 TRILLUM WAY CORBIN, KY 40701	61-0444700		6,428.	0.			PATIENT ASSISTANCE
BAPTIST HEALTHCARE SYSTEMS PO BOX 32860 LOUISVILLE, KY 40232	61-0444707		23,690.	0.			PATIENT ASSISTANCE
GRAVES AND GILBERT CLINIC PO BOX 90007 BOWLING GREEN, KY 42101	61-0700826		26,959.	0.			PATIENT ASSISTANCE
LOUISVILLE ONCOLOGY DEPT 86156 PO BOX 9501854 LOUISVILLE, KY 40295	61-0703799		9,243.	0.			PATIENT ASSISTANCE
PADUCAH RETINA CENTER 1903 BROADWAY PADUCAH, KY 42001	61-0706763		24,893.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS ASSOC OF KY 120 N EAGLE CREEK DR # 500 LEXINGTON, KY 40509	61-0918053		358,744.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHEUMATOLOGY ASSOCIATES 3430 NEWBURG RD #250 LOUISVILLE, KY 40218	61-1183441		9,997.	0.			PATIENT ASSISTANCE
EYE CENTERS OF LOUISVILLE 4010 DUPONT CIRCLE # 380 LOUISVILLE, KY 40270	61-1212775		7,020.	0.			PATIENT ASSISTANCE
BAPTIST HEATH LA GRANGE PO BOX 32870 LOUISVILLE, KY 40232	61-1226399		8,110.	0.			PATIENT ASSISTANCE
THE UROLOGY GROUP PO BOX L1080 CINCINNATI, OH 45270	61-1257391		118,257.	0.			PATIENT ASSISTANCE
NEW LEXINGTON CLINIC PO BOX 11790 LEXINGTON, KY 40578	61-1262927		34,541.	0.			PATIENT ASSISTANCE
ELIZABETHTOWN HEMO/ONCO 1107 WOODLAND DR # 105 ELIZABETHTOWN, KY 42701	61-1273759		26,866.	0.			PATIENT ASSISTANCE
COMMONWEALTH CANCER CENTER 110 DIAGNOSTIC DR SUITE B FRANKFORT, KY 40601	61-1277847		17,047.	0.			PATIENT ASSISTANCE
OWENSBORO MEDICAL HEALTH SYSTEM PO BOX 22600 OWENSBORO, KY 42304	61-1286361		9,297.	0.			PATIENT ASSISTANCE
JAMES GRAHAM BROWN CANCER CENTER 529 S JACKSON ST LOUISVILLE, KY 40202	61-1293786		21,793.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND MEDICAL SPECIALISTS 1240 WOODLAND DR ELIZABETHTOWN, KY 42701	61-1313612		6,702.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS CHARTERED P.O. BOX 412194 KANSAS CITY, MO 64141	61-1452962		19,719.	0.			PATIENT ASSISTANCE
GAJERA AND PATEL 1717 HIGH ST STE 1A HOPKINSVILLE, KY 42240	61-1459460		16,862.	0.			PATIENT ASSISTANCE
RIO GRANDE UROLOGY WESTSIDE 7420 REMCON CIRCLE BLDG A EL PASO, TX 79912	61-1519241		25,775.	0.			PATIENT ASSISTANCE
VANDERBILT UNIV MEDICAL CTR DEPT AT 40379 ATLANTA, GA 31192	62-0476822		19,246.	0.			PATIENT ASSISTANCE
METHODIST UNIVERSITY HOSPITAL TRANSPLANT INSTITUTE - BOX 75947 - CHARLOTTE, NC 28275	62-0479367		208,163.	0.			PATIENT ASSISTANCE
FORT SANDERS REGIONAL MEDICAL CENTER - DEPT 888001 - KNOXVILLE, TN 37995	62-0528340		26,790.	0.			PATIENT ASSISTANCE
CAMPBELL CUNNINGHAM TAYLOR PO BOX 102395 ATLANTA, GA 30368	62-0849027		23,734.	0.			PATIENT ASSISTANCE
ALLERGY ASTHMA & SINUS CTR PO BOX 51770 KNOXVILLE, TN 37950	62-0863368		99,781.	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
TENNESSEE RETINA 345 23RD AVE N #350 NASHVILLE, TN 37203	62-1042760		957,133.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR # 200 KNOXVILLE, TN 37909	62-1064119		25,159.	0.			PATIENT ASSISTANCE
SOUTHEASTERN RETINA ASSOCIATES 7268 JARNIGAN RD # 300 CHATTANOOGA, TN 37421	62-1094813		806,556.	0.			PATIENT ASSISTANCE
FAMILY CANCER CENTER 6005 PARK AVE # 1000 B MEMPHIS, TN 38101	62-1113167		45,309.	0.			PATIENT ASSISTANCE
JOHNSON CITY EYE CLINIC 110 MED TECH PARKWAY JOHNSON CITY, TN 37604	62-1137305		32,097.	0.			PATIENT ASSISTANCE
SKYRIDGE HPERBARIC THERAPY AND WOUND CTR - PO BOX 198029 - ATLANTA, GA 30384	62-1281627		5,086.	0.			PATIENT ASSISTANCE
VRF EYE SPECIALTY GROUP 825 RIDGE LAKE BLVD MEMPHIS, TN 38120	62-1463001		16,410.	0.			PATIENT ASSISTANCE
HERITAGE MEDICAL ASSOCIATES 222 22ND AVE N #100 NASHVILLE, TN 37203	62-1483206		19,869.	0.			PATIENT ASSISTANCE
ARTHRITIS ASSOCIATES OF KINGSPORT 3 SHERIDAN SQ KINGSPORT, TN 37660	62-1523356		48,895.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		79,359.	0.			PATIENT ASSISTANCE
UROLOGY & UROLOGIC SURGERY, PC PO BOX 888158 KNOXVILLE, TN 37995	62-1561221		5,395.	0.			PATIENT ASSISTANCE
CONRAD PEARSON CLINIC PO BOX 760 MONTGOMERY, AL 38101	62-1634103		22,813.	0.			PATIENT ASSISTANCE
WEST TN NEUROLOGY PO BOX 2153 DEPT 1931 BIRMINGHAM, AL 35287	62-1634512		6,940.	0.			PATIENT ASSISTANCE
WELLMONT HEALTH SYSTEM PO BOX 1089 BRISTOL, TN 37621	62-1636465		36,115.	0.			PATIENT ASSISTANCE
CHARLES RETINA INSTITUTE PO BOX 1000 DEPT 290 MEMPHIS, TN 38148	62-1641241		40,519.	0.			PATIENT ASSISTANCE
TENNESSEE ONCOLOGY PO BOX 440100 NASHVILLE, TN 37244	62-1647259		1,346,311.	0.			PATIENT ASSISTANCE
E TN HEMATOLOGY ONCOLOGY 1406 TUSCULUM BLVD STE 2000 GREENEVILLE, TN 37745	62-1663564		20,920.	0.			PATIENT ASSISTANCE
UROLOGY ASSOCIATES 2801 CHARLOTTE AVE. NASHVILLE, TN 37209	62-1664297		28,440.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID SOUTH RETINA ASSO PO BOX 1000 DEPT 448 MEMPHIS, TN 38148	62-1703455		12,583.	0.			PATIENT ASSISTANCE
THE JONES CLINIC PO BOX 1000 DEPT 552 MEMPHIS, TN 38148	62-1717770		12,669.	0.			PATIENT ASSISTANCE
SANDBERG FOOT HEALTH 939 E EMERALD AVE # 706 KNOXVILLE, TN 37917	62-1732005		7,194.	0.			PATIENT ASSISTANCE
LAKE CUMBERLAND REGIONAL HOSPITAL, LLC - PO BOX 620 - SOMERSET, KY 42502	62-1757920		6,836.	0.			PATIENT ASSISTANCE
LEWIS-GALE MEDICAL CENTER PO BOX 402830 ATLANTA, GA 30384	62-1760148		9,622.	0.			PATIENT ASSISTANCE
NASHVILLE ONCOLOGY ASSOC. 2011 CHURCH ST #701 PLAZA 1 NASHVILLE, TN 37203	62-1762036		19,154.	0.			PATIENT ASSISTANCE
KOSCIUSKO COMMUNITY HOSP 13683 COLLECTION CENTER DR CHICAGO, IL 60693	62-1764613		9,490.	0.			PATIENT ASSISTANCE
ADVANCED FOOT CARE 2368 BATTLEFIELD PKWY FORT OGLETHORPE, GA 30742	62-1765082		12,186.	0.			PATIENT ASSISTANCE
SOUTHEAST EYE SPECIALIST PLLC PO BOX 6188 CHATTANOOGA, TN 37401	62-1791165		55,733.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYE CENTERS OF TENNESSEE 768 A S WILLOW AVENUE COOKEVILLE, TN 38501	62-1813450		5,663.	0.			PATIENT ASSISTANCE
HAWKINS COUNTY MEMORIAL HOSPITAL/HOSP INFUSION CTR - PO BOX 1089 - BRISTOL, TN 37621	62-1816368		58,649.	0.			PATIENT ASSISTANCE
RADIATION THERAPY OF WESTERN NC PO BOX 60914 CHARLOTTE, NC 28260	62-1873675		29,967.	0.			PATIENT ASSISTANCE
MAURY REGIONAL HOSPITAL 1224 TROTWOOD AVE COLUMBIA, TN 38401	62-6002623		10,062.	0.			PATIENT ASSISTANCE
HENRY COUNTY MEDICAL CENTER PO BOX 1030 PARIS, TN 38242	62-6007078		25,432.	0.			PATIENT ASSISTANCE
JACKSON-MADISON COUNTY GENERAL HOSPITAL - PO BOX 3855 - JACKSON, TN 38303	62-6010402		39,957.	0.			PATIENT ASSISTANCE
MONROE COUNTY HOSPITAL 2016 S ALABAMA AVE MONROEVILLE, AL 36460	63-0438739		7,024.	0.			PATIENT ASSISTANCE
UNIVERSITY OF S AL MEDICAL CTR PO BOX 40010 MOBILE, AL 36640	63-0477348		21,675.	0.			PATIENT ASSISTANCE
UROLOGY CENTERS OF ALABAMA PO BOX 59867 HOMEWOOD, AL 35259	63-0581180		7,300.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMON WILLIAMSON CLINIC PC PO BOX 12366 BIRMINGHAM, AL 35202	63-0693892		59,310.	0.			PATIENT ASSISTANCE
SPRINGHILL MEMORIAL HOSP 3719 DAUPHIN ST MOBILE, AL 36608	63-0784458		5,755.	0.			PATIENT ASSISTANCE
CLEARVIEW CANCER INSTITUTE 3601 CCI DR HUNTSVILLE, AL 35805	63-0897317		416,297.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF N AL 201 SIVLEY RD SE #600 HUNTSVILLE, AL 35801	63-0907980		14,951.	0.			PATIENT ASSISTANCE
DOTHAN MEDICAL ASSOCIATES, PA 1118 ROSS CLARK CIR #100B DOTHAN, AL 36301	63-0991466		7,046.	0.			PATIENT ASSISTANCE
DOTHAN HEMATOLOGY & ONCOLOGY 4300 WEST MAIN ST # 405 DOTHAN, AL 36305	63-1012171		12,015.	0.			PATIENT ASSISTANCE
DIAGNOSTIC MEDICAL CLINIC PO BOX 40677 MOBILE, AL 36640	63-1012832		5,904.	0.			PATIENT ASSISTANCE
RETINA CONSULTANT OF AL PO BOX 830740 DEPT #4500 BIRMINGHAM, AL 35283	63-1120285		56,258.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC LLC DEPARTMENT 3162 PO BOX 2153 BIRMINGHAM, AL 35287	63-1137578		96,306.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNISTON ONCOLOGY 901 LEIGHTON AVE # 602 ANNISTON, AL 36207	63-1138001		10,538.	0.			PATIENT ASSISTANCE
ALABAMA SOUTH FAMILY PODIATRY 256 HONEYSUCKLE ROAD STE #12 DOTHAN, AL 36305	63-1197147		5,023.	0.			PATIENT ASSISTANCE
NORTH CENTRAL NEUROLOGY ASS PO BOX 870 CULLMAN, AL 35056	63-1231749		82,762.	0.			PATIENT ASSISTANCE
EYE CTR SOUTH 2800 ROSS CLARK CIR DOTHAN, AL 36301	63-1232935		13,469.	0.			PATIENT ASSISTANCE
WV MEDICAL SERVICE PC 100 TOWNCENTER BLVD # 202 TUSCALOOSA, AL 35406	63-1243197		10,847.	0.			PATIENT ASSISTANCE
UNIVERSITY OF AL AT BIRMINGHAM PO BOX 11407 BIRMINGHAM, AL 35246	63-6005396		25,352.	0.			PATIENT ASSISTANCE
SOUTHWEST MS REGIONAL MEDICAL CENTER - PO BOX 1307 - MCCOMB, MS 39649	64-0468873		16,780.	0.			PATIENT ASSISTANCE
HATTIESBURG CLINIC, P.A. PO BOX 2467 JACKSON, MS 39225	64-0507572		40,536.	0.			PATIENT ASSISTANCE
JACKSON ONCOLOGY & HEMATOLOGY 1227 N STATE ST #101 JACKSON, MS 39202	64-0619700		17,784.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		24,322.	0.			PATIENT ASSISTANCE
BMH DESOTO PO BOX 415000 MSC 410087 NASHVILLE, TN 37241	64-0682111		16,596.	0.			PATIENT ASSISTANCE
BAPTIST MEM HOSP N MS INC 6005 PARK AVE # 1000 B MEMPHIS, TN 38119	64-0772726		22,948.	0.			PATIENT ASSISTANCE
MISSISSIPPI RETINA ASSOCIATES PA PO BOX 12401 JACKSON, MS 39236	64-0860086		112,312.	0.			PATIENT ASSISTANCE
SOUTHERN EYE CENTER, PA 1420 S 28TH AVE HATTIESBURG, MS 39402	64-0868999		5,090.	0.			PATIENT ASSISTANCE
ARTHRITIS & OSTEOPOROSIS TREATMENT & RESEARCH CTR - 0 FLOWOOD DR #300 - FLOWOOD, MS 39232	64-0891138		6,710.	0.			PATIENT ASSISTANCE
NATCHEZ ONCOLOGY CLINIC INC 150 JEFFERSON DAVES BLVD # 120 NATCHEZ, MS 39120	64-0927522		10,010.	0.			PATIENT ASSISTANCE
DELTA ONCOLOGY 333 HWY 82 WEST GREENWOOD, MS 38930	64-0932526		58,055.	0.			PATIENT ASSISTANCE
FORREST GENERAL HOSPITAL PO BOX 15722 HATTIESBURG, MS 39404	64-6001587		20,935.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL HOSPITAL AT GULFPORT PO BOX 1810 GULFPORT, MS 39502	64-6010232		21,100.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC FLORIDA NONPROFIT CORPORATION - 2950 CLEVELAND CLINIC BLVD - WESTON, FL 33331	65-0003177		9,661.	0.			PATIENT ASSISTANCE
RETINA GROUP OF FL 6333 N FEDERAL HWY # 300 FT. LAUDERDALE, FL 33308	65-0017482		255,304.	0.			PATIENT ASSISTANCE
BROWARD ONCOLOGY ASSOCIATES 6405 N FEDERAL HWY #300 FORT LAUDERDALE, FL 33308	65-0062119		8,136.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF MANATEE, LLP 6002 POINTE WEST BLVD BRADENTON, FL 34209	65-0105559		45,699.	0.			PATIENT ASSISTANCE
ONCOLOGY & RADIATION ASSOC PO BOX 864839 ORLANDO, FL 32886	65-0349562		16,890.	0.			PATIENT ASSISTANCE
MANATEE SAROSOTA EYE CLINIC 217 MANATEE AVE E BRADENTON, FL 34208	65-0425039		9,853.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC 2300 S CONGRESS AVE # 103 BOYNTON BEACH, FL 33426	65-0539792		82,126.	0.			PATIENT ASSISTANCE
EYE PHYSICANS OF FLORIDA PO BOX 39209 FORT LAUDERDALE, FL 33339	65-0560968		7,136.	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
SOUTH FL ONCOLOGY HEMATOLOGY CONSULTANTS - 7351 W OAKLAND PARK BLVD #106 - LAUDERHILL, FL 33313	65-0577436		57,940.	0.			PATIENT ASSISTANCE
MEDICAL SPECIALISTS OF THE PALM BEACHES - 5700 LAKE WORTH RD # 204 - LAKE WORTH, FL 33463	65-0580501		14,869.	0.			PATIENT ASSISTANCE
WEST BROWARD RHEUMATOLOGY ASSOC 7431 N UNIVERSITY DR # 300 TAMANAC, FL 33321	65-0615014		27,812.	0.			PATIENT ASSISTANCE
SOUTHEAST FL HEMATOLOGY AND ONCOLOGY GROUP - 5700 N FEDERAL HWY - FORT LAUDERDALE, FL 33308	65-0676382		40,268.	0.			PATIENT ASSISTANCE
GREGORY L HENDERSON MD FACS PA 403 VONDERBURG DR #101 BRANDON, FL 33511	65-0687729		19,000.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 1871 SE TIFFANY AVE # 100 FORT PIERCE, FL 34952	65-0696665		250,023.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA - METCARE ONCOLOGY - 1200 W GRANADA BLVD # 1 - ORMOND BEACH, FL 32174	65-0710916		86,130.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC OF W BROWARD - 7431 N UNIVERSITY DR # 110 - TAMARAC, FL 33321	65-0753936		164,295.	0.			PATIENT ASSISTANCE
ARTHRITIS AND RHEUMATIC CARE CENTER - 6141 SUNSET DR #501 - SOUTH MIAMI, FL 33143	65-0757755		11,108.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMIT I SHAH PA 4420 SUN LAKE BLVD SEBRING, FL 33872	65-0825133		3,376,693.	0.			PATIENT ASSISTANCE
WILLIAM EARLY, MD 8386 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33351	65-0878586		11,045.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA 1200 W GRANADA BLVD # 1 ORMOND BEACH, FL 32174	65-0879131		6,569.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY OF S PALM BEACH - 2623 S. SEACREST BLVD STE 216 - BRINY BREEZES, FL 33435	65-0898771		6,409.	0.			PATIENT ASSISTANCE
CHARLES KHAN & WAYNE RISKIN MD PA 4700 SHERIDAN ST # C HOLLYWOOD, FL 33021	65-0900699		33,213.	0.			PATIENT ASSISTANCE
NEUROLOGY PA 4161 TAMiami TRL #201 PORT CHARLOTTE, FL 33952	65-0933347		9,511.	0.			PATIENT ASSISTANCE
NORTHWEST ONCOLOGY AND HEMATOLOGY PO BOX 919046 ORLANDO, FL 32891	65-1150093		27,214.	0.			PATIENT ASSISTANCE
RETINA SPECIALIST PC 20 WEST 13TH ST NEW YORK, NY 10011	65-1172886		12,016.	0.			PATIENT ASSISTANCE
GALLOWAY REGIONAL EYE CENTER PO BOX 49847 GREENWOOD, SC 29649	65-1176165		5,664.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL ONCOLOGY ASSOCIATES PO BOX 996 HAYDEN, ID 83835	65-1180332		28,043.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY CONSULTANTS OF PA - 3 WALNUT ST # 204 - LEMOYNE, PA 17043	65-1208336		40,497.	0.			PATIENT ASSISTANCE
WOMENS ONCOLOGY CARE 12855 N FORTY DR #325 N TOWER SAINT LOUIS, MO 63141	65-1293380		10,317.	0.			PATIENT ASSISTANCE
OPTIONCARE ENTERPRISE 2769 PAYSAPHERE CIRCLE CHICAGO, IL 60674	68-0208702		27,705.	0.			PATIENT ASSISTANCE
SUTTER MEDICAL FOUNDATION 1020 29TH ST # 680 SACRAMENTO, CA 95816	68-0273974		5,938.	0.			PATIENT ASSISTANCE
SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE #301 CARMICHAEL, CA 95608	68-0305843		90,871.	0.			PATIENT ASSISTANCE
REDWOOD REGIONAL ONCOLOGY GROUP PO BOX 1559 SANTA ROSA, CA 95402	68-0344865		5,394.	0.			PATIENT ASSISTANCE
EYE SPECIALISTS MEDICAL GROUP 800 TRANCAS ST STE A NAPA VALLEY, CA 94558	68-0408137		16,914.	0.			PATIENT ASSISTANCE
DIABLO VALLEY ONCOLOGY 400 TAYLOR BLVD # 202 PLEASANT HILL, CA 94523	68-0462651		16,867.	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
ADVANCED NEUROLOGICAL OF COLORADO LLC - 2121 E HARMONY RD # 180 - FORT COLLINS, CO 80528	68-0562419		5,083.	0.			PATIENT ASSISTANCE
BEND MEMORIAL CLINIC PO BOX 6048 BEND, OR 97708	68-0637976		14,986.	0.			PATIENT ASSISTANCE
ST BERNARDS HEALTHCARE 225 E JACKSON JONESBORO, AR 72401	71-0290019		50,214.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY SERVICES OF AR 9101 KANIS RD # 101 LITTLE ROCK, AR 72205	71-0437657		519,302.	0.			PATIENT ASSISTANCE
COOPER CLINIC 6801 ROGERS AVE FORT SMITH, AR 72903	71-0445686		22,707.	0.			PATIENT ASSISTANCE
MAGIE MABREY EYE CLINIC 924 MAIN ST CONWAY, AR 72032	71-0474074		88,373.	0.			PATIENT ASSISTANCE
CENTRAL ARKANSAS HEMATOLOGY ONCOLOGY CLINIC PA - 133 HARMONY PARK CIR - HOT SPRINGS NATIONAL PARK, AR 71913	71-0627544		99,842.	0.			PATIENT ASSISTANCE
ARKANSAS CANCER INSTITUTE 7200 SOUTH HAZEL ST PINE BLUFF, AR 71603	71-0705436		62,655.	0.			PATIENT ASSISTANCE
TWIN LAKES MEDICAL SPECIALISTS PA 628 HOSPITAL DR # A GROUND FLOOR MOUNTAIN HOME, AR 72653	71-0706465		9,454.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA ASSOCIATES, PA 9800 LILE DR #200 LITTLE ROCK, AR 72205	71-0706742		7,656.	0.			PATIENT ASSISTANCE
KILGORE VISION CENTER PO BOX 444 MOUNTAIN HOME, AR 72653	71-0718397		5,099.	0.			PATIENT ASSISTANCE
ARKANSAS UROLOGY LITTLE ROCK PO BOX 51391 LAFAYETTE, LA 70505	71-0782429		20,976.	0.			PATIENT ASSISTANCE
COGBURN CANCER CLINIC PO BOX 369 MOUNTAIN HOME, AR 72654	71-0785363		7,482.	0.			PATIENT ASSISTANCE
HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72703	71-0788742		149,113.	0.			PATIENT ASSISTANCE
CONWAY HEMATOLOGY / ONCOLOGY 2605 COLLEGE AVE CONWAY, AR 72034	71-0817941		11,986.	0.			PATIENT ASSISTANCE
RANDY D ROBERTS MD 1000 E MATTHEWS AVE # C JONESBORO, AR 72401	71-0822361		9,549.	0.			PATIENT ASSISTANCE
NORTHEAST ARKANSAS BAPTIST CLINIC PO BOX 7502 JONESBORO, AR 72403	71-0833213		15,381.	0.			PATIENT ASSISTANCE
NORTHEAST ARKANSAS BAPTIST CLINIC PO BOX 7502 JONESBORO, AR 72403	71-0850123		38,774.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINAL CONSULTANTS PO BOX 668 SLINGERLANDS, NY 12159	71-0870207		18,966.	0.			PATIENT ASSISTANCE
BRUCE A. HAYTON, MD INC 36450 INLAND VALLEY DR #101 WILDOMAR, CA 92595	71-0886357		6,038.	0.			PATIENT ASSISTANCE
HANNIBAL CLINIC 100 MEDICAL DR HANNIBAL, MO 63401	71-0893524		35,287.	0.			PATIENT ASSISTANCE
OCHSNER CLINIC 9001 SUMMA AVE BATON ROUGE, LA 70809	72-0276883		16,915.	0.			PATIENT ASSISTANCE
FREEDMAN CLINIC OF INTERNAL MEDICINE - PO BOX 13030 - ALEXANDRIA, LA 71315	72-0399647		17,787.	0.			PATIENT ASSISTANCE
AMERICAN LEGION HOSPITAL 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526	72-0417281		5,775.	0.			PATIENT ASSISTANCE
OSCHSNER CLINIC 1057 PAUL MAILLARD RD LULING, LA 70070	72-0502505		5,019.	0.			PATIENT ASSISTANCE
EYE MEDICAL CENTER 7777 HENNESSEY BLVD #3000 BATON ROUGE, LA 70808	72-0695620		9,756.	0.			PATIENT ASSISTANCE
HIGHLAND CLINIC PO BOX 415000 BOX 410604 NASHVILLE, TN 37241	72-0703150		80,707.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA VITREOUS SURGERY 3525 PRYTANIA ST #320 NEW ORLEANS, LA 70175	72-0789130		6,614.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF NE LA 1804 N 7TH STREET WEST MONROE, LA 71291	72-0975592		30,345.	0.			PATIENT ASSISTANCE
HEMATOLOGY / ONCOLOGY CLINIC 8595 PICARDY AVE # 400 BATON ROUGE, LA 70809	72-1015780		141,708.	0.			PATIENT ASSISTANCE
BATON ROUGE GENERAL MEDICAL CENTER PO BOX 974544 DALLAS, TX 75397	72-1025017		12,070.	0.			PATIENT ASSISTANCE
LARRY K BROADWELL, MD 820 JORDAN ST #201 SHREVEPORT, LA 71101	72-1304829		5,051.	0.			PATIENT ASSISTANCE
HCS INFUSION NETWORK LOCKBOX 891084 PO BOX 121084 DALLAS, TX 75312	72-1309805		7,874.	0.			PATIENT ASSISTANCE
NORTHLAKE HEMATOLOGY ONCOLOGY 1120 ROBERT BLVD SLIDELL, LA 70458	72-1314506		43,278.	0.			PATIENT ASSISTANCE
REGIONAL UROLOGY SHREVEPORT 255 BERT KOUNS FORBING, LA 71106	72-1324701		58,001.	0.			PATIENT ASSISTANCE
PREMIER HEALTH MANAGEMENT INC 2880 DAUPHIN ST MOBILE, AL 36606	72-1356450		16,881.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS HEMATOLOGY AND ONCOLOGY PO BOX 8489 COLUMBUS, MS 39705	72-1377467		5,577.	0.			PATIENT ASSISTANCE
RETINA VITREOUS OF LA 7777 HENNESY BLVD # 606 BATON ROUGE, LA 70808	72-1449539		59,916.	0.			PATIENT ASSISTANCE
EYE SURGERY CENTER OF LA 3900 VETERANS BLVD # 203 METAIRIE, LA 70002	72-1476463		59,984.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY LIFE CTR 605 B MEDICAL CENTER DR ALEXANDRIA, LA 71301	72-1506854		15,609.	0.			PATIENT ASSISTANCE
WEST CALCASIEU CAMERON HOSPITAL PO BOX 2509 SULPHUR, LA 70664	72-6008355		6,189.	0.			PATIENT ASSISTANCE
SLIDELL MEMORIAL HOSPITAL PO BOX 54710 NEW ORLEANS, LA 70154	72-6014895		6,446.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL OKLAHOMA CITY PO BOX 504292 SAINT LOUIS, MO 63150	73-0579285		5,436.	0.			PATIENT ASSISTANCE
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH ST 108 - OKLAHOMA CITY, OK 73104	73-0580274		7,958.	0.			PATIENT ASSISTANCE
ST ANTHONY HOSPITAL PO BOX 269009 OKLAHOMA CITY, OK 73126	73-0657693		7,571.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UROLOGIC SPECIALISTS OF OK DEPT 294 PO BOX 21568 TULSA, OK 74121	73-0729369		26,373.	0.			PATIENT ASSISTANCE
THE EYE INSTITUTE PO BOX 21228 #35 TULSA, OK 74121	73-1373096		43,688.	0.			PATIENT ASSISTANCE
OU PHYSICIANS 825 NE 10TH ST #4500 OKLAHOMA CITY, OK 73104	73-1477155		25,962.	0.			PATIENT ASSISTANCE
FRANCISCO H DEXEUS, MD INC 825 E OWEN GARRIOTT ENID, OK 73701	73-1486420		38,346.	0.			PATIENT ASSISTANCE
CHARLES GARRETT MD 6606 S YALE #205 TULSA, OK 74136	73-1493869		5,491.	0.			PATIENT ASSISTANCE
OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEARCH - PO BOX 21228 DEPT 176 - TULSA, OK 74121	73-1522819		30,132.	0.			PATIENT ASSISTANCE
IRONWOOD CANCER & RESEARCH CENTERS PO BOX 29901 DEPT 991 PHOENIX, AZ 85038	73-1636831		807,822.	0.			PATIENT ASSISTANCE
MIDWEST ONCOLOGY GROUP PO BOX 205257 DALLAS, TX 75320	73-1648179		10,588.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN ONCOLOGY CTR 6501 E 2ND CASPER, WY 82609	73-1684200		21,907.	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
TAHLEQUAH CITY HOSPITAL PO BOX 1008 TAHLEQUAH, OK 74465	73-6045246		5,239.	0.			PATIENT ASSISTANCE
COMANCHE COUNTY MEMORIAL HOSPITAL PO BOX 129 LAWTON, OK 73502	73-6061037		52,608.	0.			PATIENT ASSISTANCE
DEAN MCGEE EYE INST PO BOX 26507 OKLAHOMA CITY, OK 73126	73-6109395		14,495.	0.			PATIENT ASSISTANCE
CHRISTUS SPOHN CANCER CTR PO BOX 730244 DALLAS, TX 75373	74-1109836		106,802.	0.			PATIENT ASSISTANCE
THE METHODIST HOSPITAL PO BOX 4755 HOUSTON, TX 77210	74-1180155		43,606.	0.			PATIENT ASSISTANCE
ST JOSEPH REG HEALTH PO BOX 202536 DALLAS, TX 75320	74-1282696		13,986.	0.			PATIENT ASSISTANCE
GUADALUPE REGIONAL MEDICAL CENTER 1215 EAST COURT ST SEGUIN, TX 78155	74-1386053		5,709.	0.			PATIENT ASSISTANCE
CANCER THERAPY & RESEARCH CENTER 7979 WURZBACH RD # U240 SAN ANTONIO, TX 78229	74-1586031		65,000.	0.			PATIENT ASSISTANCE
BAYLOR COLLEGE OF MEDICINE BC CENTER - PO BOX 4766 - HOUSTON, TX 77210	74-1613878		12,279.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN DIAGNOSTIC CLINIC PO BOX 843770 DALLAS, TX 75284	74-1625143		30,380.	0.			PATIENT ASSISTANCE
CITIZENS MEDICAL CENTER PO BOX 2024 VICTORIA, TX 77902	74-1698143		6,454.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC 8144 WALNUT HILL LN # 800 DALLAS, TX 75231	74-1958530		10,532.	0.			PATIENT ASSISTANCE
NATIONAL JEWISH HELP HOSPITAL PO BOX 17379 DENVER, CO 80217	74-2044647		23,730.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF HOUSTON PA 6560 FANNIN #750 HOUSTON, TX 77030	74-2109903		116,411.	0.			PATIENT ASSISTANCE
MEDICAL CENTER OPHTHALMOLOGY ASSOC PO BOX 1358 SAN ANTONIO, TX 78295	74-2143569		13,714.	0.			PATIENT ASSISTANCE
W. DARRELL WILLERSON JR MD 303 E QUINCY #100 SAN ANTONIO, TX 78215	74-2280885		14,160.	0.			PATIENT ASSISTANCE
RADIATION ONCOLOGY SAN ANTONIO PO BOX 1979 SAN ANTONIO, TX 78297	74-2332650		429,903.	0.			PATIENT ASSISTANCE
UROLOGY SAN ANTONIO PO BOX 2952 SAN ANTONIO, TX 78299	74-2719352		44,546.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER SPECIALISTS OF SOUTH TEXAS 1625 RODD FIELD RD CORPUS CHRISTI, TX 78412	74-2722597		88,114.	0.			PATIENT ASSISTANCE
BRIAN BERGER MD PA 3705 MEDICAL PKY # 410 AUSTIN, TX 78705	74-2740163		29,585.	0.			PATIENT ASSISTANCE
PREMIER EYE CARE 11111 RESEARCH BLVD #170 AUSTIN, TX 78759	74-2754960		14,560.	0.			PATIENT ASSISTANCE
ALLERGY, ASHTMA & IMMUNOLOGY 2414 BABCOCK RD #109 SAN ANTONIO, TX 78229	74-2763430		9,567.	0.			PATIENT ASSISTANCE
VALLEY RETINA INSTITUTE 1309 E RIDGE RD # 1 MCALLEN, TX 78501	74-2768498		215,177.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF SOUTH TEXAS 100 NE LOOP 410 #600 SAN ANTONIO, TX 78216	74-2782325		383,927.	0.			PATIENT ASSISTANCE
KUMUD S, TRIPATHY AND ASSOCIATES 2215 E VILLA MARIA RD # 110 BRYAN, TX 77802	74-2803009		11,652.	0.			PATIENT ASSISTANCE
VICTORIA SURGERY CTR 105 JAMES COLEMAN DR VICTORIA, TX 77904	74-2803100		28,296.	0.			PATIENT ASSISTANCE
SOUTH TEXAS INSTITUTE OF CANCER 1205 S 19TH ST CORPUS CHRISTI, TX 78405	74-2815622		18,354.	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
SOUTHWEST EYECARE SPECIALISTS PC 7110 WYOMING BLVD NE ALBUQUERQUE, NM 87109	74-2838103		63,619.	0.			PATIENT ASSISTANCE
THOMAS SPANN CLINIC PA PO BOX 6409 CORPUS CHRISTI, TX 78466	74-2868847		49,334.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTS OF TX PA PO BOX 4830 EDINBURG, TX 78540	74-2879098		26,716.	0.			PATIENT ASSISTANCE
COASTAL BEND CANCER CTR PO BOX 3069 CORPUS CHRISTI, TX 78463	74-2898314		128,998.	0.			PATIENT ASSISTANCE
SOUTH TX ONCOLOGY & HEMATOLOGY PO BOX 268 SAN ANTONIO, TX 78291	74-2915297		270,618.	0.			PATIENT ASSISTANCE
EDUARDO MIRANDA MD 2344 LANUNA DEL MAR CT # 104 LAREDO, TX 78041	74-2921934		17,359.	0.			PATIENT ASSISTANCE
SCOTT & WHITE TEMPLE 2401 S 31ST ST TEMPLE, TX 76508	74-2958277		12,283.	0.			PATIENT ASSISTANCE
MCALLEN ONCOLOGY PO BOX 720-878 MCALLEN, TX 78504	74-2966092		9,985.	0.			PATIENT ASSISTANCE
NOOR MERCHANT, MD 13060 US HIGHWAY # 1 SUITE A SEBASTIAN, FL 32958	74-3026893		31,597.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC ARTHRITIS CARE CENTER 5230 PACIFIC CONCOURSE DR #100 LOS ANGELES, CA 90045	74-3040915		23,463.	0.			PATIENT ASSISTANCE
MOTHER FRANCES HOSPITAL PO BOX 841656 DALLAS, TX 75284	75-0818167		14,471.	0.			PATIENT ASSISTANCE
TEXAS HEALTH PRESBYTERIAN HOSP DALLAS - PO BOX 910115 - DALLAS, TX 75391	75-1047527		60,516.	0.			PATIENT ASSISTANCE
CANCER CENTER ASSOCIATES 4201 MEDICAL CTR DR # 180 MCKINNEY, TX 75069	75-1312419		43,658.	0.			PATIENT ASSISTANCE
TEXAS RETINAL ASSOCIATES 7150 GREENVILLE AVE #400 DALLAS, TX 75231	75-1362336		84,500.	0.			PATIENT ASSISTANCE
NORTH TEXAS INFECTIOUS DISEASE PO BOX 26303 OKLAHOMA CITY, OK 73126	75-1772118		6,486.	0.			PATIENT ASSISTANCE
TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		1,575,646.	0.			PATIENT ASSISTANCE
TYLER HEMATOLOGY ONCOLOGY PA 721-A CLINIC DR TYLER, TX 75701	75-2288596		126,139.	0.			PATIENT ASSISTANCE
DANNY R BARTEL 1722 NINTH ST WICHITA FALLS, TX 76301	75-2298758		12,249.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREGORY A ECHT MD PA PO BOX 674004 DALLAS, TX 75267	75-2338371		17,320.	0.			PATIENT ASSISTANCE
DEHAVEN EYE CLINIC PO BOX 130639 TYLER, TX 75713	75-2341676		15,700.	0.			PATIENT ASSISTANCE
ROBERT TORTI MD PO BOX 730990 DALLAS, TX 75373	75-2415520		12,102.	0.			PATIENT ASSISTANCE
THE CENTER CANCER AND BLOOD DISORDER - 800 W MAGNOLIA AVE - FORT WORTH, TX 76104	75-2512142		172,737.	0.			PATIENT ASSISTANCE
MEDICAL CLINIC OF NORTH TEXAS, PA PO BOX 99356 FORT WORTH, TX 76199	75-2566987		30,547.	0.			PATIENT ASSISTANCE
KANE HALL BARRY CLINIC 1305 AIRPORT FWY #205 BEDFORD, TX 76021	75-2600199		10,998.	0.			PATIENT ASSISTANCE
EAST TX HEMATOLOGY & ONCOLOGY CLINIC, PA - 1202 W FRANK AVE - LUFKIN, TX 75904	75-2604409		68,827.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY ASSOC - 4002 21ST ST # B - LUBBOCK, TX 79410	75-2638688		26,003.	0.			PATIENT ASSISTANCE
TEXAS NEUROLOGY, P.A PO BOX 847758 DALLAS, TX 75284	75-2654757		10,828.	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
OPHTHALMIC PARTNERS PO BOX 911791 DALLAS, TX 75391	75-2664866		85,216.	0.			PATIENT ASSISTANCE
SOUTHWEST RHEUMATOLOGY PA 7777 FOREST LN C 630 DALLAS, TX 75230	75-2705667		5,515.	0.			PATIENT ASSISTANCE
UROLOGY CLINICS OF NORTH TEXAS PLLC - 7515 GREENVILLE AVE SUITE 900 - DALLAS, TX 75231	75-2788839		36,098.	0.			PATIENT ASSISTANCE
DABAS CANCER INSTITUTE 12501 JUDSON RD # 102 SAN ANTONIO, TX 78233	75-3066737		7,745.	0.			PATIENT ASSISTANCE
TYSONS THERAPEUTIC PLLC 8320 OLD COURTHOUSE RD #400 VIENNA, VA 22182	75-3226695		6,793.	0.			PATIENT ASSISTANCE
TARRANT COUNTY HOSPITAL DISTRICT DBA JPS HEALTH NE - BOX 916046 - FORT WORTH, TX 76191	75-6000439		5,783.	0.			PATIENT ASSISTANCE
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER - BOX 731911 - DALLAS, TX 75373	75-6001354		9,696.	0.			PATIENT ASSISTANCE
UT SOUTHWESTERN MED CTR PO BOX 845347 DALLAS, TX 75284	75-6002868		11,633.	0.			PATIENT ASSISTANCE
CORAM ALTERNATIVE SITE SERVICE 11660 W EXECUTIVE DR BOISE, ID 83713	76-0215922		31,160.	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
THE NEUROLOGY CENTER 7505 S MAIN ST. HOUSTON, TX 77030	76-0219310		9,423.	0.			PATIENT ASSISTANCE
BRAZOSPORT CANCER CTR 100 B MEDICAL DR LAKE JACKSON, TX 77566	76-0326352		46,232.	0.			PATIENT ASSISTANCE
KELSEY SEYBOLD CLINIC PO BOX 840786 DALLAS, TX 75284	76-0386391		181,322.	0.			PATIENT ASSISTANCE
UNIVERSITY EYE ASSOCIATES PO BOX 20209 HOUSTON, TX 77225	76-0387779		6,701.	0.			PATIENT ASSISTANCE
FOOT & ANKLE CENTER OF N HOUSTON 17215 RED OAK DR # 102 HOUSTON, TX 77090	76-0403505		14,834.	0.			PATIENT ASSISTANCE
LAILA HASSAN 11914 ASTORIA # 330 HOUSTON, TX 77089	76-0438451		5,991.	0.			PATIENT ASSISTANCE
TEI AND ASSOCIATES 7710 BEECHNUT #100 HOUSTON, TX 77074	76-0469306		6,439.	0.			PATIENT ASSISTANCE
HEA CLINIC PA PO BOX 4958 HOUSTON, TX 77210	76-0512625		8,413.	0.			PATIENT ASSISTANCE
MILLENNIUM PHYSICIANS ASSOCIATIONS 22710 PROFESSIONAL DR #106 KINGWOOD, TX 77339	76-0528826		131,716.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINA & VITREOUS OF TX PLLC DEPT 4069-1 PO BOX 4069 HOUSTON, TX 77210	76-0534711		5,696.	0.			PATIENT ASSISTANCE
METHODIST WILLOWBROOK HOSPITAL PO BOX 4755 HOUSTON, TX 77210	76-0545192		13,794.	0.			PATIENT ASSISTANCE
AMIRALI POPATIA MD 1603 MAIN ST # 200 RICHMOND, TX 77469	76-0599320		14,583.	0.			PATIENT ASSISTANCE
ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD STE 600 HOUSTON, TX 77024	76-0605200		566,421.	0.			PATIENT ASSISTANCE
PHILIP WALLER, MD 12553 GULF FREEWAY HOUSTON, TX 77034	76-0645491		6,343.	0.			PATIENT ASSISTANCE
EYE CENTER OF TX 6565 W LOOP SOUTH # 650 BELLAIRE, TX 77401	76-0684453		13,990.	0.			PATIENT ASSISTANCE
MADISON STREET PROVIDER NETWORK 55 MADISON ST. # 355 DENVER, CO 80206	76-0762560		5,501.	0.			PATIENT ASSISTANCE
PMK MEDICAL GROUP INC PO BOX 51034 LOS ANGELES, CA 90051	77-0311552		53,882.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES PO BOX 25100 FRESNO, CA 93729	77-0324589		202,573.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHYSICIANS PLAZA CORPORATION PO BOX 3628 BAKERSFIELD, CA 93385	77-0333077		40,252.	0.			PATIENT ASSISTANCE
COMPREHENSIVE BLOOD & CANCER CENTER - 6501 TRUXTUN AVE - BAKERSFIELD, CA 93309	77-0356364		15,732.	0.			PATIENT ASSISTANCE
SAN LUIS OBISPO EYE ASSOCIATES P O BOX 14038 SAN LUIS OBISPO, CA 93406	77-0410120		5,469.	0.			PATIENT ASSISTANCE
ABDOL MOJAB MD 1524 MCHENRY AVE #120 MODESTO, CA 95350	77-0417435		5,092.	0.			PATIENT ASSISTANCE
STANFORD HOSPITAL & CLINICS PO BOX 742136 LOS ANGELES, CA 90074	77-0465765		5,000.	0.			PATIENT ASSISTANCE
EYE SURGICAL AND MEDICAL ASSOC 5021 W NOBLE AVE # A VISALIA, CA 93277	77-0511727		45,033.	0.			PATIENT ASSISTANCE
CHARLES BONISKE MD 5319 W HILLSDALE ST VISALIA, CA 93291	77-0542371		5,453.	0.			PATIENT ASSISTANCE
THE VIRGINIA RETINA CENTER LLC 211 GIBSON ST NW 103 LEESBURG, VA 20176	80-0101113		9,590.	0.			PATIENT ASSISTANCE
MS CLINIC OF ARKANSAS 2215 WILDWOOD AVE # 200 SHERWOOD, AR 72120	80-0198496		5,859.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVOY MEDICAL CENTER 801 POINCIANA AVE MAMOU, LA 70554	80-0202027		25,587.	0.			PATIENT ASSISTANCE
MOSES CONE REGIONAL CANCER CENTER PO BOX 405633 ATLANTA, GA 30384	80-0249057		10,024.	0.			PATIENT ASSISTANCE
MON VALLEY HSP CANCER CENTER 1163 COUNTRY CLUB RD MONONGAHELA, PA 15063	80-0703620		9,107.	0.			PATIENT ASSISTANCE
MARQUETTE GENERAL HEM/ONC ASSOC 1414 W FAIR AVE #332 MARQUETTE, MI 49855	80-0835058		87,058.	0.			PATIENT ASSISTANCE
GREAT FALLS CLINIC, LLP 1400 29TH ST S GREAT FALLS, MT 59405	81-0141660		16,871.	0.			PATIENT ASSISTANCE
COMMUNITY MEDICAL CTR PO BOX 30777 BILLINGS, MT 59101	81-0247705		8,038.	0.			PATIENT ASSISTANCE
SEQUOIA ONCOLOGY MEDICAL ASSOC 4945 W CYPRESS AVE VISALIA, CA 93277	81-0555508		86,893.	0.			PATIENT ASSISTANCE
WILSON BABER, MD LLC PO BOX 44309 SHREVEPORT, LA 71134	81-0587840		35,165.	0.			PATIENT ASSISTANCE
ST. LUKE'S REGIONAL MEDICAL CENTER PO BOX 2777 BOISE, ID 83701	82-0161600		31,013.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH REGIONAL MEDICAL CENTER 415 6TH ST LEWISTON, ID 83501	82-0204264		23,521.	0.			PATIENT ASSISTANCE
KOOTENAI MEDICAL CENTER 2003 LINCOLN WAY COEUR D ALENE, ID 83814	82-0231746		55,740.	0.			PATIENT ASSISTANCE
NORTH IDAHO EYE INSTITUTE 1814 LINCOLN WAY COEUR D ALENE, ID 83814	82-0448111		24,630.	0.			PATIENT ASSISTANCE
INTERMOUNTAIN EYE CLINIC 3090 E GENTRY WAY STE 140 MERIDIAN, ID 83642	82-0482491		18,469.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW HOSP 2325 CORONADO ST IDAHO FALLS, ID 83404	82-0516012		43,362.	0.			PATIENT ASSISTANCE
IDAHO ARTHRITIS & OSTEO CENTER 3277 E LOUISE DR STE350 MERIDIAN, ID 83642	82-0536242		7,980.	0.			PATIENT ASSISTANCE
BRIAN LEBERTHON MD INC 1135 S SUNSET AVE #207 WEST COVINA, CA 91790	83-0408692		8,138.	0.			PATIENT ASSISTANCE
GENESSE INFECTIOUS DISEASES PLC 6060 TORREY RD # 1 FLINT, MI 48507	83-0428704		8,401.	0.			PATIENT ASSISTANCE
SAN LUIS REGIONAL VALLEY MEDICAL CENTER - 106 BLANCA AVE - ALAMOSA, CO 81101	84-0255530		13,421.	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
CENTURA HOME INFUSION NORTHSTATE PO BOX 911057 DENVER, CO 80291	84-0405257		9,645.	0.			PATIENT ASSISTANCE
CYPRESS HEMATOLOGY & ONCOLOGY 9399 CROWN CREST BLVD #215 PARKER, CO 80138	84-0438224		67,527.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 2500 S HAVANA ST #400 AURORA, CO 80014	84-0591617		26,286.	0.			PATIENT ASSISTANCE
UROLOGICAL ASSOCIATES 75 PRINTERS PKWY #200 COLORADO SPRINGS, CO 80910	84-0594105		5,117.	0.			PATIENT ASSISTANCE
COLORADO SPRINGS NEUROLOGY 2312 N NEVADA AVE # 100 COLORADO SPRINGS, CO 80907	84-0595576		7,069.	0.			PATIENT ASSISTANCE
DENVER EYE SURGEONS PC 13772 DENVER W PKWY #55-100 LAKEWOOD, CO 80401	84-0611079		7,849.	0.			PATIENT ASSISTANCE
THE UROLOGY CTR OF COLORADO PO BOX 172626 DENVER, CO 80217	84-0611814		9,194.	0.			PATIENT ASSISTANCE
ADVANCED UROLOGY PARKER 11960 LIONESS WAY STE 210 PARKER, CO 80134	84-0645574		10,583.	0.			PATIENT ASSISTANCE
EYE CENTER OF N COLORADO 1725 E PROSPECT RD FORT COLLINS, CO 80525	84-0675076		8,495.	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
DENVER ARTHRITIS CLINIC 200 SPRUCE ST #100 DENVER, CO 80230	84-0717541		29,750.	0.			PATIENT ASSISTANCE
MCKEE MEDICAL CENTER PO BOX 2148 GREELEY, CO 80632	84-0826332		9,603.	0.			PATIENT ASSISTANCE
SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		22,088.	0.			PATIENT ASSISTANCE
LUTHEREN MEDICAL CENTER 8300 W 38TH AVE WHEAT RIDGE, CO 80033	84-1103606		13,415.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 3030 N CIRCLE STE 301 COLO SPGS, CO 80909	84-1145709		20,395.	0.			PATIENT ASSISTANCE
POUDRE VALLEY HOSPITAL PO BOX 20060 FORT COLLINS, CO 80522	84-1262971		7,892.	0.			PATIENT ASSISTANCE
MILE-HI NEUROLOGY SERVICES PC 9399 CROWN CRESCENT BLVD STE 422 PARKER, CO 80138	84-1301126		5,691.	0.			PATIENT ASSISTANCE
EYE CARE CENTER OF NORTHERN CO, PC 1400 DRY CREEK DR LONGMONT, CO 80503	84-1355429		51,573.	0.			PATIENT ASSISTANCE
JAMES SINGLETON MD 206 W COUNTY LINE RD # 310 HIGHLANDS RANCH, CO 80129	84-1438179		12,982.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		195,261.	0.			PATIENT ASSISTANCE
PRESBYTERIAN HOSPITAL DEPT 1570 DENVER, CO 80291	85-0105601		28,449.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF NEW MEXICO PO BOX 90550 ALBUQUERQUE, NM 87199	85-0246856		49,779.	0.			PATIENT ASSISTANCE
NEW MEXICO ONCOLOGY HEMATOLOGY - ALBUQUERQUE - PO BOX 52163 MSC 609 - PHOENIX, AZ 85072	85-0367056		31,769.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC 1001 COAL AVE SE ALBUQUERQUE, NM 87106	85-0460777		18,576.	0.			PATIENT ASSISTANCE
UROLOGICAL ASSOC OF SOUTHERN ARIZONA - 6325 E TANQUE VERDE RD - TUCSON, AZ 85715	86-0221210		23,467.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINA CONSULTANTS 7600 N 15TH ST # 155 PHOENIX, AZ 85020	86-0285158		57,369.	0.			PATIENT ASSISTANCE
PALO VERDE HEMATOLOGY AND ONCOLOGY 5601 W EUGIE AVE # 106 GLENDALE, AZ 85304	86-0416050		392,965.	0.			PATIENT ASSISTANCE
UNIVERSITY MEDICAL CTR PO BOX 840334 DALLAS, TX 75284	86-0492210		5,861.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RETINAL CONSULTANTS OF AZ PO BOX 32530 PHOENIX, AZ 85064	86-0708606		189,303.	0.			PATIENT ASSISTANCE
ARIZON ARTHRITIS-RHEUMATOLOGY 10599 N TATUM BLVD #F150 PARADISE VALLEY, AZ 85253	86-0765242		23,539.	0.			PATIENT ASSISTANCE
INTEGRATED MEDICAL SERVICES, INC PO BOX 9004 PHOENIX, AZ 85068	86-0783428		8,031.	0.			PATIENT ASSISTANCE
MAYO CLINIC SCOTTSDALE PO BOX 1316 MINNEAPOLIS, MN 55480	86-0800150		19,084.	0.			PATIENT ASSISTANCE
RASW PC 6561 E CARONDELET DR TUCSON, AZ 85710	86-0891570		97,359.	0.			PATIENT ASSISTANCE
GORDON GRADO, MD INC 2926 N CIVIC CENTER PLZ SCOTTSDALE, AZ 85251	86-0927588		6,628.	0.			PATIENT ASSISTANCE
ARIZONA CTR FOR HEMATOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD #C300 - GLENDALE, AZ 85306	86-0930581		214,183.	0.			PATIENT ASSISTANCE
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		776,611.	0.			PATIENT ASSISTANCE
VALLEY ARTHRITIS CARE 13943 N 91ST AVE # I PEORIA, AZ 85381	86-1010503		9,067.	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
SARAH EASAW 1255 RT 70 #31 S LAKEWOOD, NJ 08701	86-1153650		10,219.	0.			PATIENT ASSISTANCE
CENTRAL UT CLINIC PO BOX 30079 SALT LAKE CITY, UT 84130	87-0281028		66,320.	0.			PATIENT ASSISTANCE
EXCEL EYE CENTER 1735 N STATE ST PROVO, UT 84604	87-0283576		9,274.	0.			PATIENT ASSISTANCE
ROCKY MOUNTIAN RETINA CONSULTANTS 4400 S 700 E #200 SALT LAKE CITY, UT 84107	87-0302621		165,808.	0.			PATIENT ASSISTANCE
UNGRICHT EYE ASSOCIATES 5770 S 250 E #410 SALT LAKE CITY, UT 84107	87-0470731		5,508.	0.			PATIENT ASSISTANCE
UTAH CANCER CENTER 1121 E 3900 S STE C#240 HOLLADAY, UT 84124	87-0519691		224,668.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF UT 5169 S. COTTONWOOD ST #630 MURRAY, UT 84107	87-0525682		210,681.	0.			PATIENT ASSISTANCE
UTAH VALLEY PEDIATRICS 1355 N UNIVERSITY AVE # 210 PROVO, UT 84604	87-0549057		16,896.	0.			PATIENT ASSISTANCE
COUNTRY HILLS EYE CENTER 875 E COUNTRY HILLS DR OGDEN, UT 84403	87-0575989		5,572.	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
MT OGDEN EYE CENTER 4360 WASHINGTON BLVD #A OGDEN, UT 84403	87-0617733		11,229.	0.			PATIENT ASSISTANCE
ARTHRITIS SPECIALTY CTR 1448 E CENTER ST #E POCATELLO, ID 83201	87-0705248		8,870.	0.			PATIENT ASSISTANCE
SCRIPPS CLINIC 10666 N TORREY PINES RD MS113 LA JOLLA, CA 92037	87-0737749		7,609.	0.			PATIENT ASSISTANCE
UNIVERSITY OF UT MORAN EYE CENTER PO BOX 511258 LOS ANGELES, CA 90051	87-6000525		25,316.	0.			PATIENT ASSISTANCE
HEALTHCARE PARTNERS MEDICAL GROUP 8285 W ARBY AVE # 100B LAS VEGAS, NV 89113	88-0213519		117,757.	0.			PATIENT ASSISTANCE
RENO ONCOLOGY CONSULTANTS 85 KIRMAN AVE # 101 RENO, NV 89502	88-0315123		19,911.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		159,043.	0.			PATIENT ASSISTANCE
FAYLONA GOLLARD KAUSHAL NYAMUSWA AND PARK LTD - 58 N PECOS RD - HENDERSON, NV 89074	88-0370553		72,097.	0.			PATIENT ASSISTANCE
OSTEOPOROSIS & ARTHRITIS CENTER 10001 S EASTERN AVE #306 HENDERSON, NV 89052	88-0418235		9,354.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNER DESERT CANCER CENTER PO BOX 2978 PHOENIX, AZ 85062	90-0054201		12,866.	0.			PATIENT ASSISTANCE
SAN JOAQUIN HEMATOLOGY PO BOX 7667 STOCKTON, CA 95267	90-0085684		14,522.	0.			PATIENT ASSISTANCE
TENNESSEE PLATEAU ONCOLOGY 49 CLEVELAND ST # 270 CROSSVILLE, TN 38555	90-0111512		11,364.	0.			PATIENT ASSISTANCE
COSTAL BIN RETNA 5722 ESPLANADE DR #100 CORPUS CHRISTI, TX 78414	90-0145614		12,855.	0.			PATIENT ASSISTANCE
INNOVATIVE INFUSIONS LLC 235 NE LOOP 820 STE 310 HURST, TX 76053	90-0213778		12,534.	0.			PATIENT ASSISTANCE
BANNER GATEWAY MED CTR PO BOX 2978 PHOENIX, AZ 85062	90-0220728		95,334.	0.			PATIENT ASSISTANCE
DR MICHAEL O NEIL PO BOX 1700 ROSEBURG, OR 97470	90-0433062		36,113.	0.			PATIENT ASSISTANCE
BANNER ARIZONA MED CTR 13640 N PLAZA DEL RIO BLVD #120 PEORIA, AZ 85381	90-0730397		152,375.	0.			PATIENT ASSISTANCE
CENTRAL HEMATOLOGY & ONCOLOGY MEDICAL GROUP - FILE 55737 - LOS ANGELES, CA 90074	90-0943683		9,102.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EVERETT CLINIC PO BOX 5127 EVERETT, WA 98206	91-0214500		19,767.	0.			PATIENT ASSISTANCE
GROUP HEALTH COOPERATIVE PO BOX 34383 SEATTLE, WA 98124	91-0511770		69,545.	0.			PATIENT ASSISTANCE
ST JOSEPH MEDICAL CTR PO BOX 34935 DEPT 91 SEATTLE, WA 98124	91-0564491		8,352.	0.			PATIENT ASSISTANCE
YAKIMA VALLEY MEMORIAL HOSPITAL 2811 TIETON DR YAKIMA, WA 98902	91-0567263		51,072.	0.			PATIENT ASSISTANCE
PROVIDENCE REGIONAL CANCER SYSTEM 2015 COOKS HILL RD STE 200 CENTRALIA, WA 98531	91-0573108		7,159.	0.			PATIENT ASSISTANCE
THE VANCOUVER CLINIC PO BOX 873010 VANCOUVER, WA 98687	91-0851599		41,601.	0.			PATIENT ASSISTANCE
SPOKANE EYE CLINIC 427 S BERNARD ST SPOKANE, WA 99204	91-0852217		86,389.	0.			PATIENT ASSISTANCE
CANCER CARE NW PO BOX 3868 SPOKANE, WA 99220	91-1007627		16,521.	0.			PATIENT ASSISTANCE
HSUSHI YEH MD 1311 S UNION AVE #101 TACOMA, WA 98405	91-1118320		7,935.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKWOOD CANCER TREATMENT 910 W 5TH AVE #700 SPOKANE, WA 99204	91-1352993		16,869.	0.			PATIENT ASSISTANCE
ST CLARE HOSPITAL PO BOX 31001 PASADENA, CA 91110	91-1487485		11,766.	0.			PATIENT ASSISTANCE
PROLIANCE SURGEONS INC 1750 112TH AVE NE BELLEVUE, WA 98004	91-1606533		21,218.	0.			PATIENT ASSISTANCE
EVERGREEN EYE CENTER PO BOX 25020 FEDERAL WAY, WA 98093	91-1628032		7,586.	0.			PATIENT ASSISTANCE
ALASKA UROLOGY PO BOX 200754 ANCHORAGE, AK 99520	91-1779209		20,000.	0.			PATIENT ASSISTANCE
NEBRASKA MEDICAL CENTER PO BOX 3839 OMAHA, NE 68103	91-1858433		15,236.	0.			PATIENT ASSISTANCE
SOUTHEAST NE HEMATOLOGY/ONCOLOGY CONSU - 201 S 68TH ST PL #200 - LINCOLN, NE 68510	91-1862785		24,515.	0.			PATIENT ASSISTANCE
NORTHWEST MEDICAL SPECIALTIES 1624 S I ST #305 TACOMA, WA 98405	91-1867315		164,349.	0.			PATIENT ASSISTANCE
HEALTHTEXAS PROVIDER NETWORK PO BOX 842001 DALLAS, TX 75284	91-1947573		5,032.	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
NORTHWEST WASHINGTON EYE SPECIALIST - 1724 W MARINE VIEW DR # 130 - EVERETT, WA 98201	91-2047345		10,430.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 1530 N 115TH ST #105 SEATTLE, WA 98133	91-2062004		52,015.	0.			PATIENT ASSISTANCE
RETINA CENTER NORTHWEST 9800 LEVIN RD # 203 SILVERDALE, WA 98383	91-2086736		64,247.	0.			PATIENT ASSISTANCE
STRAUB CLINIC & HOSP 888 S KING ST HONOLULU, HI 96813	91-2151670		25,347.	0.			PATIENT ASSISTANCE
ALASKA UROLOGICAL INSTITUTE PO BOX 241487 ANCHORAGE, AK 99524	92-0056608		19,626.	0.			PATIENT ASSISTANCE
WILLAMETTE UROLOGY PC 2973 12TH ST SE SALEM, OR 97302	93-0607237		9,209.	0.			PATIENT ASSISTANCE
OREGON UROLOGY INSTITUTE PC 2400 HARTMAN LN #200 SPRINGFIELD, OR 97477	93-0636837		103,044.	0.			PATIENT ASSISTANCE
HILLSBORO EYE CLINIC 512 EAST MAIN ST HILLSBORO, OR 97123	93-0721833		20,249.	0.			PATIENT ASSISTANCE
RETINA NORTHWEST PC 2525 NW LOVEJOY #100 PORTLAND, OR 97210	93-0727712		42,355.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONCOLOGY ASSOC OF OREGON PO BOX 79045 CITY INDUSTRY, CA 91716	93-0746296		53,640.	0.			PATIENT ASSISTANCE
EYE HEALTH NW PO BOX 22009 MILWAUKIE, OR 97269	93-1014730		17,706.	0.			PATIENT ASSISTANCE
NORTHWEST RHEUMATOLOGY ASSOC 9155 SW BARNES RD # 314 PORTLAND, OR 97225	93-1100743		13,478.	0.			PATIENT ASSISTANCE
RETINA AND VITREOUS CENTER 246 CATALINA DR ASHLAND, OR 97520	93-1148483		18,468.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 2450 12TH ST SE SALEM, OR 97302	93-1152985		98,682.	0.			PATIENT ASSISTANCE
OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 3595 PORTLAND, OR 97208	93-1176109		10,502.	0.			PATIENT ASSISTANCE
CORVALLIS CLINIC 3680 NW SAMARITAN DR CORVALLIS, OR 97330	93-1221257		8,145.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 2828 E BARNETT RD MEDFORD, OR 97504	93-1272455		46,250.	0.			PATIENT ASSISTANCE
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE #4030 SALEM, OR 97301	93-1273254		56,051.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		96,254.	0.			PATIENT ASSISTANCE
PALO ALTO MEDICAL FOUNDATION PO BOX 742791 LOS ANGELES, CA 90074	94-1156581		13,084.	0.			PATIENT ASSISTANCE
ST JOSEPH HOSPITAL PO BOX 3101-1982 PASADENA, CA 91110	94-1156596		5,316.	0.			PATIENT ASSISTANCE
SUTTER HEALTH SACRAMENTO SIERRA REGION - PO BOX 160100 #180 N - SACRAMENTO, CA 95816	94-1156621		6,820.	0.			PATIENT ASSISTANCE
KAISER FOUNDATION HEALTH PLAN INC FILE 50295 LOS ANGELES, CA 90074	94-1340523		31,260.	0.			PATIENT ASSISTANCE
ENLOE MEDICAL CTR PO BOX 60000 FILE 74008 SAN FRANCISCO, CA 94160	94-1603784		32,325.	0.			PATIENT ASSISTANCE
RADIOLOGICAL ASSOC. OF SACRAMENTO MEDICAL GROUP - BOX 160008 - SACRAMENTO, CA 95816	94-1694584		8,906.	0.			PATIENT ASSISTANCE
VISION CARE CENTER 7075 N SHARON FRESNO, CA 93720	94-1717441		38,048.	0.			PATIENT ASSISTANCE
EYE MEDICAL CLINIC OF FRESNO 1360 E HERDOIN #301 FRESNO, CA 93650	94-2179577		6,581.	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
WEST COAST RETINA MEDICAL GROUP INC. - 1445 BUSH ST - SAN FRANCISCO, CA 94109	94-2275625		77,687.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY MEDICAL GROUP OF FRESNO - 7130 N MILLBROOK # 100 - FRESNO, CA 93720	94-2356945		59,815.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS MEDICAL GROUP 3939 J ST #104 SACRAMENTO, CA 95819	94-2442567		81,657.	0.			PATIENT ASSISTANCE
MT DIABLO REGIONAL CANCER CENTER 2571 PARK AVE CONCORD, CA 94520	94-2547883		5,425.	0.			PATIENT ASSISTANCE
CENTRAL CALIFORNIA FACULTY MEDICAL GROUP INC - PO BOX 5254 - FRESNO, CA 93755	94-2613220		23,918.	0.			PATIENT ASSISTANCE
DAVID S CHENG, MD 39275 MISSION BLVD # 203 FREMONT, CA 94539	94-2614791		5,384.	0.			PATIENT ASSISTANCE
SUTTER EAST BAY MEDICAL FOUNDATION PO BOX 255789 SACRAMENTO, CA 95865	94-2690415		6,838.	0.			PATIENT ASSISTANCE
RETINAL DIAGNOSTIC CENTER 3395 S BASCOM AVE STE 140 CAMPBELL, CA 95008	94-2711267		5,291.	0.			PATIENT ASSISTANCE
CALIFORNIA CANCER CARE INC 218 DE ANZA BLVD SAN MATEO, CA 94402	94-2765776		5,923.	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
IV THERAPY IHC 2250 S 1300 W SUITE A SALT LAKE, UT 84119	94-2854057		61,368.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA RETINA VITREOUS ASS - 50 S SAN MATEO DR # 125 - SAN MATEO, CA 94403	94-2906234		33,744.	0.			PATIENT ASSISTANCE
VALLEY MEDICAL ONCOLOGY CONSUL. 5725 W LAS POSITAS BLVD #100 PLEASANTON, CA 94588	94-2950378		38,569.	0.			PATIENT ASSISTANCE
BAY AREA RETINA ASSOC 122 LA CASA VIA #223 WALNUT CREEK, CA 94598	94-3064464		50,022.	0.			PATIENT ASSISTANCE
UNIVERSITY HEALTHCARE ALLIANCE PO BOX 742244 LOS ANGELES, CA 90074	94-3192446		6,730.	0.			PATIENT ASSISTANCE
PACIFIC EYE ASSOCIATES 2100 WEBSTER ST STE 214 SAN FRANCISCO, CA 94115	94-3228329		12,089.	0.			PATIENT ASSISTANCE
PACIFIC CANCER CARE 5 HARRIS CT BLDG T #201 MONTEREY, CA 93940	94-3246234		17,024.	0.			PATIENT ASSISTANCE
ONCARE HI P O BOX 30460 HONOLULU, HI 96820	94-3266406		111,799.	0.			PATIENT ASSISTANCE
EPIC CARE 4721 DALLAS RNCH RD ANTIOCH, CA 94531	94-3306655		108,775.	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 - 1700 MATTHEWS TOWNSHIP PKWY - MATTHEWS, NC 28105	94-3416694		13,643.	0.			PATIENT ASSISTANCE
BAKERSFIELD MEMORIAL HOSPITAL FILE 55653 LOS ANGELES, CA 90074	95-1802779		25,443.	0.			PATIENT ASSISTANCE
EL CENTRO REGIONAL MEDICAL CENTER 1415 ROSS AVE EL CENTRO, CA 92243	95-1915820		7,049.	0.			PATIENT ASSISTANCE
TRI CITY MEDICAL CENTER 3617 VISTA WAY OCEANSIDE, CA 92056	95-2126937		29,634.	0.			PATIENT ASSISTANCE
MENDOCINO COAST DIST HOSPITAL 700 RIVER DR FORT BRAGG, CA 95437	95-2627981		5,275.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY MEDICAL GROUP 1010 W LA VETA AVE STE 200 ORANGE, CA 92868	95-2665069		79,628.	0.			PATIENT ASSISTANCE
WILSHIRE ONCOLOGY MEDICAL GRP 1502 ARROW HWY LA VERNE, CA 91750	95-2754041		51,301.	0.			PATIENT ASSISTANCE
CARSON, MCBEATH & BOSWELL INC. 4300 LONGBEACH BLVD #300 LONGBEACH, CA 90807	95-2785489		13,008.	0.			PATIENT ASSISTANCE
SHAPIRO STAFFORD AND YEE MD 622 W DUARTE RD #202 ARCADIA, CA 91007	95-3036706		51,553.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTY ONCOLOGY MED CLINIC 3617 VISTA WAY OCEANSIDE, CA 92056	95-3083886		50,510.	0.			PATIENT ASSISTANCE
LOS ALAMITOS HEMATOLOGY ONCOLOGY 3801 KATELLA AVE #207 LOS ALAMITOS, CA 90720	95-3184731		6,058.	0.			PATIENT ASSISTANCE
VALLEY TUMOR MED GRP 44105 15TH ST W #207 LANCASTER, CA 93534	95-3275524		18,567.	0.			PATIENT ASSISTANCE
KENNETH M TOKITA, M.D., INC. 16100 SAND CANYON AVE #130 IRVINE, CA 92618	95-3282781		10,881.	0.			PATIENT ASSISTANCE
INLAND HEMATOLOGY ONCOLOGY MED GRP INC - 401 C E HIGHLAND AVE - SAN BERNARDINO, CA 92404	95-3285720		15,728.	0.			PATIENT ASSISTANCE
EDWARD ALEXSON MD 1100 N TUSTIN AVE # A SANTA ANA, CA 92705	95-3416703		11,164.	0.			PATIENT ASSISTANCE
PACIFIC COAST HEMATOLOGY ONCOLOGY MED GRP - 9940 TALBERT AVE # 100 - FOUNTAIN VALLEY, CA 92708	95-3431486		6,435.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SAN DIEGO 12630 MONTE VISTA RD SUITE 104 POWAY, CA 92064	95-3511595		17,158.	0.			PATIENT ASSISTANCE
XAVIER J CARO MD 18350 ROSCOE BLVD #418 NORTHRIDGE, CA 91325	95-3563324		11,258.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UROLOGY ASSOC OF SAN LUIS OBISPO 3599 SUELDO ST STE 110 SN LUIS OBISP, CA 93401	95-3652616		23,334.	0.			PATIENT ASSISTANCE
RETINA VITREOUS MEDICAL GROUP FILE 51006 LOS ANGELES, CA 90074	95-3699305		18,660.	0.			PATIENT ASSISTANCE
DESERT MEDICAL GRP 275 N EL CIELO RD PALMSPRINGS, CA 92262	95-3898275		12,257.	0.			PATIENT ASSISTANCE
RUDY GREENE MD PO BOX 1470 PHOENIX, OR 97535	95-4112025		10,142.	0.			PATIENT ASSISTANCE
FACEY MEDICAL GROUP FILE 50670 LOS ANGELES, CA 90074	95-4322584		60,267.	0.			PATIENT ASSISTANCE
LOS ANGELES HEMATOLOGY & ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD #303 LOS ANGELES, CA 90017	95-4332724		82,677.	0.			PATIENT ASSISTANCE
UNIVERSITY OF CA LA DEPT OF MEDICINE PROFESSIONAL M - FILE #55737 - LOS ANGELES, CA 90074	95-4373071		48,485.	0.			PATIENT ASSISTANCE
CALIFORNIA HEMATOLOGY ONCOLOGY MED. - 3440 W LOMITA BLVD #250 - TORRANCE, CA 90505	95-4400055		8,786.	0.			PATIENT ASSISTANCE
HEALTHCARE PARTNERS MEDICAL GROUP PO BOX 6560 TORRANCE, CA 90504	95-4526112		6,079.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCLA UROLOGY CLINIC 200 MEDICAL PLAZA # 140 LOS ANGELES, CA 90024	95-4544776		15,000.	0.			PATIENT ASSISTANCE
ALAA LATIF MD INC 1910 ROYALTY DR POMONA, CA 91767	95-4691628		7,811.	0.			PATIENT ASSISTANCE
SANSUM CLINIC P O BOX 62106 SANTA BARBARA, CA 93160	95-6419205		46,071.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF HI 98-1079 MOANALUA RD #470 AIEA, HI 96701	99-0300258		5,835.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF HI 1329 LUSITENA ST HONOLULU, HI 96813	99-0344479		125,382.	0.			PATIENT ASSISTANCE
RETINA CENTER OF HAWAII LLC 1380 LUSITANA ST # 201 HONOLULU, HI 96813	99-0345804		5,642.	0.			PATIENT ASSISTANCE

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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	4621	4,447,212.	0.	N/A	N/A

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

**PART I, LINE 2:**

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**PATIENT ACCESS NETWORK FOUNDATION**

Employer identification number  
**20-1184743**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK MCKERCHER PRESIDENT (THRU 11/15/14)	(i)	258,180.	60,000.	0.	10,400.	23,653.	352,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD GOLDSTEIN CFO & TREASURER	(i)	165,790.	25,200.	0.	7,728.	36,406.	235,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KORAB ZUKA VP EXTRNL RELATIONS & OPS	(i)	149,616.	0.	0.	6,038.	9,772.	165,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SVETLANA DURKOVIC DIRECTOR OF OPERATIONS	(i)	123,770.	18,900.	0.	5,796.	30,648.	179,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY NILES DIRECTOR OF ALLIANCE DEVELOP	(i)	140,082.	32,500.	0.	0.	23,010.	195,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM JOHNSON DIRECTOR OF PROVIDER RELATNS	(i)	121,083.	28,750.	0.	6,150.	35,482.	191,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CENTRAL GEORGIA CANCER CEN	FREDERICK M. SCHNEL	168,380.	FREDERICK M		X
SOUTH CAROLINA ONCOLOGY AS	ROBERT E. SMITH, MD	418,746.	ROBERT E. S		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: CENTRAL GEORGIA CANCER CENTER PC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 168,380.

(D) DESCRIPTION OF TRANSACTION: FREDERICK M. SCHNELL, MD, IS A CURRENT BOARD MEMBER OF PATIENT ACCESS NETWORK FOUNDATION ("PANF") AND PRESIDENT OF GEORGIA CANCER SPECIALISTS. PANF PAID CLAIMS SUBMITTED BY GEORGIA CANCER SPECIALISTS IN THE AMOUNT OF \$168,380. ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 418,746.

(D) DESCRIPTION OF TRANSACTION: ROBERT E. SMITH, MD, IS A FORMER BOARD MEMBER OF PATIENT ACCESS NETWORK FOUNDATION ("PANF") AND A MEDICAL ONCOLOGIST AT SCOA. PANF PAID CLAIMS SUBMITTED BY SCOA IN THE AMOUNT OF \$418,746. ALL TRANSACTIONS ARE AT ARM'S LENGTH AND FAIR MARKET VALUE.



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

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

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

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

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

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

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

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

A COMPENSATION AND BENEFITS STUDY WAS COMPLETED IN 2013. THE INDEPENDENT  
BOARD DETERMINES THE COMPENSATION FOR THE PRESIDENT/CEO. THE NEW  
PRESIDENT/CEO STARTED IN NOVEMBER 2014. HIS COMPENSATION WAS DETERMINED  
WITH THE HELP OF AN OUTSIDE CONSULTANT WHO USED DATA FROM OTHER  
ORGANIZATIONS' 990S. ALL OTHER EMPLOYEES SALARIES ARE DETERMINED BY THE  
PRESIDENT/CEO. PERIODICALLY, THE STAFF REVIEWS FORMS 990 OF ORGANIZATIONS  
WITH SIMILAR MISSIONS TO HELP DETERMINE COMPENSATION.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990S, LIST OF BOARD MEMBERS, AND THE ANNUAL REPORT ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

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

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

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